



Regulated Medical Waste Shipping Paper Guide



WHAT ARE SHIPPING PAPERS?

Shipping papers must accompany the transportation of hazardous materials, such as regulated medical waste (RMW)* and are used to provide and communicate a description of the material being transported. Shipping papers for RMW are required by U.S. Department of Transportation (DOT) regulations, in addition to certain state regulations. This guide focuses on federal DOT requirements.

SHIPPING PAPER REQUIREMENTS

Generators are responsible for managing their wastes and other hazardous materials in conformity with federal, state, and local regulations. Generators are also required to properly train employees who handle hazardous materials, including the person who signs shipping papers on behalf of the generator.

In addition to identifying the material being transported, shipping papers document each handler of the material

while it is routed to its end destination, such as an RMW treatment or disposal facility. Certain sections of the shipping paper must be completed by the person offering the hazardous material for transport (the RMW generator), the transporter, any other intermediate handlers, and, for waste, by the treatment facility. In general, RMW shipping papers contain the following information (this may vary by state):

- Generator name, address, phone number
- Description of the hazardous material
- Transporter name, address, phone number
- Container type
- Treatment facility name, address, phone number
- Number of containers and quantity
- Signatures and dates for each transfer/receipt
- Generator certification

RECORDKEEPING

The shipper is required to retain a copy of the shipping paper for at least 2 years, though retention times may vary by state. Refer to the regulations applicable to your facility to confirm any recordkeeping obligations.

X IMPORTANCE OF GENERATOR CERTIFICATION AND SIGNATURE

Each person who offers a hazardous material for transportation must certify that the material is offered in accordance with applicable law, including that the material was properly classified, described, packaged, marked, and labeled. The certification must be signed by a principal, officer, or employee of the shipper. The transporter may not accept a hazardous material unless the shipper has provided a properly completed shipping paper.

*RMW is a hazardous material, which is different than a hazardous waste. Hazardous waste manifests are not equivalent to shipping papers and are outside the scope of this guide.

Stericycle® We protect what matters.		MEDICAL WASTE TRACKING FORM NUMBER STANDARD MANIFEST 001-10-06-STD	
1. Generator's Name, Address and Telephone Number Attn: John Generator BIO/ABC Hospital 1234 Street Anywhere, IL 123456			
CUSTOMER NUMBER 111-111-1111		GENERATOR'S REGISTRATION #	
GENERATOR	2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04 - 28 Gallon Reusable (3.7 cu ft)	6
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		22.2 Cu Ft.
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		Cu Ft.
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		Cu Ft.
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		Cu Ft.
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		Cu Ft.
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		Cu Ft.
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		Cu Ft.
	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII		Cu Ft.
3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."		TOTALS ▶	6 22.2 Cu Ft.
X Printed/Typed Name John Generator		Signature <i>John Generator</i>	Date 11/11/22
PRIMARY TRANSPORTER	4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 5355 Colorado Blvd Dacono, CO 80514		Phone #: Applicable Permit Numbers: 123-456-7890
	TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. Print/Type Name Jim Transporter		Signature <i>Jim Transporter</i> Date 11/11/22
TRANSPORTER 2 / INTERMEDIATE HANDLER	5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:		Phone #: Applicable Permit Numbers:
	INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. Print/Type Name _____		Signature _____ Date _____
TRANSPORTER 3 / INTERMEDIATE HANDLER	6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:		Phone #: Applicable Permit Numbers:
	INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. Print/Type Name _____		Signature _____ Date _____
TREATMENT FACILITY	7. DISCREPANCY INDICATION		
	<input checked="" type="checkbox"/> 8A. Designated Facility:	<input type="checkbox"/> 8B. Alternate Facility:	<input type="checkbox"/> 8C. Alternate Facility:
	Stericycle, Inc. 5355 Colorado Blvd Dacono, CO 80514		<input type="checkbox"/> 8D. Alternate Facility:
	TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization. Print/Type Name Tom Facility		
		Signature <i>Tom Facility</i>	Date 11/19/22

Example of a shipping paper filled in.