

From: [Jorge Bohorquez](#)
To: [Lancellotti, Romina](#)
Subject: RE: Healthcare Environmental Services, LLC. EPA ID FLR000234641 -Exit Interview
Date: Thursday, September 3, 2020 6:50:51 PM
Attachments: [Item 1 July.August.Sept 2018. Cleanfuels.pdf](#)
[Item1 Jan.Feb. March 2019. Cleanfuels.pdf](#)
[Item1 Jan.Feb.March 2018. Cleanfuels.pdf](#)
[Item1 July.August.Sept 2017. Cleanfuels.pdf](#)
[Item1 July.August.Sept 2019. Cleanfuels.pdf](#)
[Item1 March 2020. Triumvirate.pdf](#)
[Item 1 Jan.Feb 2020. Trilogy.pdf](#)
Importance: High

Hi Romina,

Hope all is well, as discussed during your visit we initiated / implemented the Hazardous Waste Pharmaceutical Program on March 1, 2020, prior to that we were managing pharmaceutical waste as Universal Pharmaceutical Waste (UPW).

We initiated a relationship with Triumvirate as of March 1, 2020 to assist us implementing our Hazardous Waste Pharmaceutical program, prior to that we worked with both Clean Fuels and Trilogy under a UPW model.

Enclosed you will find the information requested under item 1 for 2017, 2018, 2019 and 2020. If you have any questions please let us know.

Regards,

Jorge L. Bohorquez
305-436-0422
www.hesmedwaste.com

From: Lancellotti, Romina <Romina.Lancellotti@FloridaDEP.gov>
Sent: Friday, August 21, 2020 5:25 PM
To: Jorge Bohorquez <jlb@hesmedwaste.com>
Subject: Healthcare Environmental Services, LLC. EPA ID FLR000234641 -Exit Interview

Good Afternoon Mr. Bohorquez,

This email serves as an exit interview to the routine hazardous waste inspection conducted by the Florida Department of Environmental Protection (FDEP) on August 19th, 2020. Thank you again for your time and assistance throughout the inspection. As discussed during the inspection, the facility shall submit the following documentation to the Department for review:

1. Hazardous waste pharmaceutical shipping records (including uniform HW manifests, bill of lading) for the last 3 years. Please provide at least 2 samples of each month for:
 - January, February, March 2020

- January, February, March, July, August, and September 2018 & 2019.
- July, August, and September 2017

For your reference, according to 40 CFR 263.22(a), a transporter of hazardous waste must keep a copy of the manifest signed by the generator, himself, and the next designated transporter or the owner or operator of the designated facility for a period of three years from the date the hazardous waste was accepted by the initial transporter.

2. Standard Operating Procedures (SOP) documentation describing the facility's response plan pertaining hazardous waste pharmaceutical discharges and spills (40 CFR 263.30 and 263.31).
3. Employee training in hazardous waste management and emergency procedures.
4. Picture of the front and side of the trucks used for transporting hazardous waste pharmaceutical (with placards and DOT number)
5. Screenshot of waste profiles.

Please provide a response and evidence of your corrective actions by **September 4th, 2020**. Please do not hesitate to reach out to myself if you have any questions or concerns.

Best Regards,



Romina Lancellotti
Environmental Specialist II
Florida Department of Environmental Protection
Southeast District – West Palm Beach
3301 Gun Club Road, MSC 7210-1
West Palm Beach, FL 33406
Romina.Lancellotti@floridadep.gov
Office: 561.681.6624

[Dep Customer Survey](#)





Trilogy Medwaste Southeast LLC
 8554 Katy Freeway
 Houston, TX 77024
 (713) 300-1880

INVOICE # 357256
 ACCOUNT # 3311664
 DATE January 31, 2020
 DUE February 10, 2020

Healthcare Environmental Services
 3450 NW 112th St
 Miami, FL 33167



POSTED

4/23/2020

MAKE ALL CHECKS PAYABLE TO:
 Trilogy Southeast Region
 PO Box 670650
 Dallas, TX 75267

Site 397202 - Healthcare Environmental Services - 8545 NW 68th St					
WO #	DATE	DESCRIPTION	QTY	UNIT RATE	TOTAL
461604	01-10-20	Purchase Case of 18gal Sharps PO# 286	10.00	84.96	849.60
469635	01-20-20	18gal UPW Per Container PO#	7.00	85.00	595.00
469635	01-20-20	3gl UPW Per Container PO#	6.00	15.00	90.00
469635	01-20-20	8gal UPW Per Container PO#	27.00	30.00	810.00
469635		Clean Fuels 8%			119.60
				Taxes	0.00
				Site Total	2,464.20

Sub Total 2,344.60
Haz Fuel/Ins Fee 119.60
Tax 0.00
Invoice Total 2,464.20



PAID

4411
 4/23/2020

Materials

o/b

4/23/2020



www.trilogymedwaste.com

Generator ID Number 397202	Page 1 of 1	Emergency Response Phone	Manifest Tracking# 469635				
Generator's Name & Address Healthcare Environmental Services 8545 Nw 68th St Miami, FL 33166 Telephone#		Generator's Site Address if different than mailing address					
Transporter 1 Company Name Trilogy Medwaste Se- Pompano #211			U.S. EPA ID Number				
Transporter 2 Company Name			U.S. EPA ID Number				
Designated Facility Name and Site Address Clean Earth 492 Webster Chapel Rd. Glencoe, AL 35905 Telephone# (256) 492-8340			U.S. EPA ID Number ALD 981020894				
GENERATOR	HM	U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	Containers No.	Type	Total Quantity	Unit Wt./Vol.	Waste Codes
		18gal Universal Pharmaceutical Waste UPW	7	CF	126	G	
		3gal Black UPW UPW	6	CF	18	G	
		8gal Universal Pharmaceutical Waste UPW	27	CF	216	G	
Special Handling Instructions and Additional Information Universal Pharmaceutical Waste managed in accordance with 62-730.186, F.A.C.							
GENERATOR'S/OFFEROR'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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
aracelys garcia					Jan 20, 2020		
Generator's/Offeror's Printed/Typed Name		Generator's/Offeror's Signature		Date			
TRANS	Transporter Acknowledgment of Receipt of Materials			Jan 20, 2020			
	Transporter 1 Printed/Typed Name		Transporter 1 Signature		Date		
	Transporter 2 Printed/Typed Name		Transporter 2 Signature		Date		
DESTINATION FACILITY	Discrepancy						
	Discrepancy Indication Space	Quantity _____	Type _____	Residue _____	Partial Rejection _____	Full Rejection _____	
						Manifest Reference Number _____	
	Alternate Facility (or Generator)				U.S. EPA ID Number		
	Telephone#						
	Alternate Facility (or Generator) Signature				Date		
	Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.				
Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest excepts as noted in Discrepancy Indication Space							
Printed/Typed Name		Signature		Date			

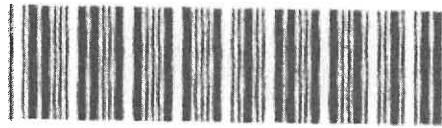
Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0662061



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-04-1523120
13-64-1523092
13-64-1465845

Due Date : 10/25/2019 8:44 AM

Generator Address	NET002-LP3 Network Inc 21550 Biscayne Blvd. Suit# 300 Aventura, FL 33180	Requested By Phone Reference Route	Yesid Guzman 305-903-3055 HIALEAH WEST
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Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
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Call before- 9am-6pm closed 12pm-2pm

QTY	6.00	8 Gallons Pharmaceutical Expire
QTY	0.00	2 Gallon Sharp Containers Red in 10'x7'x9.5'
QTY	0.00	30 Gallon Container with Red Bag in 18'x14'x24' Up to 55 Lbs

QTY	DELIVERED	QTY	COLLECTED
3	8k Pharmaceutical Expire	3	8k Pharmaceutical Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Yesid Guzman Generator Representative (Print Name)	 Representative Signature	10/25/19 Date/Time
_____ Transporter Representative (Print Name)	_____ Representative Signature	10/25/19 Date/Time

Healthcare Environmental Services, LLC.



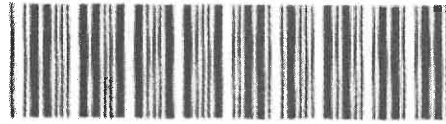
F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0662847



Due Date : 11/6/2019 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: TOT002-Total Health Pediatrics
601 N Flamingo Rd Suite 306
Pembroke Pines, FL 33028

Requested By: Evelyn Gomez
Phone: 754-300-9039 ext-101
Reference:
Route:

Priority: Standard Service

Notes: Mon-Fri-9am-5pm

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Evelyn Gomez

Pembroke Pines	QTY	1.00	15 Gallon Box
Pembroke Pines	QTY	3.00	2 Gallon Plastic Container

QTY	DELIVERED	QTY	COLLECTED
1	156	1	156
		1	86 Pharmaceutical Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0664955



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 11/15/2019 5:00 PM

Generator Address: MDI001-Precision Health Center
2975 Coral Way
Miami, FL 33145

Requested By: Diana Soto
Phone: 305-448-4950
Reference Route: DOWNTOWN L HAVANA

Priority: Standard Service

Notes: Every Friday Todos los Viernes
Weekly

Item Code	Dept	Item Type	Action	Reference Info
	2975 Coral Way	QTY	1.00	96 Gallon Red Plastic Container SnapLock With Lid
	2975 Coral Way	QTY	0.00	8 Gallon Sharp Containers Red/13.75"x13.75"x14"
	2975 Coral Way	QTY	0.00	18 Gallon Sharp Containers Red

QTY	DELIVERED	QTY	COLLECTED
1	180	1	18
			8 Pharmaceutical Waste Lakes

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS _____

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

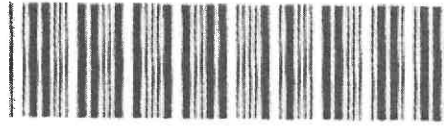
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0663907



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 11/20/2019 8:54 AM

Generator Address: LIO001-Lion Country Safari 2003 Lion Country Safari Road Loxahatchee, FL 33470	Requested By: Harold Kramer Phone: 561-793-1084 Reference: HIALEAH EAST Route:
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Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
	Vet Hosp Front Rc	QTY	0.00	18 Gallons Pharmaceutical Expire
	solamente se va a este room			
	Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red 10"x7"x9.5"
	Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
3	2	2	2 Pharmaceutical

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name): Sharon D. Urban	Representative Signature: <i>Sharon D. Urban</i>	Date/Time:
Transporter Representative (Print Name):	Representative Signature:	Date/Time: 11/21/19

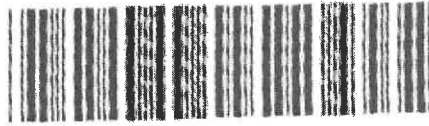
Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0664038



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 11/22/2019 8:44 AM

Generator Address: **NET002-LP3 Network Inc**
21550 Biscayne Blvd. Suite# 300
Aventura, FL 33180

Requested By: Yesid Guzman
Phone: 305-803-3055
Reference: HIALEAH WEST
Route:

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
Call before- 9am-6pm closed 12pm-2pm				
		QTY	3.00	8 Gallons Pharmaceutical Expire
		QTY	0.00	2 Gallon Sharp Containers Red 10"x7"x9.5"
		QTY	0.00	30 Gallon Container with Red Bag 18"x14"x24" Up to 55 Lbs

QTY	DELIVERED	QTY	COLLECTED
7	Pharmaceutical Expire 86	7	Pharmaceutical Expire 86
1	26	2	26
2	306	2	306

GENERATOR'S CERTIFICATION I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Vanessa P
Generator Representative (Print Name)

[Signature]
Representative Signature

Date/Time
11/22/19

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

Date/Time

Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0665782



F.D.O.H. 7685
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 11/28/2019 8:18 AM

Generator Address
BRO009-Broward County
3275 NW 99th Way
Coral Springs, FL 33065

Requested By
Phone
Reference
Route

Carol Plescovlch
954-357-4837

CORAL WAY - BIRD ROAD

Priority Standard Service

Notes:

Item Code	Dept	Item Type	Action	Reference Info
	BARC/RTS	QTY	1.00	30 Gallon Container with Red Bag in 18'x14'x24' Up to 55 Lbs
	BARC/RTS	QTY	0.00	2 Gallon Sharp Containers Red in 10'x7'x9.5'
	BARC/RTS	QTY	0.00	8 Gallon Sharp Containers Red in 13.75'x13.75'x14'
	BARC/RTS	QTY	0.00	8 Gallons Pharmaceutical Expire
	BARC/RTS	QTY	0.00	3 Gallon Sharp Plastic Container

QTY	DELIVERED	QTY	COLLECTED
1	1	1	1
1	1	2	8 Pharmaceutical
1	2	1	2

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Regulated Medical Waste Manifest

Healthcare Environmental Services, LLC.

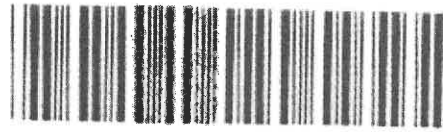
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0664547



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 12/2/2019 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: COM006-Compounding Docs Pharmacy
1000 Clint Moore Road
Boca Raton, FL 33487
Requested By: Martha Little, PharmD
Phone: 866-588-1851 ext 225
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am -5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
		Building B suite#201		
		PLEASE BRING 3 - 15 GALLON BOX	QTY 0.00	30 Gallon Container with Red Bag in 18"x14"x24" Up to 55 Lbs
			QTY 3.00	15 Gallon Container with Red Bag in 15"x13"x16" Up to 35 Lbs
Requested For: Martha Little, PharmD				
		PLEASE PICK 2 CONTAINERS	QTY 1.00	96 Gallon Red Plastic Container SnapLock With Lid
			QTY 2.00	28 Gallon (106L) Red Plastic Container SnapLock With Lid

QTY	DELIVERED	QTY	COLLECTED
1	966	1	966
3	156	2	786 Pharmaceutical

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name) Steve Valdes

Representative Signature [Signature]

Date/Time

Transporter Representative (Print Name) [Signature]

Representative Signature [Signature]

Date/Time 12/2/19

Healthcare Environmental Services, LLC.

Regulated Medical Waste Manifest

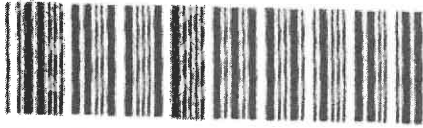
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0664680



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 12/3/2019 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: SPE046-Centurion Quintana M.D S (1)
9526 NE 2nd Avenue, Suite 102
Miami Shores, Florida 33138

Requested By: Juan A. Quintana MD.
Phone: 305-251-0007
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: M-F, 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
11 lbs		QTY	1.00	15 Gallon Container with Red Bag in 15'x13'x15' Up to 35 Lbs
		QTY	0.00	1 Gallon Plastic Container

QTY	DELIVERED	QTY	COLLECTED
1	15 g	1	15 g
2	1 g	2	1 g
1	8 g plasma exp	1	8 g plasma exp

Total LBS

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Printed: 11/20/2019 3:18 pm

Prepared By: ADMIN

Created

11/21/19 12:10:04AM

Page 1 of 1

Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0666823



F.D.O.H. 7065
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/12/2019 8:18 AM

Generator Address
BRO009-Broward County
3275 NW 99th Way
Coral Springs, FL 33065

Requested By
Phone
Reference
Route
Carol Plescovich
954-357-4837
CORAL WAY - BIRD ROAD

Priority Standard Service

Notes:

Item Code	Dept	Item Type	Action	Reference Info
		BARC/RTS	QTY	1.00 30 Gallon Container with Red Bag
		BARC/RTS	QTY	0.00 2 Gallon Sharp Containers Red
		BARC/RTS	QTY	0.00 8 Gallon Sharp Containers Red
		BARC/RTS	QTY	0.00 8 Gallons Pharmaceutical Expire
		BARC/RTS	QTY	0.00 3 Gallon Sharp Plastic Container
		BARC/RTS	QTY	1.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
2	86 Pharmaceutical Expire	2	86 Pharmaceutical Expire
1	306	1	306

GENERATOR'S CERTIFICATION: I certify that the herein named materials are properly classified, described, packaged, marked and labeled placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0667464



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1405845

Due Date : 12/19/2019 8:18 AM

Generator Address
BRO009-Broward County
3275 NW 99th Way
Coral Springs, FL 33065

Requested By
Phone
Reference
Route
Carol Plescovich
954-357-4837
CORAL WAY - BIRD ROAD

Priority Standard Service

Notes:

Item Code	Dept	Item Type	Action	Reference Info
	BARC/RTS	QTY	1.00	30 Gallon Container with Red Bag in 18'x14'x24' Up to 55 Lbs
	BARC/RTS	QTY	0.00	2 Gallon Sharp Containers Red in 10'x7'x9.5'
	BARC/RTS	QTY	0.00	8 Gallon Sharp Containers Red in 13.75'x13.75'x14'
	BARC/RTS	QTY	0.00	8 Gallons Pharmaceutical Expire
	BARC/RTS	QTY	0.00	3 Gallon Sharp Plastic Container
	BARC/RTS	QTY	2.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
2	30g	2	30g
1	8g Pharm exp	1	8g Pharm exp
1	2g	1	2g

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services, LLC.

Regulated Medical
Waste Manifest

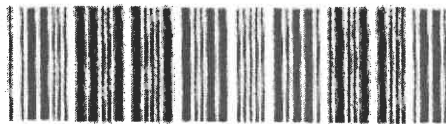
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0663486



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/16/2019 8:51 AM

Generator Address	MER006-St John Bosco Clinic, Inc 730 NW 34th St Miami, FL 33127	Requested By	Luz Gallardo
		Phone	305-635-1335
		Reference	
		Route	CORAL WAY - BIRD ROAD

Priority Standard Service

Notes M - F 9:00 am - 4:30 pm
Lunes a Viernes 9:00 am - 4:30 pm Frequency: 30 days

Item Code	Dept	Item Type	Action	Reference Info
		QTY	1.00	18 Gallons Pharmaceutical Expire
		QTY	1.00	30 Gallon Container with Red Bag 18'x14'x24' Up to 55 Lbs
		QTY	1.00	2 Gallon Sharp Containers Red 10'x7'x9.5'
		QTY	0.00	15 Gallon Container with Red Bag 15'x13'x15' Up to 35 Lbs
		QTY	0.00	1 Gallon Sharp Containers Red 10'x7'x5'

QTY	DELIVERED	QTY	COLLECTED
1	30 g	1	30 g
1	18 g pharm exp	1	18 pharm exp
1	2 g	1	2 g

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

<i>MARQUEZ</i> Generator Representative (Print Name)	<i>[Signature]</i> Representative Signature	
<i>[Signature]</i> Transporter Representative (Print Name)	<i>[Signature]</i> Representative Signature	Date/Time <i>12/20/19</i>

Healthcare Environmental Services, LLC.

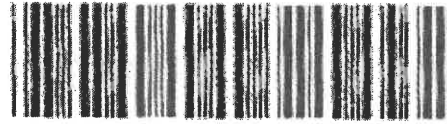
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417

Work Order: 0686769



F.D.O.B. 7865
F.D.E.P. FLR660217331



Due Date : 12/18/2019 12:50 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address	CAM005-Camilus Health Concern, Inc. 336 NW 5th Street Miami, FL 33128	Requested By Phone Reference Route	Mr. Felix Y. Manlunas 305-577-4840 Ext-419 AVENTURA
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Priority: Standard Service

Notes: Mon-Fri 800am-5:00pm

Item Code	Dept	Item Type	Action	Reference Info
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Ask for Jenny @ Pharmacy dept. or Anna Ferguson.
336 NW 5th Street QTY 6.00 18 Gallons Pharmaceutical Expire

Requested For: Mr. Felix Y. Manlunas

336 NW 5th Street QTY 2.00 96 Gallon Red Plastic Container SnapLock With Lid
336 NW 5th Street QTY 0.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
2	96 gal	2	96 gal
1	18 gal pharm exp	1	18 gal pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name) <i>Jenny Hernandez</i>	Representative Signature <i>[Signature]</i>	Date/Time <i>12/18/18</i>
Transporter Representative (Print Name) <i>[Signature]</i>	Representative Signature <i>[Signature]</i>	Date/Time <i>12/18/19</i>

Healthcare Environmental Services, LLC.



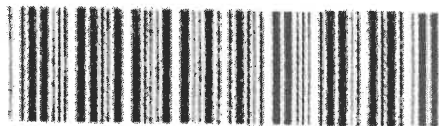
F.D.O.H. 7665
F.D.E.P. FLP000217331

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0668074



Due Date : 12/27/2019 12:00 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address	CON001-Context Medical Group, Corp. 10550 NW 77 CT # 305 Hialeah Gardens, FL 33016	Requested By Phone Reference Route	Marilyn Lopez 305-826-3072 HIALEAH WEST
-------------------	--	---	---

Priority: Standard Service

Notes: Every Friday
Todos los Viernes

Item Code	Dept	Item Type	Action	Reference Info
	Contet Medical Gr	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid
	Contet Medical Gr	QTY	0.00	8 Gallon Sharp Containers Red in 13.75"x13.75"x14"
	Contet Medical Gr	QTY	0.00	2 Gallon Sharp Containers Red in 10"x7"x9.5"

QTY	DELIVERED	QTY	COLLECTED
2	96g	2	96g
1	18g Pharmaceutical Exp		1
			18g Pharmaceutical Exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name) <u>RAINOR</u>	Representative Signature <u>[Signature]</u>	Date/Time <u>12/29/19</u>
Transporter Representative (Print Name)	Representative Signature	Date/Time

Healthcare Environmental Services LLC

www.hesmedwaste.com

PURCHASE ORDER

3450 NW 112 St.
Miami, FL 33167
Phone 305-477-7388 Fax 305-477-1841

The following number must appear on all related correspondence, shipping papers, and invoices:
P.O. NUMBER: 286

TO:
Clean Fuels of Florida, Inc.
2635 NE 4th Avenue
Pompano Beach, FL 33064

954-366-4997
954-791-9366

SHIP TO:
Healthcare Environmental Services LLC
8545 NW 68th Street
Miami, FL 33166

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
January 3, 2020	Aracelys Garcia	Best Way	Miami, Florida	Net 30 Days

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
10 cases	6 each	Sharps 18 Gal – Red, Port Lids, PGII Rated	\$84.96	\$849.60
			SUBTOTAL	\$849.60
			SALES TAX	Exempt
			SHIPPING & HANDLING	
			OTHER	
			TOTAL	\$849.60

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. Send all correspondence to:
Healthcare Environmental Services LLC.
5195 NW 77th Avenue
Miami, FL 33166
Phone 305-477-7388 Fax 305-477-1841


 Authorized by: _____ Date: 1/3/2020

Healthcare Environmental Services, LLC.

**Regulated Medical
Waste Manifest**

3450 NW 112th Street, Miami, FL 33167

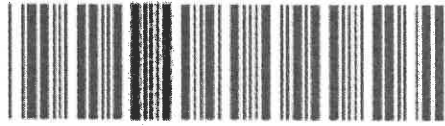
(305) 436-0422, (305) 436-0417

Work Order: 0665260



F.D.O.H. 7665

F.D.E.P. FLR000217331



FL Health Dept Permit

13-64-1523120

13-64-1523092

13-64-1465845

Due Date : 11/20/2019 5:00 PM

Generator Address: BRO009-Broward County
325 SW 28th Street
Fort Lauderdale, FL 33315

Requested By: Carol Plescovich
Phone: 954-375-6549
Reference:
Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes:

Item Code	Dept	Item Type	Action	Reference Info
		IR AL ROOM 2047		
	BARC/DET	QTY	1.00	30 Gallon Container with Red Bag in 18"x14"x24" Up to 55 Lbs
		Carol Hessler		
	BARC/DET	QTY	0.00	2 Gallon Sharp Containers Red in 10"x7"x9.5"
	BARC/DET	QTY	0.00	3 Gallon Sharp Plastic Container
	BARC/DET	QTY	0.00	8 Gallon Sharp Containers Red in 13.75"x13.75"x14"
	BARC/DET	QTY	0.00	2 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	26	1	26
1	306	1	306
1	26 Pharmaceutical Expire	1	26 Pharmaceutical Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Clean Fuels of Florida, Inc.
 2635 N.E. 4th Avenue
 Pompano Beach, FL 33064



Invoice
 Number: 2018-1636
 Date: Sep 28, 2018

Voice: (954) 791-9588
 Fax: (954) 791-9366

RECEIVED
 10/5/2018
 POSTED
 10/9/2018

Sold To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Ship To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Our Federal ID Number: 65-0759146

Customer ID		Customer PO		Payment Terms	
HESL				Net 30 Days	
Manifest/BOL No.		Shipping Method		Ship Date	Due Date
		Clean Fuels		9/28/18	10/28/18
Quantity	Item	Description	Unit Price	Extension	
21.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 18 Gallon	38.00	798.00	
25.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 8 Gallon	30.00	750.00	
1.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 3 Gallon	15.00	15.00	
1,563.00	TFS MAN	Fuels, Insurance & Regulatory Surcharge Manifest/BOL No. 38333	0.08	125.04	

PAID
 3471
 10/24/2018

OKB
 10/10/2018



This is your only bill
 Please pay from this invoice

Subtotal	1,688.04
Sales Tax	
Total Invoice Amount	1,688.04
Payment Received	0.00
TOTAL DUE	1,688.04



We accept all major credit cards

Check No:

THANK YOU FOR DOING BUSINESS WITH CLEAN FUELS

SHIPPER/HANDLER/GENERATOR:	Document Number: 38333
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EPA ID No.:		BILL TO:
Name:	HEALTHCARE ENVIRONMENTAL SERVICES	
Street Address:	8545 NW 68TH ST	
City, State, Zip:	Miami, FL 33166	
Telephone:		

DESIGNATED FACILITY	Carrier Name: Clean Fuels of Florida, Inc.
----------------------------	---



Clean Fuels of Florida, Inc.
 2635 NE 4th Avenue
 Pompano Beach, FL 33064
 DOH Rx License No.: 5314
 EPA ID No.: FLD984171256
 BMW Storage No.: 06-64-1391560
 BMW Transporter No.: 06-64-1391457

Tel: (954) 791-9588
Fax: (954) 791-9366
1-800-725-8711
 florida@clean-fuels.net
 www.clean-fuels.net

EMERGENCY CONTACT (49 C.F.R. § 172.604)	Name:	SANNETTE 305 477 7384
	Telephone:	

MATERIAL PICKUP INFORMATION

HM (X)	U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	Containers		Total Quantity	Unit Wt./Vol.	Designated Facility Use Only
		Qty.	Type			
	UN3246 WASTE MEDICINE, LIQUID, PHARMACEUTICAL N.O.S. (UN3246 PHARMACEUTICAL WASTE) 3: (6.1) PG II <div style="text-align: center;">↓</div>	47	CF	1200	P 25 X 8 GAL	25 X 8 GAL 1 X 3 GAL 2 X 150 25 X 8 GAL

SUPPLIES DELIVERED/USED				TIME IN - TIME OUT		
Qty	Description	U/M	Total	Description	Time	Hours
				Time In		
				Time Out		

Special Instructions/Comments/Discrepancies:

CERTIFICATION

Shipper/Handler/Generator:	Carrier/Technician/Driver:	Designated Facility:
Shipper certifies that the above materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable DOT regulations. Any Supplies delivered were received in good condition. All Labor supplied was performed in a workman-like manner.	Carrier acknowledges receipt of packages and required placards. Carrier certifies that the DOT emergency response guidebook or equivalent documentation is in the vehicle. Property described above is received/delivered in good order, except as noted.	Received, subject to individually determined contracts that have been agreed upon in writing between the parties, if applicable, otherwise to the rates, classifications, and rules that have been established by the Facility and are available to the shipper, on request.
PRINTED NAME/Date 9/24/18	PRINTED NAME/Date MATT HOBBS 9/28/18	PRINTED NAME/Date MATT HOBBS 9/28/18
Shipper Signature	Carrier Signature	Facility Signature

Healthcare Environmental Services

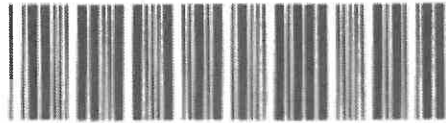
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417

Work Order: 0629434



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 5/2/2018 8:16 AM

Generator Address: LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference Route: HIALEAH EAST

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

	Vet Hosp Front Rc	QTY	0.00	18 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red in 10'x7'x9.5'
	Vet Hosp Front Rc	QTY	0.00	8 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18 gal pharm exp	1	18 gal pharm exp
1	8 gal pharm exp	1	8 gal pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Kateigh Kalb
Generator Representative (Print Name)

[Signature]
Representative Signature

5/2/18
Date/Time

Reynaldo
Transporter Representative (Print Name)

[Signature]
Representative Signature

5/2/18
Date/Time

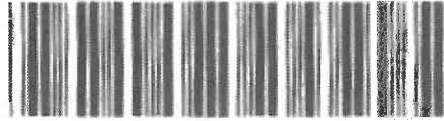
Healthcare Environmental Services

Regulated Medical Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0623315



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 5/9/2018 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: HOL003-Hollywood Medical Centers by MBMG-Pharm
750 South Federal Hwy
Hollywood, FL 33020
Requested By: Ana Rodriguez-Sanchez
Phone: 954-342-8800
Reference Route: BROWARD P PINES

Priority: Standard Service

Notes: Mon-Fri. 9am-5pm Frequency: 180 days

Item Code Dept Item Type Action Reference Info

Requested For: Ana Rodriguez-Sanchez

QTY 1.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	8 gal pharm exp	1	8 gal pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Catalina R
Generator Representative (Print Name)

[Signature]
Representative Signature

05-09-18
Date/Time

Reynaldo
Transporter Representative (Print Name)

[Signature]
Representative Signature

5/7/18
Date/Time

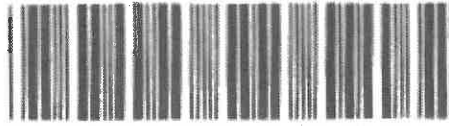
Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0630346



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 5/24/2018 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, FL 33180

Requested By
Phone
Reference
Route

VALESSA YINHEIRO
~~December Number~~
305-903-3055 305 927 1488
HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
Call before- 9am-6pm closed 12pm-2pm				
		QTY	5.00	8 Gallons Pharmaceutical Expire
		QTY	0.00	1.7 Gallon Sharp Containers
		QTY	0.00	2 Gallon Sharp Containers Red 10"x7"x9.5"
Requested For: December Nunez				
		QTY	0.00	30 Gallon Container with Red Bag 18"x14"x24' Up to 55 Lbs

QTY	DELIVERED	QTY	COLLECTED
3	8 gal pharm expire	3	8 gal pharm expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Regulated Medical Waste Manifest

Healthcare Environmental Services

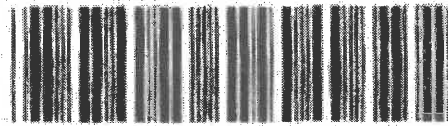
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0630567



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 5/30/2018 8:16 AM

Generator Address: LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference: HIALEAH EAST
Route: HIALEAH EAST

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red in 10"x7"x9.5"
Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18 gal pharm expire	1	18 gal pharm expire
1	8 gal pharm expire	1	8 gal pharm expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethea
Generator Representative (Print Name)

Jan Brun
Representative Signature

5/31/18
Date/Time

Reynolds
Transporter Representative (Print Name)

Reynolds
Representative Signature

5/31/18
Date/Time

Healthcare Environmental Services



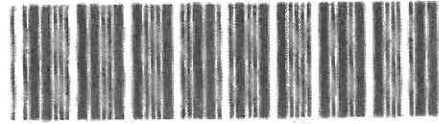
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0628646

F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 6/12/2018 9:09 AM

Generator Address THE004-Theater of the Sea
84721 Overseas Hwy
Islamorada, FL 33036

Requested By Phone Reference Route
Melissa Jaroneski
305-664-2431
EMERGENCY

Priority Standard Service

Notes: M - F 9:00 am - 4:00 pm
Lunes a Viernes 9:00 am - 4:00 pm Frequency: 90 days

Item Code Dept Item Type Action Reference Info

Please Check Gift Shops too

QTY 0.00 30 Gallon Container Plastic Drum
QTY 1.00 8 Gallons Pharmaceutical Expire
QTY 0.00 2 Gallon Sharp Containers Red/10"x7"x9.5'

Requested For: Melissa Jaroneski

Please go through the back

QTY 0.00 3.2 Gallon Sharp Containers Red
QTY 0.00 1 Gallon Sharp Containers Red/10"x7"x.5'
QTY 1.00 3 Gallon Sharp Plastic Container
QTY 1.00 1 Qt. Plastic Container

QTY	DELIVERED	QTY	COLLECTED
		2	3 gal
		1	8 gal cap
		1	1 Qt

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services



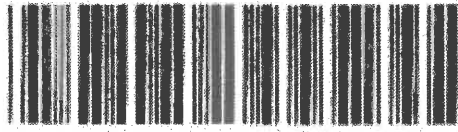
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0633171

F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 6/26/2018 5:00 PM

Generator Address CAM005-Camillus Health Concern, Inc.
336 NW 5th Street
Miami, FL 33128

Requested By Mr. Felix Y. Manlunas
Phone 305-577-4840 Ext-419
Reference
Route AVENTURA

Priority Standard Service

Notes: Mon-Fri 800am-5:00pm

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Mr. Felix Y. Manlunas

336 NW 5th Street	QTY	0.00	30 Gallon Container with Red Bag	18'x14'x24' Up to 55 Lbs
336 NW 5th Street	QTY	0.00	8 Gallons Pharmaceutical	Expire
336 NW 5th Street	QTY	0.00	96 Gallon Container	
Ask for Jenny @ Pharmacy dept. or Anna Ferguson.				
336 NW 5th Street	QTY	1.00	18 Gallons Pharmaceutical	Expire
336 NW 5th Street	QTY	1.00	96 Gallon Red Plastic Container	SnapLock With Lid

QTY	DELIVERED	QTY	COLLECTED
2	508	1	508
2	186	1	186
	8	2	186

El fin

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Yenny Hernandez
Generator Representative (Print Name)

[Signature]
Representative Signature

Total LBS

6/26/18
Date/Time
6126118

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

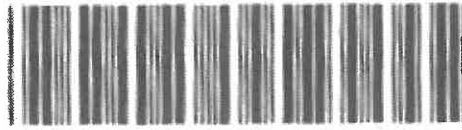
Work Order: 0632482



F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845



Due Date : 6/27/2018 8:16 AM

Generator Address: L10001-Lion Country Safari
2003 Lion Country Safan Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference Route: HIALEAH EAST

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons	Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red	10"x7"x9.5"
Vet Hosp Front Rc	QTY	1.00	8 Gallons	Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	8 Gallons	Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18 gal pharm expire	1	18 gal pharm expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethea
Generator Representative (Print Name)

[Signature]
Representative Signature

6/27/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

6/27/18
Date/Time

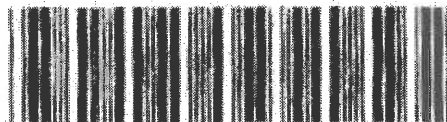
Healthcare Environmental Services



F.D.O.H. 7685
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0632160



Due Date : 6/28/2018 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd, Suite# 300
Aventura, FL 33180

Requested By
Phone
Reference
Route

~~December Nunez~~
~~305-993-3055~~
HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

954 993 2442
YESID GUZMAN

Item Code	Dept	Item Type	Action	Reference Info
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Call before- 9am-6pm closed 12pm-2pm

QTY	3.00	8 Gallons Pharmaceutical Expire
QTY	2.00	1.7 Gallon Sharp Containers
QTY	1.00	2 Gallon Sharp Containers Red 10"x7"x9.5"

Requested For: December Nunez

QTY	1.00	30 Gallon Container with Red Bag 18"x14"x24' Up to 55 Lbs
QTY	2.00	18 Gallon Plastic Container

Delivery

QTY	DELIVERED	QTY	COLLECTED
3	8 gal pharm expire	3	8 gal pharm expire
1	30 gal	1	30 gal
2	18 gal	1	18 gal
2	1.7 gal	2	1.7 gal
1	2 gal	1	2 gal

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name): Yesid Guzman

Representative Signature: [Signature]

Date/Time: 6-28-18

Transporter Representative (Print Name): [Signature]

Representative Signature: [Signature]

Date/Time: 6/28/18

Healthcare Environmental Services



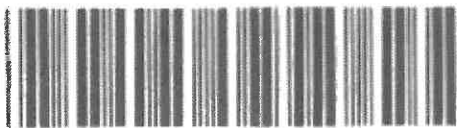
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0632830

F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 7/2/2018 5:00 PM

Generator Address	MER006-St John Bosco Clinic, Inc 730 NW 34th St Miami, FL 33127	Requested By	Luz Gallardo
		Phone	305-635-1335
		Reference	
		Route	CORAL WAY - BIRD ROAD

Priority Standard Service

Notes: M - F 9:00 am - 4:30 pm
Lunes a Viernes 9:00 am - 4:30 pm Frequency: 30 days

Item Code	Dept	Item Type	Action	Reference Info
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QTY	0.00	2 Gallon Sharp Containers Red	10'x7'x9.5'
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Requested For: Luz Gallardo

QTY	1.00	18 Gallons Pharmaceutical Expire
-----	------	----------------------------------

QTY	1.00	30 Gallon Container with Red Bag	18'x14'x24' Up to 55 Lbs
-----	------	----------------------------------	--------------------------

QTY	DELIVERED	QTY	COLLECTED
1	30	1	30
1	18g Pharmaceutical	1	18g Pharmaceutical
1	2g	1	2g

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services



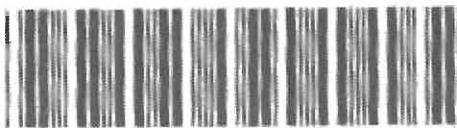
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0632566

F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 7/3/2018 12:00 AM

Generator Address	MIA016-Miami Beach Medical Group- Alton Rd. 12550 Biscayne Blvd Suite#100 North Miami, FL 33181	Requested By	Irene Delgado
		Phone	305-534-0076
		Reference Route	DOWNTOWN L HAVANA

Priority Standard Service

Notes: M - F 9:00 am - 5:00 pm
Lunes a Viernes 9:00 am - 5:00 pm

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Irene Delgado

Labels(2)				
	MB Medical Group	QTY	4.00	30 Gallon Container with Red Bag 18'x14'x24' Up to 55 Lbs
Delivery and pick up				
	MB Medical Group	QTY	1.00	18 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
430		4	300
1/18/18	Expire	1	18 Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

<u>Alessandra</u> Generator Representative (Print Name)	<u>[Signature]</u> Representative Signature	<u>7/3/18</u> Date/Time
<u>Alessandra</u> Transporter Representative (Print Name)	<u>[Signature]</u> Representative Signature	<u>7/3/18</u> Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

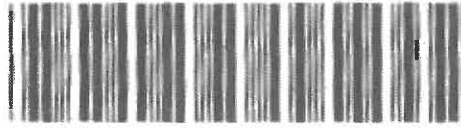
(305) 436-0422, (305) 436-0417

Work Order: 0633942



F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



Due Date : 7/25/2018 8:16 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference Route: HIALEAH EAST

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons	Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	2 Gallon	Sharp Containers Red 10'x7'x9.5'
Vet Hosp Front Rc	QTY	0.00	8 Gallons	Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	8 Gallons	Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18 gal pharm exp	1	18 gal pharm exp
1	8 gal pharm exp	1	8 gal pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethua
Generator Representative (Print Name)

[Signature]
Representative Signature

7/25/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

7/25/18
Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

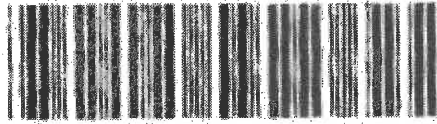
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0834037



F.D.O.K. 7665
F.D.E.P. FLR00017333



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 7/26/2018 5:00 PM

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suite 300
Aventura, FL 33180

Requested By: December Nunez
Phone: 305-903-3055
Reference:
Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
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Call before- 9am-6pm closed 12pm-2pm

QTY	3.00	8 Gallons Pharmaceutical Expire		
QTY	2.00	1.7 Gallon Sharp Containers		
QTY	1.00	2 Gallon Sharp Containers Red in 10'x7'x9.5'		

Requested For: December Nunez

QTY	1.00	30 Gallon Container with Red Bag in 18'x14'x24' Up to 55 Lbs		
QTY	1.00	18 Gallon Sharp Containers Red		

QTY	DELIVERED	QTY	COLLECTED	
2	80	2	80	Pharma Exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Yosid Guzman
Generator Representative (Print Name)

[Signature]
Representative Signature

7/26/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

7/26/18
Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

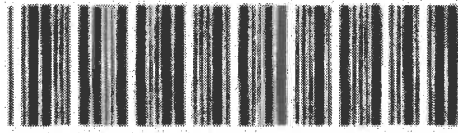
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0635352



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 7/30/2018 12:00 AM

Generator Address: KRS001-KRS Biotechnology
791 Park of Commerce Blvd, Suite 600
Boca Raton, FL 33487

Requested By: Scott Stanislaw
Phone: 561-430-2360
Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Only Mondays and Thursdays before 12:00pm

Item Code	Dept	Item Type	Action	Reference Info
	KRS Biotechnolog	QTY	3.00	96 Gallon Red Plastic Container SnapLock With Lid
	KRS Biotechnolog	QTY	0.00	18 Gallons Pharmaceutical Expire

Requested For: Scott Stanislaw

KRS Biotechnolog	QTY	0.00	Fuel Surcharge
KRS Biotechnolog	QTY	0.00	18 Gallons Pharmaceutical Expire
KRS Biotechnolog	QTY	0.00	8 Gallon Plastic Container
KRS Biotechnolog	QTY	0.00	8 Gallon Plastic Container (Yellow)

0001567874

QTY	DELIVERED	QTY	COLLECTED
7	96 g	7	96 g
		1	18 g pharm exp

272
Total LBS

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Generator Representative (Print Name): Kimberly Thompson Representative Signature: [Signature] Date/Time: _____

Transporter Representative (Print Name): Rey Representative Signature: [Signature] Date/Time: 7/30/18

Healthcare Environmental Services

Regulated Medical
Waste Manifest

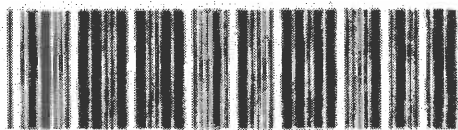
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0635039



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 7/31/2018 12:00 AM

Generator Address	COM012-Community Medical Group Miami 12320 Quail Roost Drive Miami, FL 33177	Requested By Phone Reference Route	Cynthia Cardona 305-957-0017 MILLER BIRD ROAD
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Priority Standard Service

Notes: Para todas las localizaciones: No dejen las copias!!!
For all locations: Do not leave yellow copies!!!

Community Medical Group of Miami 1490 NW: Puedes ir de 6.30AM -7.00AM.

Item Code	Dept	Item Type	Action	Reference Info
	12320 Quail Roos	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid
	12320 Quail Roos	QTY	0.00	96 Gallon Container

Requested For: PATRICIA JIMENO

12320 Quail Roos	QTY	0.00	8 Gallon Sharp Containers Red	13.75'x13.75'x14'
12320 Quail Roos	QTY	0.00	3 Gallons Pharmaceutical Expire	

*Patricia Jimeno elbow en sharp de 300
El fin*

QTY	DELIVERED	QTY	COLLECTED
<i>2560</i>		<i>2560</i>	<i>Elbow</i>
		<i>1300</i>	

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)	Representative Signature	Date/Time
<i>Elbow</i>	<i>Elbow</i>	<i>7/31/18</i>
Transporter Representative (Print Name)	Representative Signature	Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

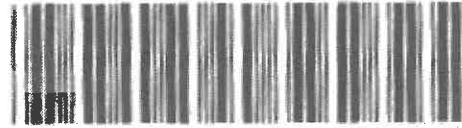
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0635707



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 8/6/2018 12:00 AM

Generator Address: KRS001-KRS Biotechnology
791 Park of Commerce Blvd. Suite 600
Boca Raton, FL 33487

Requested By: Scott Stanislaw
Phone: 561-430-2360
Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Only Mondays and Thursdays before 12:00pm

Item Code	Dept	Item Type	Action	Reference Info
	KRS Biotechnolog	QTY	7.00	96 Gallon Red Plastic Container SnapLock With Lid
	KRS Biotechnolog	QTY	0.00	18 Gallons Pharmaceutical Expire

Requested For: Scott Stanislaw

KRS Biotechnolog	QTY	0.00	Fuel Surcharge
KRS Biotechnolog	QTY	1.00	18 Gallons Pharmaceutical Expire
KRS Biotechnolog	QTY	0.00	8 Gallon Plastic Container
KRS Biotechnolog	QTY	0.00	8 Gallon Plastic Container (Yellow)

00001567873

QTY	DELIVERED	QTY	COLLECTED
3	96 g	3	96 g
		1	18 g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

298
Total LBS

Scott Stanislaw
Generator Representative (Print Name)

[Signature]
Representative Signature

8/6/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

8/6/18
Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

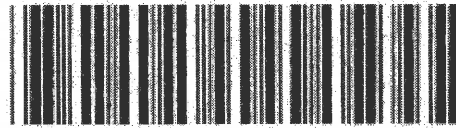
Work Order: 0635521



F.D.O.M. 7665

F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



Due Date : 8/7/2018 5:00 PM

FL Health Dept Permit

13-64-1523120

13-64-1523092

13-64-1465845

Generator Address: CAM005-Camillus Health Concern, Inc.
336 NW 5th Street
Miami, FL 33128

Requested By: Mr. Felix Y. Manlunas
Phone: 305-577-4840 Ext-419
Reference: AVENTURA
Route:

Priority: Standard Service

Notes: Mon-Fri 800am-5:00pm

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Mr. Felix Y. Manlunas

336 NW 5th Stree	QTY	0.00	30 Gallon Container with Red Bag	18'x14'x24' Up to 55 Lbs
336 NW 5th Stree	QTY	0.00	8 Gallons Pharmaceutical Expire	
336 NW 5th Stree	QTY	0.00	96 Gallon Container	

Ask for Jenny @ Pharmacy dept. or Anna Ferguson.

336 NW 5th Stree	QTY	1.00	18 Gallons Pharmaceutical Expire	
336 NW 5th Stree	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid	

Labels

QTY	DELIVERED	QTY	COLLECTED
1	96	1	96
1	18g Pharm.	1	18g Pharm.

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Vinny Hernandez
Generator Representative (Print Name)

[Signature]
Representative Signature

08/02/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

8/2/18
Date/Time

Healthcare Environmental Services

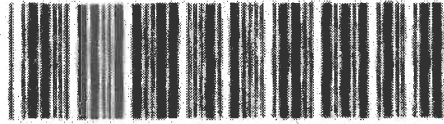
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417

Work Order: 0635749



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 8/14/2018 12:00 AM

Generator Address: COM012-Community Medical Group Miami
12376 Quail Roost Drive
Miami, FL 33177

Requested By: Cynthia Cardona
Phone: 305-957-0017
Reference: MILLER BIRD ROAD
Route: MILLER BIRD ROAD

Priority: Standard Service

Notes: Para todas las localizaciones: No dejen las copias!!!
For all locations: Do not leave yellow copies!!!

Community Medical Group of Miami 1490 NW: Puedes ir de 6:30AM -7:00AM.

Item Code	Dept	Item Type	Action	Reference Info
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	12376 Quail Roos	QTY	0.00	3 Gallons Pharmaceutical Expire
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Requested For: Carol Delgado

	12376 Quail Roos	QTY	1.00	96 Gallon Red Plastic Container SnapLock With Lid
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Requested For: Cynthia Cardona

	12376 Quail Roos	QTY	0.00	3 Gallons Pharmaceutical Expire
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QTY	DELIVERED	QTY	COLLECTED
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1 / 86

1 / 86

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

8/14/18

Transporter Representative (Print Name)

Representative Signature

Date/Time

8/14/18

Healthcare Environmental Services

Regulated Medical
Waste Manifest

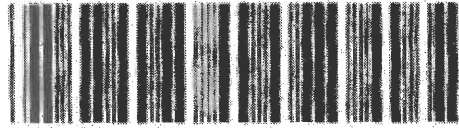
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0636236



F.D.O.M. 7665
F.D.E.P. FLR000217331



Due Date : 8/21/2018 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: CAM005-Camillus Health Concern, Inc.
336 NW 5th Street
Miami, FL 33128

Requested By: Mr. Felix Y. Manlunas
Phone: 305-577-4840 Ext-419
Reference:
Route: AVENTURA

Priority: Standard Service

Notes: Mon-Fri 800am-5:00pm.

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Mr. Felix Y. Manlunas

	336 NW 5th Street	QTY	0.00	30 Gallon Container with Red Bag\18'x14'x24' Up to 55 Lbs
	336 NW 5th Street	QTY	0.00	8 Gallons Pharmaceutical Expire
	336 NW 5th Street	QTY	0.00	96 Gallon Container
Ask for Jenny @ Pharmacy dept. or Anna Ferguson,				
	336 NW 5th Street	QTY	1.00	18 Gallons Pharmaceutical Expire
	336 NW 5th Street	QTY	1.00	96 Gallon Red Plastic Container SnapLock With Lid

labels

QTY	DELIVERED	QTY	COLLECTED
1	96 g	1	96 g
3	18 g pharm expire	3	18 g pharm expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

X Young Hernandez
Generator Representative (Print Name) Representative Signature

08/21/18
Date/Time

Ray
Transporter Representative (Print Name) Representative Signature

8/21/18
Date/Time

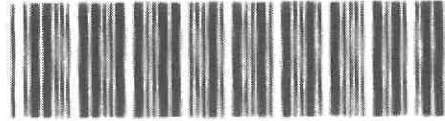
Healthcare Environmental Services

**Regulated Medical
Waste Manifest**

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0635554



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 8/22/2018 8:16 AM

Generator Address LIO001-Lion Country Safari 2003 Lion Country Safari Road Loxahatchee, FL 33470	Requested By Harold Kramer Phone 561-793-1084 Reference Route HIALEAH EAST
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Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red'n 10"x7"x9.5'
Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	8 of pharm exp	1	8 of pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethea
Generator Representative (Print Name)

[Signature]
Representative Signature

8/23/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

8/23/18
Date/Time

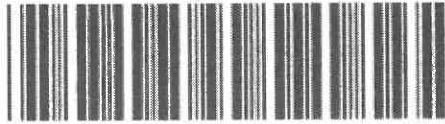
Regulated Medical Waste Manifest

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167
 (305) 436-0422, (305) 436-0417
 Work Order: 0635464



F.D.O.H. 7665
 F.D.E.P. FLR000217331



FL Health Dept Permit
 13-64-1523120
 13-64-1523092
 13-64-1465845

Due Date : 8/22/2018 5:00 PM

Generator Address: SPE045-Centurion Quintana (2)
 4625 Ponce de Leon Blvd.
 Coral Gables, Florida 33146
 Requested By: Juan A. Quintana, MD.
 Phone: 305-665-8422
 Reference: HIALEAH WEST
 Route:

Priority: Standard Service

Notes: M-F: 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Juan A. Quintana, MD.

QTY	1.00	15 Gallon Container with Red Bag	15'x13'x15' Up to 35 Lbs
QTY	2.00	1 Gallon Plastic Container	
QTY	0.00	8 Gallons Pharmaceutical Expire	

QTY	DELIVERED	QTY	COLLECTED
1	15g	1	15g
4	1g	4	1g
		1	8g pharm expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

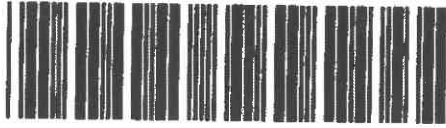
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0637001



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 9/4/2018 5:00 PM

Generator Address: CAM005-Camillus Health Concern, Inc.
336 NW 5th Street
Miami, FL 33128

Requested By: Mr. Felix Y. Manlunas
Phone: 305-577-4840 Ext-419
Reference: AVENTURA
Route: AVENTURA

Priority: Standard Service

Notes: Mpn-Fri 800am-5:00pm

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Mr. Felix Y. Manlunas

	336 NW 5th Stree	QTY	0.00	30 Gallon Container with Red Bag	18'x14'x24' Up to 55 Lbs
	336 NW 5th Stree	QTY	0.00	8 Gallons Pharmaceutical	Expire
	336 NW 5th Stree	QTY	0.00	96 Gallon Container	
Ask for Jenny @ Pharmacy dept. or Anna Ferguson.					
	336 NW 5th Stree	QTY	3.00	18 Gallons Pharmaceutical	Expire
	336 NW 5th Stree	QTY	1.00	96 Gallon Red Plastic Container	SnapLock With Lid

QTY	DELIVERED	QTY	COLLECTED
1	96 g	1	96 g
3	18 g pharm exp	3	18 g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Generator Representative (Print Name): Yanny Hernandez Representative Signature: [Signature] Total LBS: 9/5/18
Date/Time: 9/5/18

Transporter Representative (Print Name): [Signature] Representative Signature: [Signature] Date/Time: 9/5/18

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0637457



F.D.O.H. 7665

F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845



Due Date : 9/6/2018 11:18 AM

Generator Address: BAN003-Banyan Community Health Center
220 SW 2nd St
Pompano Beach, FL 33060

Requested By: Nicole
Phone: 954-941-9828 ext 3505
Reference: EMERGENCY
Route:

Priority: Standard Service

Notes: M - F 9:00 am - 5:00 pm
Lunes a Viernes 9:00 am - 5:00 pm
Frequency: Every Week

Item Code	Dept	Item Type	Action	Reference Info
	220 SW 2nd St	QTY	0.00	8 Gallon Sharp Containers Red
	220 SW 2nd St	QTY	0.00	30 Gallon Container with Red Bag
	220 SW 2nd St	QTY	1.00	28 Gallon (106L) Red Plastic Container SnapLock With Lid
	220 SW 2nd St	QTY	0.00	8 Gallons Pharmaceutical Expire
	220 SW 2nd St	QTY	0.00	2 Gallon Sharp Containers Red

Requested For: Nicole

QTY	DELIVERED	QTY	COLLECTED
1	28 g	1	28 g
1	2 g	1	2 g
1	8 g pharm exp	2	8 g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Shirley Payne (Print Name) _____ Representative Signature _____

9/6/18
Date/Time

Key (Print Name) _____ Representative Signature _____

2/6/18
Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

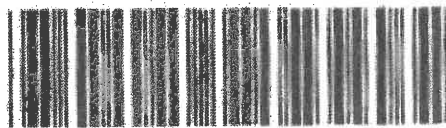
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0637285



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 9/6/2018 12:00 AM

Generator Address: KRS001-KRS Biotechnology
791 Park of Commerce Blvd. Suite 600
Boca Raton, FL 33487

Requested By
Phone
Reference
Route

Scott Stanislaw
561-430-2360
CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Only Mondays and Thursdays before 12:00pm

Item Code	Dapt	Item Type	Action	Reference Info
	KRS Biotechnolog	QTY	7.00	96 Gallon Red Plastic Container SnapLock With Lid
	KRS Biotechnolog	QTY	0.00	18 Gallons Pharmaceutical Expire

Requested For: Scott Stanislaw

KRS Biotechnolog	QTY	0.00	Fuel Surcharge
KRS Biotechnolog	QTY	0.00	18 Gallons Pharmaceutical Expire
KRS Biotechnolog	QTY	0.00	8 Gallon Sharp Containers Red in 13.75'x13.75'x14'
KRS Biotechnolog	QTY	0.00	8 Gallon Plastic Container (Yellow)

QTY	DELIVERED	QTY	COLLECTED
8	96	8	96
1	18	1	18

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

MAURIT GUY...
Generator Representative (Print Name)

Representative Signature

9/6/18
Date/Time

Ray...
Transporter Representative (Print Name)

Representative Signature

9/6/18
Date/Time

Regulated Medical Waste Manifest

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0633213



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 9/11/2018 8:08 AM

Generator Address THE004-Theater of the Sea
84721 Overseas Hwy
Islamorada, FL 33036

Requested By Phone Reference Route
Melissa Jaroneski
305-664-2431
EMERGENCY

Priority Standard Service

Notes: M - F 9:00 am - 4:00 pm
Lunes a Viernes 9:00 am - 4:00 pm Frequency: 90 days

Item Code Dept Item Type Action Reference Info

Please Check Gift Shops too

QTY 0.00 30 Gallon Container Plastic Drum
QTY 1.00 8 Gallons Pharmaceutical Expire
QTY 0.00 2 Gallon Sharp Containers Red\n10'x7'x9.5'

Requested For: Melissa Jaroneski

Please go through the back

QTY 0.00 3.2 Gallon Sharp Containers Red
QTY 0.00 1 Gallon Sharp Containers Red\n10'x7'x.5'
QTY 2.00 3 Gallon Sharp Plastic Container
QTY 1.00 1 Qt. Plastic Container

QTY	DELIVERED	QTY	COLLECTED
		2	8 g
		1	1 g
			6 g

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Alex March...
Generator Representative (Print Name)

[Signature]
Representative Signature

Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

9/11/18
Date/Time

Healthcare Environmental Services

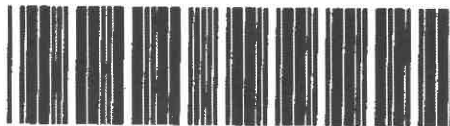
Regulated Medical Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417

Work Order: 0637774



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 9/14/2018 12:00 AM

Generator Address	CON001-Context Medical Group, Corp. 10550 NW 77 CT # 305 Hialeah Gardens, FL 33016	Requested By Phone Reference Route	Mariela Lopez 305-826-3072 HIALEAH WEST
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Priority: Standard Service

Notes: Every Friday
Todos los Viernes

Item Code	Dept	Item Type	Action	Reference Info
NEXT service 1 case 30g				
	Contet Medical Gr	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid
	Contet Medical Gr	QTY	0.00	8 Gallon Sharp Containers Red\n13.75'x13.75'x14'
	Contet Medical Gr	QTY	0.00	Case - 30 Gallon Bag x 100

Requested For: Mariela Lopez

Contet Medical Gr	QTY	0.00	Case - 15 Gallon Bag x 100
Contet Medical Gr	QTY	0.00	2 Gallon Sharp Containers Red\n10'x7'x9.5'
Contet Medical Gr	QTY	0.00	18 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18 (Pharmaceutical)	2	15 (Pharmaceutical)

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)	Representative Signature	Date/Time
<i>Q. Lopez</i>	<i>[Signature]</i>	9/14/18
Transporter Representative (Print Name)	Representative Signature	Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

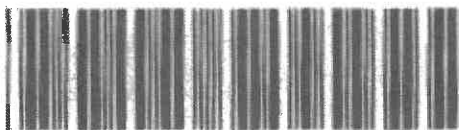
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0637247



F.D.O.H. 7665
F.O.E.P. FLR000217331



Due Date : 9/24/2018 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: MER006-St John Bosco Clinic, Inc
730 NW 34th St
Miami, FL 33127

Requested By: Luz Gallardo
Phone: 305-635-1335
Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: M - F 9:00 am - 4:30 pm
Lunes a Viernes 9:00 am - 4:30 pm Frequency: 30 days

Item Code	Dept	Item Type	Action	Reference Info
		QTY	1.00	2 Gallon Sharp Containers Red\n10'x7'x9.5'
Requested For: Luz Gallardo				
		QTY	0.00	18 Gallons Pharmaceutical Expire
		QTY	1.00	30 Gallon Container with Red Bag\n18'x14'x24' Up to 55 Lbs

QTY	DELIVERED	QTY	COLLECTED
1	30g	1	30g
1	2g	1	2g
1	18g pharm exp	1	18g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Clean Fuels of Florida, Inc.
 2635 N.E. 4th Avenue
 Pompano Beach, FL 33064



Invoice
 Number: 2019-509
 Date: Mar 22, 2019

Voice: (954) 791-9588
 Fax: (954) 791-9366



POSTED
 HP
 3/29/2019



RECEIVED
 3/27/2019

Sold To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Ship To:
 Healthcare Environmental Services, LLC
 8545 NW 68th Street
 Miami, FL 33166
 USA

Our Federal ID Number: 65-0759146

Customer ID		Customer PO		Payment Terms	
HESL				Net 30 Days	
Manifest/BOL No.		Shipping Method		Ship Date	Due Date
		Clean Fuels		3/22/19	4/21/19
Quantity	Item	Description	Unit Price	Extension	
19.00	UPW	Universal Pharmaceutical/Chemotherapy Waste	38.00	18 gal	722.00
29.00	UPW	Universal Pharmaceutical/Chemotherapy Waste	30.00	8 gal	870.00
1,592.00	TFS MAN	Fuels, Insurance & Regulatory Surcharge Manifest/BOL No. 100226	0.08		127.36



PAID
 3750
 4/10/2019

OK
 3/20/19



This is your only bill
 Please pay from this invoice




We accept all major credit cards

THANK YOU FOR DOING BUSINESS WITH CLEAN FUELS

Subtotal 1,719.36
 Sales Tax
 Total Invoice Amount 1,719.36
 Payment Received 0.00
TOTAL DUE 1,719.36

Check No:

SHIPPER/HANDLER/GENERATOR:	Document Number: 100226
EPA ID No.: CESQG	BILL TO:
Name: Healthcare Environmental Services, LLC	
Street Address: 8545 NW 68th Street	
City, State, Zip: Miami, FL, 33166	
Telephone: 305- 463-9838 Ext10	

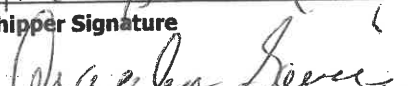
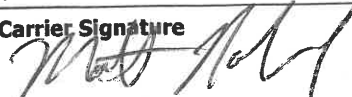

DESIGNATED FACILITY	Carrier Name: Clean Fuels of Florida, Inc.
	Clean Fuels of Florida, Inc.
	2635 NE 4th Avenue
	Pompano Beach, FL 33064
	DOH Rx License No.: 5314
	EPA ID No.: FLD984171256
BMW Storage No.: 06-64-1391560	Tel: (954) 791-9588
BMW Transporter No.: 06-64-1391457	Fax: (954) 791-9366
	1-800-725-8711
	florida@clean-fuels.net
	www.clean-fuels.net

EMERGENCY CONTACT (49 C.F.R. § 172.604)	Name: Aracely Garcia 305-477-7388	
	Telephone: 305- 463-9838 Ext10	

MATERIAL PICKUP INFORMATION						
HM (X)	U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	Containers		Total Quantity	Unit Wt./Vol.	Designated Facility Use Only
		Qty.	Type			
	UN3248, Waste Medicine, Liquid, Flammable, Toxic, N.O.S. (Universal Pharmaceutical Waste per 62-730.186 FAC) 3, (6.1), PGI	48	CF	1800	P	19 X 186AL 29 X 86AC

SUPPLIES DELIVERED/USED				TIME IN - TIME OUT		
Qty	Description	U/M	Total	Description	Time	Hours

Special Instructions/Comments/Discrepancies:

CERTIFICATION		
Shipper/Handler/Generator:	Carrier/Technician/Driver:	Designated Facility:
Shipper certifies that the above materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable DOT regulations. Any Supplies delivered were received in good condition. All Labor supplied was performed in a workman-like manner.	Carrier acknowledges receipt of packages and required placards. Carrier certifies that the DOT emergency response guidebook or equivalent documentation is in the vehicle. Property described above is received/delivered in good order, except as noted.	Received, subject to individually determined contracts that have been agreed upon in writing between the parties, if applicable, otherwise to the rates, classifications, and rules that have been established by the Facility and are available to the shipper, on request.
PRINTED NAME/Date Aracely Garcia 3/22/19	PRINTED NAME/Date Matt Noland 3/22/19	PRINTED NAME/Date Matt Noland 3/22/19
Shipper Signature 	Carrier Signature 	Facility Signature 

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

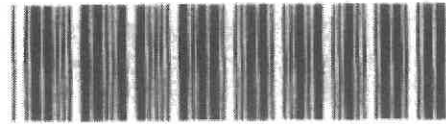
(305) 436-0422, (305) 436-0417

Work Order: 0641127



F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



Due Date : 12/6/2018 5:41 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By Harold Kramer
Phone 661-793-1084
Reference
Route HIALEAH EAST

Priority Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

	Vet Hosp Front Rc	QTY	0.00	18 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red'n 10"x7"x9.5"
	Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	0.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18g pharam exp	1	18g pharam exp
1	8g pharam exp	1	8g pharam exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethnea
Generator Representative (Print Name)

[Signature]
Representative Signature

12/6/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

12/6/18
Date/Time

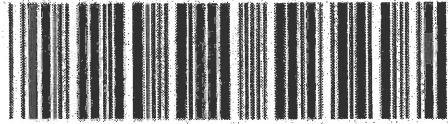
Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0643085



F.D.O.H. 7665
F.D.E.P. FLR000217331



Fl. Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/26/2018 12:50 PM

Generator Address	CAM005-Camillus Health Concern, Inc. 336 NW 5th Street Miami, FL 33128	Requested By Phone Reference Route	Mr. Felix Y. Manlunas 305-577-4840 Ext-419 AVENTURA
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Priority: Standard Service

Notes: Mon-Fri 800am-5:00pm

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Mr. Felix Y. Manlunas

336 NW 5th Stree	QTY	0.00	30 Gallon Container with Red Bag in 18'x14'x24' Up to 55 Lbs
336 NW 5th Stree	QTY	0.00	8 Gallons Pharmaceutical Expire
336 NW 5th Stree	QTY	0.00	96 Gallon Container
Ask for Jenny @ Pharmacy dept. or Anna Ferguson.			
336 NW 5th Stree	QTY	0.00	18 Gallons Pharmaceutical Expire
336 NW 5th Stree	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid

QTY	DELIVERED	QTY	COLLECTED
2	96g	2	96g
2	18g pharm exp	2	18g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Vanny Hernandez
Generator Representative (Print Name)

[Signature]
Representative Signature

12/26/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

12/26/18
Date/Time

Healthcare Environmental Services

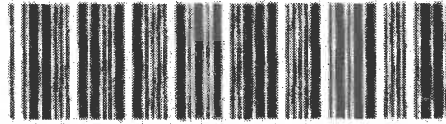


**Regulated Medical
Waste Manifest**

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417

F.D.O.H. 7665
F.D.E.P. FLR000217331

Work Order: 0642393



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/28/2018 5:00 PM

Generator: **NET002-LP3 Network, Inc**
Address: 21550 Biscayne Blvd, Suite# 300
Aventura, FL 33180

Requested By: **Yesid Guzman**
Phone: 305-903-3055
Reference:
Route: **HIALEAH WEST**

Priority: **Standard Service**

Notes: **Mon-Fri 9:00am-5:00pm Frequency: 28 days**

Item Code	Dept	Item Type	Action	Reference Info
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Call before- 9am-6pm closed 12pm-2pm

QTY	0.00	8 Gallons Pharmaceutical Expire
QTY	6.00	1.7 Gallon Sharp Containers
QTY	1.00	2 Gallon Sharp Containers Red 10'x7'x9.5'
QTY	3.00	30 Gallon Container with Red Bag 18'x14'x24' Up to 55 Lbs
QTY	0.00	18 Gallon Sharp Containers Red

Requested For: Yesid Guzman

QTY	1.00	1 Gallon Sharp Containers Red 10'x7'x.5'
QTY	6.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
7	8g pharm exp	7	8g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled, placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Yesid Guzman Generator Representative (Print Name)	[Signature] Representative Signature	12/27/18 Date/Time
[Signature] Transporter Representative (Print Name)	[Signature] Representative Signature	12/27/18 Date/Time

Healthcare Environmental Services

**Regulated Medical
Waste Manifest**

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0642744



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 1/10/2019 7:03 AM

Generator Address	L10001-Lion Country Safari 2003 Lion Country Safari Road Loxahatchee, FL 33470	Requested By Phone Reference Route	Harold Kramer 561-793-1084 HIALEAH EAST
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Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00 18 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00 2 Gallon Sharp Containers Red in 10"x7"x9.5"
Vet Hosp Front Rc	QTY	1.00 8 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	8 g pharm exp	1	8 g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethea Generator Representative (Print Name) [Signature] Representative Signature

1/10/19
Date/Time

1/10/19
Date/Time

[Signature] Transporter Representative (Print Name) [Signature] Representative Signature

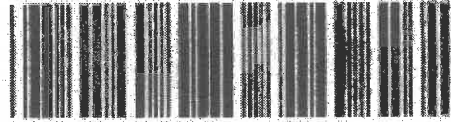
Regulated Medical
Waste Manifest

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0643760



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 1/21/2019 12:00 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: ENC001-El Encanto Medical Centers (Bio Waste)
255 University Drive
Coral Gables, Fl 33134
Requested By: Jorge Sanchez
Phone: 305-640-4287
Reference Route: 305 362 2680
CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code Dept Item Type Action Reference Info

QTY 0.00 18 Gallons Pharmaceutical Expire

QTY 0.00 3 Gallons Pharmaceutical Expire

Delivery Case 2 gll Sharp Containers - next time

QTY 2.00 2 Gallon Sharp Containers Red\n10'x7'x9.5'

Requested For: Jorge Sanchez

QTY 1.00 30 Gallon Container with Red Bag\n18'x14'x24' Up to 55 Lbs

QTY 0.00 16 Gallon Sharp Containers Red \n13.5'x13.5'x25.5'

QTY 0.00 1 Gallon Sharp Containers Red\n10'x7'x.5'

QTY	DELIVERED	QTY	COLLECTED
1	30 g	1	30 g
2	2 g	2	2 g
1	18 g pharm exp	1	18 g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

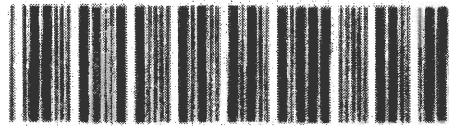
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0644430



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 1/22/2019 12:00 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: COM012-Community Medical Group Miami
9750 SW 24 St
Miami, FL 33165

Requested By: Lissett Rocha
Phone: 786-456-9005
Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Para todas las localizaciones: No dejen las copias!!!
For all locations: Do not leave yellow copies!!!

Community Medical Group of Miami 1490 NW: Puedes ir de 6:30AM - 7:00AM.

Item Code	Dept	Item Type	Action	Reference Info
	9750 SW 24 St	QTY	0.00	3 Gallon Sharp Plastic Container
Requested For: Lissett Rocha				
	9750 SW 24 St	QTY	1.00	96 Gallon Red Plastic Container SnapLock With Lid
	9750 SW 24 St	QTY	0.00	15 Gallon Container with Red Bag in 15'x13'x15' Up to 35 Lbs
	9750 SW 24 St	QTY	0.00	3 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	966	1	96 G
1	Pharmaceutical Expire 96	1	Pharmaceutical Expire 96

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Rocha

1/29/19

Transporter Representative (Print Name)

Representative Signature

Date/Time

Regulated Medical
Waste Manifest

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

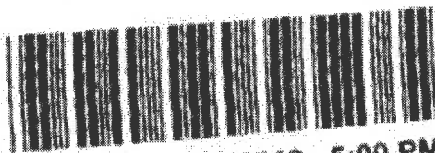
(305) 436-0422, (305) 436-0417

Work Order: 0645773



F.D.O.H. 7665
F.D.E.P. FLR000217533

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845



Due Date : 1/28/2019 5:00 PM

Generator
Address

MIA016-Miami Beach Medical Group- Aiton Rd.
12550 Biscayne Blvd Suite#100
North Miami, FL 33181

Requested By
Phone
Reference
Route

Irene Delgado
305-534-0076

DOWNTOWN L HAVANA

Priority

Standard Service

Notes:

M - F 9:00 am - 5:00 pm
Lunes a Viernes 9:00 am - 5:00 pm

Item Code

Dept

Item Type

Action

Reference Info

Requested For: Irene Delgado

MB Medical Group
MB Medical Group
MB Medical Group

QTY
QTY
QTY

1 00 15 Gallon Container with Red Bag'n15'x13'x15' Up to 35 Lbs
1 00 2 Gallon Sharp Containers Red'n10'x7'x9.5'
1 00 30 Gallon Container with Red Bag'n18'x14'x24' Up to 55 Lbs

QTY

5
1

DELIVERED

306

186 Pharmaceutical Exp. 1

QTY

5

COLLECTED

306

186

Pharmaceutical Exp.

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

1/28/19

Transporter Representative (Print Name)

Representative Signature

Date/Time

Printed

02/01/2019 3:30 pm

Prepared By HESACCOUNTING

Created

2/1/19 11:35:42AM

Page

Regulated Medical
Waste Manifest

Healthcare Environmental Services

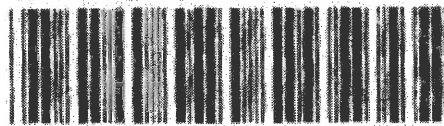
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0645011



F.D.O.H. 7665
F.D.E.P. FLR000217311



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 2/6/2019 12:50 PM

Generator Address: SPE177-Pines Care Research Center, LLC
501 NW 103 Avenue
Pembroke Pines, Florida 33026

Requested By: Lisandra
Phone: 954-239-7486
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: 9am - 5pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
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		QTY	0.00	8 Gallons Pharmaceutical Expire
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Requested For: Lisandra

Labels

		QTY	1.00	15 Gallon Container with Red Bag in 15'x13'x15' Up to 35 Lbs
		QTY	1.00	2 Gallon Plastic Container
		QTY	0.00	8 Gallon Plastic Container

QTY	DELIVERED	QTY	COLLECTED
1	186	1	186
1	156	1	156

Pharmaceutical Exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

<i>J. Olivera</i> Generator Representative (Print Name)	<i>[Signature]</i> Representative Signature	<i>2/6/19</i> Date/Time
<i>[Signature]</i> Transporter Representative (Print Name)	<i>[Signature]</i> Representative Signature	<i>[Signature]</i> Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

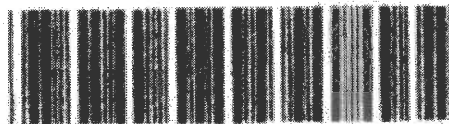
(305) 436-0422, (305) 436-0417

Work Order: 0646166



F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 2/14/2019 12:00 AM

Generator Address: KRS001-KRS Biotechnology
791 Park of Commerce Blvd, Suite 600
Boca Raton, FL 33487

Requested By: Scott Stanislaw
Phone: 561-430-2360
Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Only Mondays and Thursdays before 12:00pm

Item Code	Dept	Item Type	Action	Reference Info
	KRS Biotechnolog	QTY	8.00	96 Gallon Red Plastic Container SnapLock With Lid
	KRS Biotechnolog	QTY	0.00	18 Gallons Pharmaceutical Expire
	KRS Biotechnolog	QTY	0.00	18 Gallons Pharmaceutical Expire
	KRS Biotechnolog	QTY	0.00	8 Gallon Sharp Containers Red'n13.75'x13.75'x14'

Requested For: Scott Stanislaw

KRS Biotechnolog	QTY	0.00	Fuel Surcharge
KRS Biotechnolog	QTY	0.00	8 Gallon Plastic Container (Yellow)
	QTY	0.00	2 Gallon Plastic Container

TR C0001567915

QTY	DELIVERED	QTY	COLLECTED
<i>4</i>	<i>96g</i>	<i>4</i>	<i>96g</i>
		<i>1</i>	<i>18g pharm exp</i>

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

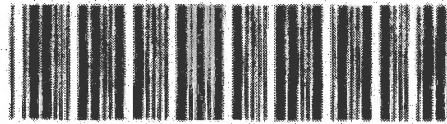
Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0646096



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 2/13/2019 12:50 PM

Generator Address	CAM005-Camillus Health Concern, Inc. 336 NW 5th Street Miami, FL 33128	Requested By	Mr. Felix Y. Manlunas 305-577-4840 Ext-419
		Reference	
		Route	AVENTURA

Priority: Standard Service

Notes: Mon-Fri 800am-5:00pm

Item Code	Dept	Item Type	Action	Reference Info
Ask for Jenny @ Pharmacy dept. or Anna Ferguson.				
	336 NW 5th Stree	QTY	0.00	18 Gallons Pharmaceutical Expire
Requested For: Mr. Felix Y. Manlunas				
	336 NW 5th Stree	QTY	0.00	30 Gallon Container with Red Bag in 18'x14'x24' Up to 55 Lbs
	336 NW 5th Stree	QTY	0.00	8 Gallons Pharmaceutical Expire
	336 NW 5th Stree	QTY	0.00	96 Gallon Container
	336 NW 5th Stree	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid

QTY	DELIVERED	QTY	COLLECTED
2	26 g	2	26 g
2	18 g pharm exp	2	18 g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)	Representative Signature	Date/Time
<i>[Signature]</i>	<i>[Signature]</i>	
Transporter Representative (Print Name)	Representative Signature	Date/Time
<i>[Signature]</i>	<i>[Signature]</i>	

Healthcare Environmental Services

Regulated Medical
Waste Manifest

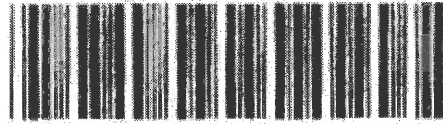
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0644495



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 2/12/2019 9:32 AM

Generator Address: WOM002-Woman Kind, Inc
1511 Truman Ave
Key West, FL 33040

Requested By: Jan Wallace
Phone: 305-294-4004
Reference:
Route: EMERGENCY

Priority: Standard Service

Notes: Frequency: 30 days

Item Code	Dept	Item Type	Action	Reference Info
1			QTY	2.00 2 Gallon Sharp Containers Red\n10"x7"x9.5"
		must do, they called	QTY	1.00 30 Gallon Container with Red Bag\n18"x14"x24' Up to 55 Lbs
			QTY	0.00 8 Gallons Pharmaceutical Expire

Requested For: Jan Wallace

QTY	1.00 Fuel Surcharge
QTY	0.00 3 Gallon Sharp Plastic Container

QTY	DELIVERED	QTY	COLLECTED
6	26	6	26
1	86	2	86
1	306	1	306
			Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS 15 Pounds

Generator Representative (Print Name): Jennifer
Signature: *Jennifer*

Representative Signature: *[Signature]*

Date/Time: 2/12/19

Transporter Representative (Print Name): Rene

Representative Signature: *[Signature]*

Date/Time:

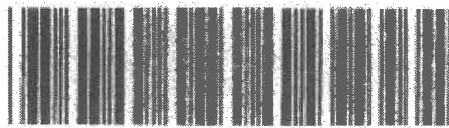
Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0645688



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 2/12/2019 12:00 AM

Generator Address: COM012-Community Medical Group Miami
12376 Quail Roost Drive
Miami, FL 33177

Requested By: Cynthia Cardona
Phone: 305-957-0017
Reference: MILLER BIRD ROAD
Route:

Priority: Standard Service

Notes: Para todas las localizaciones: No dejen las copias!!!
For all locations: Do not leave yellow copies!!!

Community Medical Group of Miami 1490 NW: Puedes ir de 6:30AM -7:00AM.

Item Code	Dept	Item Type	Action	Reference Info
	12376 Quail Roos	QTY	0.00	3 Gallons Pharmaceutical Expire

Requested For: Carol Delgado

	12376 Quail Roos	QTY	1.00	96 Gallon Red Plastic Container SnapLock With Lid
--	------------------	-----	------	---

Requested For: Cynthia Cardona

	12376 Quail Roos	QTY	0.00	8 Gallons Pharmaceutical Expire
	12376 Quail Roos	QTY	0.00	Wall Mount Bracket. For 1 Gal and 2 Gal Sharps

QTY	DELIVERED	QTY	COLLECTED
1	1 glen	1	1 glen
1	8 Pharmaceutical	1	8 Pharmaceutical

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Daniel Sadeu
Generator Representative (Print Name) Representative Signature

Gonzalez
Transporter Representative (Print Name) Representative Signature

2/12/19
Date/Time

2/12/19
Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

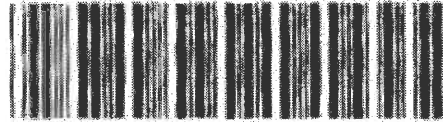
Work Order: 0644668



F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845



Due Date : 2/14/2019 7:43 AM

Generator Address LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By Harold Kramer
Phone 561-793-1084
Reference
Route HIALEAH EAST

Priority Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
	Vet Hosp Front Rc	QTY	0.00	18 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire

Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red\n10"x7"x9.5"
Vet Hosp Front Rc	QTY	0.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18g pharm exp	1	18g pharm exp
1	8g pharm exp	1	8g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bathea
Generator Representative (Print Name)

Harold Kramer
Representative Signature

2/14/19
Date/Time

Ray
Transporter Representative (Print Name)

Ray
Representative Signature

2/14/19
Date/Time

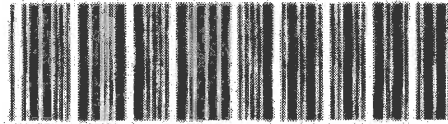
Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0643914



F.D.O.H. 7663
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 2/27/2019 5:00 PM

Generator Address: NET002-LP3 Network Inc
21560 Biscayne Blvd, Suite# 300
Aventura, FL 33180

Requested By: Yesid Guzman
Phone: 305-903-3055
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code Dept Item Type Action Reference Info

Call before- 9am-6pm closed 12pm-2pm

QTY	0.00	8 Gallons Pharmaceutical Expire
QTY	0.00	1,7 Gallon Sharp Containers
QTY	0.00	2 Gallon Sharp Containers Red in 10'x7'x9.5'
QTY	0.00	30 Gallon Container with Red Bag in 18'x14'x24' Up to 55 Lbs
QTY	0.00	18 Gallon Sharp Containers Red
QTY	0.00	1 Gallon Sharp Containers Red in 10'x7'x.5'
QTY	7.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
5	8g <i>(Signature)</i>	7	8g Pharmaceutical Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Yesid Guzman
Generator Representative (Print Name)

(Signature)
Representative Signature

2/27/19
Date/Time

(Signature)
Transporter Representative (Print Name)

(Signature)
Representative Signature

2/27/19
Date/Time

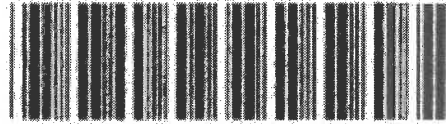
Regulated Medical Waste Manifest

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167
 (305) 436-0422, (305) 436-0417
 Work Order: 0647000



F.D.O.H. 7665
 F.D.E.P. FLR000217331



FL Health Dept Permit
 13-64-1523120
 13-64-1523092
 13-64-1465845

Due Date : 3/18/2019 12:00 AM

Generator Address: ENC001-El Encanto Medical Centers (Bio Waste)
 255 University Drive
 Coral Gables, FL 33134
 Requested By: Jorge Sanchez
 Phone: 305-610-1287
 Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code Dept Item Type Action Reference Info

QTY 0.00 18 Gallons Pharmaceutical Expire

QTY 0.00 3 Gallons Pharmaceutical Expire

Delivery Case 2 gll Sharp Containers - next time

QTY 2.00 2 Gallon Sharp Containers Red'n 10"x7"x9.5"

Requested For: Jorge Sanchez

QTY 1.00 30 Gallon Container with Red Bag'n 18"x14"x24' Up to 55 Lbs

QTY 0.00 16 Gallon Sharp Containers Red in 13.5"x13.5"x25.5"

QTY 0.00 1 Gallon Sharp Containers Red'n 10"x7"x.5"

QTY	DELIVERED	QTY	COLLECTED
1	30g	1	30g
2	2g	2	2g
1	18g pharma exp	1	18g pharma exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services

Regulated Medical Waste Manifest

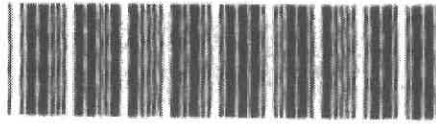
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0647157



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 3/1/2019 12:00 AM

Generator Address: CON001-Context Medical Group, Corp.
10550 NW 77 CT # 305
Hialeah Gardens, FL 33016

Requested By: Mariela Lopez
Phone: 305-826-3072
Reference: HIALEAH WEST
Route: HIALEAH WEST

Priority: Standard Service

Notes: Every Friday
Todos los Viernes

Item Code	Dept	Item Type	Action	Reference Info
	Contet Medical Gr	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid
	Contet Medical Gr	QTY	2.00	8 Gallon Sharp Containers Red 13.75"x13.75"x14"
	Contet Medical Gr	QTY	0.00	2 Gallon Sharp Containers Red 10"x7"x9.5"
	Contet Medical Gr	QTY	0.00	Case - 30 Gallon Bag x 100
		QTY	0.00	Case - 2 Gallons Sharp x 20

Requested For: Mariela Lopez

Contet Medical Gr	QTY	0.00	Case - 15 Gallon Bag x 100
Contet Medical Gr	QTY	0.00	18 Gallons Pharmaceutical Expire
	QTY	0.00	1 Gallon Plastic Container

QTY	DELIVERED	QTY	COLLECTED
2	966	2	966
1	86	1	86
1	186 Pharmaceutical Expire	1	186 Pharmaceutical Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Generator Representative (Print Name)

Representative Signature

Total LBS

3/1/19
Date/Time

Transporter Representative (Print Name)

Representative Signature

3/1/19
Date/Time

Printed: 02/26/2019 8:35 am

Prepared By: ADMIN

Created

2/28/19 12:10:03AM

Page 1 of 1

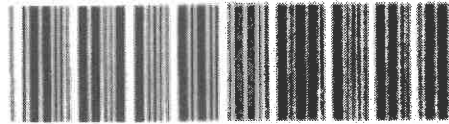
Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0647450



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 3/20/2019 5:00 PM

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, FL 33180

Requested By: Yesid Guzman
Phone: 305-903-3055
Reference: HIALEAH WEST
Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code Dept Item Type Action Reference Info

Call before- 9am-6pm closed 12pm-2pm

QTY	5.00	8 Gallons Pharmaceutical Expire
QTY	0.00	1.7 Gallon Sharp Containers
QTY	4.00	2 Gallon Sharp Containers Red 10'x7'x9.5'
QTY	0.00	30 Gallon Container with Red Bag 18'x14'x24' Up to 55 Lbs
QTY	0.00	18 Gallon Sharp Containers Red
QTY	0.00	1 Gallon Sharp Containers Red 10'x7'x.5'
QTY	4.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
5	86 Pharmaceutical	5	86 Pharmaceutical
2	30 G	2	30 G

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name): Yesid Guzman Representative Signature: [Signature] Date/Time: 3/20/19

Transporter Representative (Print Name): Rene Representative Signature: [Signature] Date/Time: 3/20/19

Regulated Medical Waste Manifest

Healthcare Environmental Services

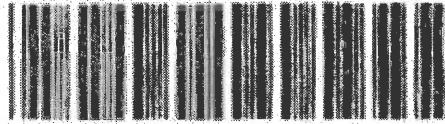
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0646547



F.D.O.N. 7665
F.D.E.P. FLR000217331



Due Date : 3/14/2019 7:43 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By Harold Kramer
Phone 561-793-1084
Reference
Route HIALEAH EAST

Priority Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
	Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire
Requested For: Harold Kramer				
	Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red in 10'x7'x9.5'
	Vet Hosp Front Rc	QTY	0.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18g pharm exp	1	18g pharm exp
1	8g pharm exp	1	8g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Betha Generator Representative (Print Name) [Signature] Representative Signature

3/14/19 Date/Time

[Signature] Transporter Representative (Print Name) [Signature] Representative Signature

3/14/19 Date/Time

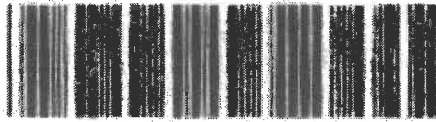
Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417
Work Order: 0646732



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 3/11/2019 5:00 PM

Generator Address: MER006-St John Bosco Clinic, Inc
730 NW 34th St
Miami, FL 33127

Requested By: Luz Gallardo
Phone: 305-635-1335
Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: M - F 9:00 am - 4:30 pm
Lunes a Viernes 9:00 am - 4:30 pm Frequency: 30

days

Item Code	Dept	Item Type	Action	Reference Info
		QTY	0.00	18 Gallons Pharmaceutical Expire
		QTY	1.00	30 Gallon Container with Red Bag\n18'x14'x24' Up to 55 Lbs
		QTY	0.00	2 Gallon Sharp Containers Red\n10'x7'x9.5'
		QTY	0.00	15 Gallon Container with Red Bag\n15'x13'x15' Up to 35 Lbs
		QTY	0.00	1 Gallon Sharp Containers Red\n10'x7'x.5'

QTY	DELIVERED	QTY	COLLECTED
1	30g	1	30g
1	2g	1	2g
1	18g pharm exp	1	18g pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name): Luz Gallardo Representative Signature: [Signature] Date/Time: _____

Transporter Representative (Print Name): [Signature] Representative Signature: [Signature] Date/Time: _____

Clean Fuels of Florida, Inc.
 2635 N.E. 4th Avenue
 Pompano Beach, FL 33064



Invoice
 Number: 2018-138
 Date: Jan 8, 2018

Voice: (954) 791-9588
 Fax: (954) 791-9366

POSTED
 1/16/2018
 MD

RECEIVED
 1/11/2018

Sold To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Ship To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Our Federal ID Number: 65-0759146

Customer ID		Customer PO	Payment Terms	
HESL			Net 30 Days	
Manifest/BOL No.		Shipping Method	Ship Date	Due Date
		Clean Fuels	1/8/18	2/7/18
Quantity	Item	Description	Unit Price	Extension
12.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 18 Gallon	55.00	660.00
21.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 8 Gallon	40.00	840.00
2.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 3 Gallon	15.00	30.00
1,530.00	TFS MAN	Fuels, Insurance & Regulatory Surcharge Manifest/BOL No. 37458	0.08	122.40

Please validate pricing.

by JLB

on 1/08/2018



This is your only bill
 Please pay from this invoice

Subtotal	1,652.40
Sales Tax	
Total Invoice Amount	1,652.40
Payment Received	0.00
TOTAL DUE	1,652.40




We accept all major credit cards

Check No:

THANK YOU FOR DOING BUSINESS WITH CLEAN FUELS

BILL OF LADING

SHIPPER/HANDLER/GENERATOR:		Document Number: 37458
EPA ID No.:	Healthcare Environmental Services	BILL TO:
Name:	8545 NW 68 th Street	
Street Address:	Miami, FL 33166	
City, State, Zip:	305-436-0422	
Telephone:		
DESIGNATED FACILITY		Carrier Name: Clean Fuels of Florida, Inc.
		Clean Fuels of Florida, Inc. 2635 NE 4 th Avenue Pompano Beach, FL 33064 DOH Rx License No.: 5314 EPA ID No.: FLD984171256 BMW Storage No.: 06-64-1391560 BMW Transporter No.: 06-64-1391457
		Tel: (954) 791-9588 Fax: (954) 791-9366 1-800-725-8711 florida@clean-fuels.net www.clean-fuels.net
EMERGENCY CONTACT (49 C.F.R. § 172.604)		Name: Ian Schenkman/Jannette Telephone: 305-436-0422

MATERIAL PICKUP INFORMATION						
HM (X)	U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	Containers		Total Quantity	Unit Wt./Vol.	Designated Facility Use Only
		Qty.	Type			
X	UN3248 WASTE MEDICINE, LIQUID, FLAMMABLE, TOXIC, N.O.S., (UNIVERSAL PHARMACEUTICAL WASTE), 3 (6.1), PGII	35	CF	600	P	213 GAL 2128 GAL 1718 GAL

SUPPLIES DELIVERED/USED				TIME IN - TIME OUT		
Qty	Description	U/M	Total	Description	Time	Hours
				Time In	1:16	
				Time Out		

Special Instructions/Comments/Discrepancies:

CERTIFICATION		
Shipper/Handler/Generator:	Carrier/Technician/Driver:	Designated Facility:
Shipper certifies that the above materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable DOT regulations. Any supplies delivered were received in good condition. All Labor supplied was performed in a workman-like manner.	Carrier acknowledges receipt of packages and required placards. Carrier certifies that the DOT emergency response guidebook or equivalent documentation is in the vehicle. Property described above is received/delivered in good order, except as noted.	Received, subject to individually determined contracts that have been agreed upon in writing between the parties, if applicable, otherwise to the rates, classifications, and rules that have been established by the Facility and are available to the shipper, on request.
PRINTED NAME/Date 1, 8, 18	PRINTED NAME/Date MATT NICHOLS 1, 8, 18	PRINTED NAME/Date 1, 8, 18
Shipper Signature	Carrier Signature	Facility Signature

Healthcare Environmental Services

Regulated Medical
Waste Manifest

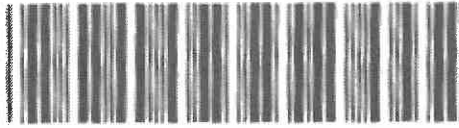
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0621832



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 11/3/2017 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: **COM012-Community Medical Group Miami**
1621 SW 107 Ave
Miami, FL 33165

Requested By: Cynthia Cardona
Phone: 305-635-7710
Reference: CORAL WAY - BIRD ROAD
Route:

Priority: Standard Service

Notes: Para todas las localizaciones: No dejen las copias!!!
For all locations: Do not leave yellow copies!!!

Community Medical Group of Miami 1490 NW: Puedes ir de 6:30AM -7:00AM.

Item Code	Dept	Item Type	Action	Reference Info
	1621 SW 107 Ave	QTY	1.00	96 Gallon Red Plastic Container SnapLock With Lid
	1621 SW 107 Ave	QTY	0.00	3 Gallons Pharmaceutical Expire

Requested For: Bryan Klein

✕ Please pick up Container. Behind locked door.
1621 SW 107 Ave QTY 1.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
		1	3gal Pharm Exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name): Marcos Ag Representative Signature: [Signature] Date/Time: _____

Transporter Representative (Print Name): Reynaldo Representative Signature: [Signature] Date/Time: 11/03/17

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

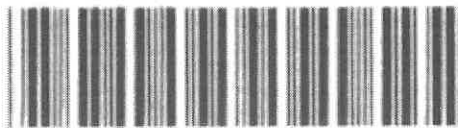
Work Order: 0622264



F.D.O.H. 7665

F.D.E.P. FLR000217331

Regulated Medical Waste Manifest



Due Date : 11/28/2017 5:00 PM

Fl. Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, Fl 33180

Requested By: December Nunez
Phone: 305-903-3055
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
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Call before- 9am-6pm closed 12pm-2pm

QTY	2.00	8 Gallons Pharmaceutical Expire
QTY	5.00	1.7 Gallon Sharp Containers
QTY	5.00	2 Gallon Sharp Containers Red/n10'x7'x9.5'

Requested For: December Nunez

QTY	3.00	30 Gallon Container with Red Bag/n18'x14'x24' Up to 55 Lbs
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QTY	DELIVERED	QTY	COLLECTED
2	8 Gallons Expire	2	8 Gallons Expire
5	1.7 Gallons	5	1.7 Gallons
5	2 Gallons	5	2 Gallons
3	30 Gallons	3	30 Gallons

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

JANESSA PINHEIRO
Generator Representative (Print Name)

[Signature]
Representative Signature

Total LBS

11/28/17
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

11/28/17
Date/Time

Healthcare Environmental Services



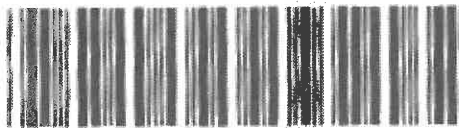
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0622276

F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/6/2017 7:42 AM

Generator Address LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By Harold Kramer
Phone 561-793-1084
Reference
Route HIALEAH EAST

Priority Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red'n10'x7'x9.5'

QTY	DELIVERED	QTY	COLLECTED
1	18 gal Pharm exp	1	18 gal Pharm exp
		1	8 gal Pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethea
Generator Representative (Print Name)

Jan Ben
Representative Signature

Date/Time

Raymond
Transporter Representative (Print Name)

Representative Signature

12/6/17
Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

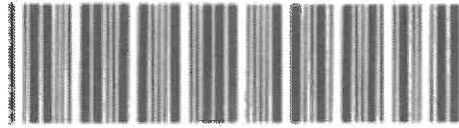
(305) 436-0422, (305) 436-0417

Work Order: 0623658



F.D.O.H. 7665

F.D.E.P. FLR000217331



FL Health Dept Permit

13-64-1523120

13-64-1523092

13-64-1465845

Due Date : 12/8/2017 12:00 AM

Generator Address: CON001-Context Medical Group, Corp.
10550 NW 77 CT # 305
Hialeah Gardens, FL 33016

Requested By: Mariela Lopez
Phone: 305-826-3072
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: Every Friday
Todos los Viernes

Item Code	Dept	Item Type	Action	Reference Info
	Contet Medical Gr	QTY	2.00	96 Gallon Red Plastic Container SnapLock With Lid
	Contet Medical Gr	QTY	0.00	8 Gallon Sharp Containers Red\n13.75"x13.75"x14'
	Contet Medical Gr	QTY	0.00	Case - 30 Gallon Bag x 100

Requested For: Mariela Lopez

Contet Medical Gr	QTY	0.00	Case - 15 Gallon Bag x 100
Contet Medical Gr	QTY	0.00	2 Gallon Sharp Containers Red\n10"x7"x9.5'

QTY	DELIVERED	QTY	COLLECTED
2	96 gal	2	96 gal
1	8 gal	1	8 gal
1	18 gal PhaeM exp	1	18 gal PhaeM exp
20	1 gal		

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

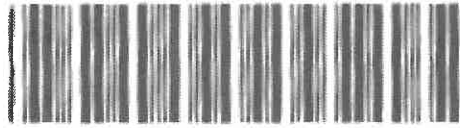
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0622276



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/6/2017 7:42 AM

Generator Address LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By Harold Kramer
Phone 561-793-1084
Reference
Route HIALEAH EAST

Priority Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red 10'x7'x9.5'

QTY	DELIVERED	QTY	COLLECTED
1	18 gal Pharm exp	1	18 gal Pharm exp
		1	8 gal Pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethea Generator Representative (Print Name)	<i>Jan ...</i> Representative Signature	Date/Time
<i>Moynolds</i> Transporter Representative (Print Name)	<i>[Signature]</i> Representative Signature	12/6/17 Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

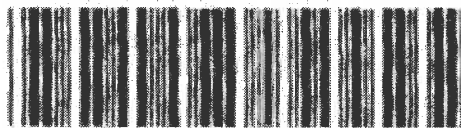
(305) 436-0422, (305) 436-0417

Work Order: 0623120



F.D.O.H. 7565
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



Due Date : 12/19/2017 12:00 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address	REY002-Francisco A Reytor MD PA 8300 SW 8 ST # 103 Miami, FL 33144	Requested By	Masiel Granja
		Phone	305-264-5154
		Reference	
		Route	EMERGENCY

Priority Standard Service

Notes: Frequency: 30 days

Item Code	Dept	Item Type	Action	Reference Info
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QTY	4.00	15 Gallon Container with Red Bag	15'x13'x15' Up to 35 Lbs
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Requested For: Masiel Granja

QTY	1.00	2 Gallon Sharp Containers Red	10'x7'x9.5'
-----	------	-------------------------------	-------------

QTY	0.00	3 Gallon Sharp Plastic Container	
-----	------	----------------------------------	--

QTY	1.00	8 Gallons Pharmaceutical Expire	
-----	------	---------------------------------	--

QTY	DELIVERED	QTY	COLLECTED
4/15/17 2/26/17 1/18/17	Elfine	4/15/17 2/26/17 1/18/17	Elfine

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Juana
Generator Representative (Print Name)

Representative Signature

Date/Time

Masiel

Masiel

12/18/17

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

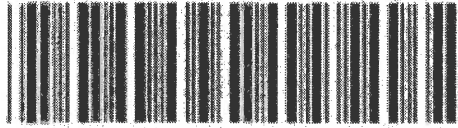
(305) 436-0422, (305) 436-0417

Work Order: 0620616



F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/19/2017 9:09 AM

Generator Address THE004-Theater of the Sea
84721 Overseas Hwy
Islamorada, FL 33036

Requested By Phone Reference Route
Melissa Jaroneski
305-664-2431
EMERGENCY

Priority Standard Service

Notes: M - F 9:00 am - 4:00 pm
Lunes a Viernes 9:00 am - 4:00 pm Frequency: 90 days

Item Code Dept Item Type Action Reference Info

Please Check Gift Shops too

QTY 0.00 30 Gallon Container Plastic Drum
QTY 0.00 8 Gallons Pharmaceutical Expire
QTY 0.00 2 Gallon Sharp Containers Red in 10'x7'x9.5'

Requested For: Melissa Jaroneski

Please go through the back

QTY 0.00 3.2 Gallon Sharp Containers Red
QTY 0.00 1 Gallon Sharp Containers Red in 10'x7'x.5'
QTY 1.00 3 Gallon Sharp Plastic Container

QTY	DELIVERED	QTY	COLLECTED
2	3 gal	2	3 gal
1	8 gal	2	8 gal
		2	1 QT

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Alexandra Manini
Generator Representative (Print Name)

[Signature]
Representative Signature

Date/Time

Royce
Transporter Representative (Print Name)

[Signature]
Representative Signature

12/19/17
Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

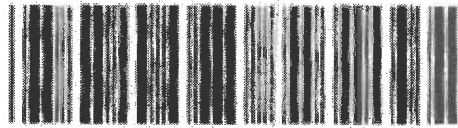
(305) 436-0422, (305) 436-0417

Work Order: 0623779



F.D.O.H. 7665
F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



Due Date : 1/10/2018 8:16 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: L10001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference:
Route: HIALEAH EAST

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm, Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Harold Kramer

	Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red'n 10"x7"x9.5"
	Vet Hosp Front Rc	QTY	1.00	8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	18 gal Pharm exp	2	18 gal Pharm exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Lauren Bethea
Generator Representative (Print Name)

[Signature]
Representative Signature

1/10/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

1/10/18
Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

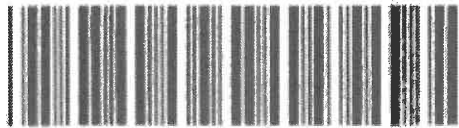
(305) 436-0422, (305) 436-0417

Work Order: 0620616



F.D.O.H. 7665

F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 12/19/2017 9:09 AM

Generator Address THE004-Theater of the Sea
84721 Overseas Hwy
Islamorada, FL 33036

Requested By Phone Reference Route
Melissa Jaroneski
305-664-2431
EMERGENCY

Priority Standard Service

Notes: M - F 9:00 am - 4:00 pm
Lunes a Viernes 9:00 am - 4:00 pm Frequency: 90 days

Item Code Dept Item Type Action Reference Info

Please Check Gift Shops too

QTY 0.00 30 Gallon Container Plastic Drum
QTY 0.00 8 Gallons Pharmaceutical Expire
QTY 0.00 2 Gallon Sharp Containers Red in 10"x7"x9.5'

Requested For: Melissa Jaroneski

Please go through the back

QTY 0.00 3.2 Gallon Sharp Containers Red
QTY 0.00 1 Gallon Sharp Containers Red in 10"x7"x.5'
QTY 1.00 3 Gallon Sharp Plastic Container

QTY	DELIVERED	QTY	COLLECTED
2	3 gal	2	3 gal
1	8 gal	2	8 gal
		2	1 QTY

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Alexandra Marin
Generator Representative (Print Name)

[Signature]
Representative Signature

Date/Time

Reynaldo
Transporter Representative (Print Name)

[Signature]
Representative Signature

12/19/17
Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

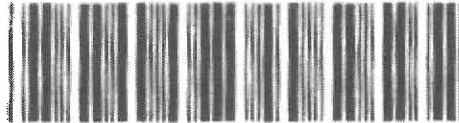
(305) 436-0422, (305) 436-0417

Work Order: 0623500



F.D.O.H. 7655
F.D.E.P. FLR000217301

Regulated Medical
Waste Manifest



Due Date : 1/2/2018 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, FL 33180

Requested By: December Nunez
Phone: 305-903-3055
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
Call before- 9am-6pm closed 12pm-2pm				
		QTY	8.00	8 Gallons Pharmaceutical Expire
		QTY	0.00	1.7 Gallon Sharp Containers
		QTY	0.00	2 Gallon Sharp Containers Red\n10'x7'x9.5'
Requested For: December Nunez				
		QTY	0.00	30 Gallon Container with Red Bag\n18'x14'x24' Up to 55 Lbs

QTY	DELIVERED	QTY	COLLECTED
8.00	<i>[Signature]</i>	8.00	<i>[Signature]</i>
0.00		0.00	
0.00		0.00	

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

[Signature]
Generator Representative (Print Name)

[Signature]
Representative Signature

01/03/18
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

1/3/18
Date/Time

Clean Fuels of Florida, Inc.
 2635 N.E. 4th Avenue
 Pompano Beach, FL 33064



Invoice
 Number: 2017-710
 Date: Jul 21, 2017

Voice: (954) 791-9588
 Fax: (954) 791-9366

POSTED
 8/10/2017
 MD

RECEIVED
 8/3/2016

Sold To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Ship To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Our Federal ID Number: 65-0759146

Customer ID		Customer PO	Payment Terms	
HESL			Net 30 Days	
Manifest/BOL No.		Shipping Method	Ship Date	Due Date
		Clean Fuels	7/21/17	8/20/17
Quantity	Item	Description	Unit Price	Extension
3.00	UPW	Universal Pharmaceutical/Chemotherapy Waste <u>18 Gallon</u>	✓ 85.00	255.00
9.00	UPW	Universal Pharmaceutical/Chemotherapy Waste <u>8 Gallon</u>	✓ 65.00	585.00
840.00	TFS MAN	Fuels, Insurance & Regulatory Surcharge Manifest/BOL No. 37028	✓ 0.08	67.20

PAID
 8/15/2017

✓ 8/9/2017



This is your only bill
 Please pay from this invoice

Subtotal	907.20
Sales Tax	
Total Invoice Amount	907.20
Payment Received	0.00
TOTAL DUE	907.20



We accept all major credit cards

Check No:

THANK YOU FOR DOING BUSINESS WITH CLEAN FUELS

BILL OF LADING

SHIPPER/HANDLER/GENERATOR:		Document Number: 37028
EPA ID No.:	BILL TO:	
Name:	Healthcare Environmental Services	
Street Address:	8545 NW 68 th Street	
City, State, Zip:	Miami, FL 33166	
Telephone:	305-436-0422	

DESIGNATED FACILITY	Carrier Name: Clean Fuels of Florida, Inc.
	Clean Fuels of Florida, Inc. 2635 NE 4 th Avenue Pompano Beach, FL 33064
	DOH Rx License No.: 5314 EPA ID No.: FLD984171256 BMW Storage No.: 06-64-1391560 BMW Transporter No.: 06-64-1391457
	Tel: (954) 791-9588 Fax: (954) 791-9366 1-800-725-8711
	florida@clean-fuels.net www.clean-fuels.net

EMERGENCY CONTACT (49 C.F.R. § 172.604)	Name: Ian Schenkman/Jannette	Telephone: 305-436-0422
---	-------------------------------------	--------------------------------

MATERIAL PICKUP INFORMATION						
HM (X)	U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	Containers		Total Quantity	Unit Wt./Vol.	Designated Facility Use Only
		Qty.	Type			
	UN3248 WASTE MEDICINE, LIQUID, FLAMMABLE, TOXIC, N.O.S., (UNIVERSAL PHARMACEUTICAL WASTE),3 (6.1), PGII	12	CF	200	P	3x18 GAL 9x28 GAL

SUPPLIES DELIVERED/USED				TIME IN - TIME OUT		
Qty	Description	U/M	Total	Description	Time	Hours
				Time In	11:30	
				Time Out	11:35	

Special Instructions/Comments/Discrepancies:

CERTIFICATION		
Shipper/Handler/Generator:	Carrier/Technician/Driver:	Designated Facility:
Shipper certifies that the above materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable DOT regulations. Any Supplies delivered were received in good condition. All Labor supplied was performed in a workman-like manner.	Carrier acknowledges receipt of packages and required placards. Carrier certifies that the DOT emergency response guidebook or equivalent documentation is in the vehicle. Property described above is received/delivered in good order, except as noted.	Received, subject to individually determined contracts that have been agreed upon in writing between the parties, if applicable, otherwise to the rates, classifications, and rules that have been established by the Facility and are available to the shipper, on request.
PRINTED NAME/Date Jannette Ross 7/21/12	PRINTED NAME/Date Matt Nolan 7/21/12	PRINTED NAME/Date P... 7/21/12
Shipper Signature <i>[Signature]</i>	Carrier Signature <i>[Signature]</i>	Facility Signature <i>[Signature]</i>

Healthcare Environmental Services

Regulated Medical
Waste Manifest

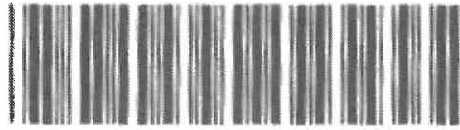
5195 NW 77 AVE, MIAMI FL, 33166

(305) 436-0422, (305) 436-0417

Work Order: 0614988



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 6/14/2017 12:00 AM

Generator Address: LIO001-Lion Country Safari 2003 Lion Country Safari Road Loxahatchee, FL 33470	Requested By: Harold Kramer Phone: 561-793-1084 Reference Route: HIALEAH EAST
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Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 días antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

Labels

Vet Hosp Front Rc	QTY	1.00 18 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00 2 Gallon Sharp Containers Red 10"x7"x9.5"

QTY	DELIVERED	QTY	COLLECTED
1	18g Expire	1	18g Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Jenna Radtke
Generator Representative (Print Name)

Jenna Radtke
Representative Signature

6/14/17
Date/Time

Dis Alberto
Transporter Representative (Print Name)

[Signature]
Representative Signature

6/14/17
Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

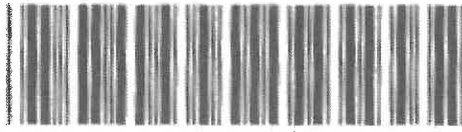
5195 NW 77 AVE, MIAMI FL, 33166

(305) 436-0422, (305) 436-0417

Work Order: 0614988



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 6/14/2017 12:00 AM

Generator Address: LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference: HIALEAH EAST
Route:

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Harold Kramer

Labels

Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire	
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red	10"x7"x9.5"

QTY	DELIVERED	QTY	COLLECTED
1	18g Expire	1	18g Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Jenna Radtke
Generator Representative (Print Name)

Jenna Radtke
Representative Signature

6/14/17
Date/Time

Asis Alberto
Transporter Representative (Print Name)

[Signature]
Representative Signature

6/14/17
Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

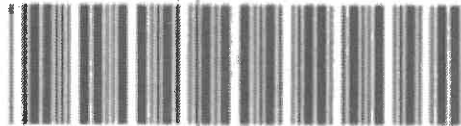
5195 NW 77 AVE, MIAMI FL, 33166

(305) 436-0422, (305) 436-0417

Work Order: 0616182



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit

13-64-1523120

13-64-1523092

13-64-1465845

Due Date : 7/12/2017 12:00 AM

Generator Address: L10001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference:
Route: HIALEAH EAST

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire	
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red	10'x7'x9.5'

QTY	DELIVERED	QTY	COLLECTED
1	<i>18 Gall Expire</i>	1	<i>18 Gall Expire</i>

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Christine Boss
Generator Representative (Print Name) Representative Signature

Date/Time
7/12/2017

Abel
Transporter Representative (Print Name) Representative Signature

Date/Time

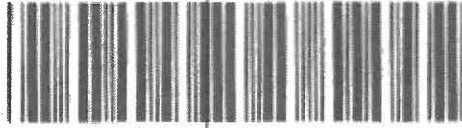
Healthcare Environmental Services

**Regulated Medical
Waste Manifest**

5195 NW 77 AVE, MIAMI FL, 33166
(305) 436-0422, (305) 436-0417
Work Order: 0613342



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 7/6/2017 9:09 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address THE004-Theater of the Sea
84721 Overseas Hwy
Islamorada, FL 33036

Requested By Melissa Jaroneski
Phone 305-664-2431
Reference Route EMERGENCY

Priority Standard Service

Notes: M - F 9:00 am - 4:00 pm
Lunes a Viernes 9:00 am - 4:00 pm Frequency: 90 days

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Melissa Jaroneski

Please go through the back

QTY	0.00 3 2 Gallon Sharp Containers Red
QTY	1.00 30 Gallon Container Plastic Drum
QTY	2.00 1 Gallon Sharp Containers Red 10'x7'x.5'
QTY	1.00 3 Gallon Sharp Plastic Container
QTY	1.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	1	1	1
		2	

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Jennifer Timoner
Generator Representative (Print Name)

Jennifer Timoner
Representative Signature

7-6-17
Date/Time

Genesto
Transporter Representative (Print Name)

[Signature]
Representative Signature

7/6/17
Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

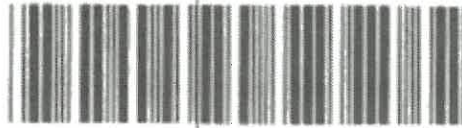
5195 NW 77 AVE, MIAMI FL, 33166

(305) 436-0422, (305) 436-0417

Work Order: 0615713



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 7/19/2017 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, FL 33180

Requested By: December Nunez
Phone: 305-903-3055
Reference:
Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28

days

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Call before- ~~9am-6pm~~ closed 12pm-2pm

QTY

~~10.00~~ 8 Gallons Pharmaceutical Expire

QTY

1.00 1.7 Gallon Sharp Containers

QTY

0.00 2 Gallon Sharp Containers Red in 10'x7'x9.5'

QTY

DELIVERED

QTY

COLLECTED

8 8 gal Expire

8 8 gal Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

VANESSA PINHEIRO
Generator Representative (Print Name)

[Signature]
Representative Signature

Date/Time

7/19/2017

[Signature]
Transporter Representative (Print Name)

Representative Signature

Date/Time

Clean Fuels of Florida, Inc.
 2635 N.E. 4th Avenue
 Pompano Beach, FL 33064



Invoice
 Number: 2017-819
 Date: Aug 29, 2017

Voice: (954) 791-9588
 Fax: (954) 791-9366



Sold To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Ship To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Our Federal ID Number: 65-0759146

Customer ID		Customer PO		Payment Terms	
HESL				Net 30 Days	
Manifest/BOL No.		Shipping Method		Ship Date	Due Date
		Clean Fuels		8/29/17	9/28/17
Quantity	Item	Description	Unit Price	Extension	
1.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 18 Gallon	✓ 85.00	85.00	
13.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 8 Gallon	✓ 65.00	845.00	
930.00	TFS MAN	Fuels, Insurance & Regulatory Surcharge Manifest/BOL No. 37108	✓ 0.08	74.40	

out a/6/2012

PAID
 2873
 10/2/2017



This is your only bill
 Please pay from this invoice

Subtotal	1,004.40
Sales Tax	
Total Invoice Amount	1,004.40
Payment Received	0.00
TOTAL DUE	1,004.40




We accept all major credit cards

Check No:

THANK YOU FOR DOING BUSINESS WITH CLEAN FUELS

SHIPPER/HANDLER/GENERATOR:		Document Number: 37108
EPA ID No.:	BILL TO:	
Name:	Healthcare Environmental Services	
Street Address:	8545 NW 68 th Street	
City, State, Zip:	Miami, FL 33166	
Telephone:	305-436-0422	

DESIGNATED FACILITY	Carrier Name: Clean Fuels of Florida, Inc.
	Clean Fuels of Florida, Inc. 2635 NE 4 th Avenue Pompano Beach, FL 33064
	Tel: (954) 791-9588
	Fax: (954) 791-9366
	1-800-725-8711
	florida@clean-fuels.net www.clean-fuels.net
DOH Rx License No.: 5314	EPA ID No.: FLD984171256
BMW Storage No.: 06-64-1391560	BMW Transporter No.: 06-64-1391457

EMERGENCY CONTACT (49 C.F.R. § 172.604)	Name: Ian Schenkman/Jannette
	Telephone: 305-436-0422

MATERIAL PICKUP INFORMATION						
HM (X)	U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	Containers		Total Quantity	Unit Wt./Vol.	Designated Facility Use Only
		Qty.	Type			
	UN3248 WASTE MEDICINE, LIQUID, FLAMMABLE, TOXIC, N.O.S., (UNIVERSAL PHARMACEUTICAL WASTE), 3 (6.1), PGII	14	CF	280	P	1X18 GAL 13X86 GAL

SUPPLIES DELIVERED/USED				TIME IN - TIME OUT		
Qty	Description	U/M	Total	Description	Time	Hours
					Time In 11:47	
					Time Out 2:00	

Special Instructions/Comments/Discrepancies:

CERTIFICATION		
Shipper/Handler/Generator:	Carrier/Technician/Driver:	Designated Facility:
Shipper certifies that the above materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable DOT regulations. Any Supplies delivered were received in good condition. All Labor supplied was performed in a workman-like manner.	Carrier acknowledges receipt of packages and required placards. Carrier certifies that the DOT emergency response guidebook or equivalent documentation is in the vehicle. Property described above is received/delivered in good order, except as noted.	Received, subject to individually determined contracts that have been agreed upon in writing between the parties, if applicable, otherwise to the rates, classifications, and rules that have been established by the Facility and are available to the shipper, on request.
PRINTED NAME/Date Jannette Schenkman 7/29/17	PRINTED NAME/Date MATT NORD 7/29/17	PRINTED NAME/Date K. J. ... 8/13/17
Shipper Signature	Carrier Signature	Facility Signature

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

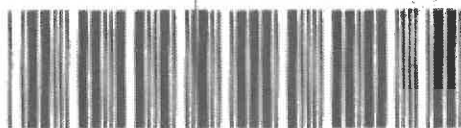
Work Order: 0617503



F.D.O.H. 7665

F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



Due Date : 8/9/2017 12:00 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By Harold Kramer
Phone 561-793-1084
Reference
Route HIALEAH EAST

Priority Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
Requested For: Harold Kramer				
	Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
	Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red'n 10'x7'x9.5'

QTY DELIVERED

1 18 G Expire

QTY

COLLECTED

1 18 G Expire

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Jenna Radtke
Generator Representative (Print Name)

Jenna Radtke
Representative Signature

8/9/17
Date/Time

Alexi
Transporter Representative (Print Name)

Alexi
Representative Signature

8/9/2017
Date/Time

Transporter Representative (Print Name) Representative Signature

Date/Time

Healthcare Environmental Services



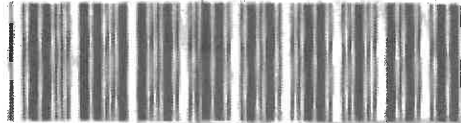
Regulated Medical
Waste Manifest

5195 NW 77 AVE, MIAMI FL, 33166

(305) 436-0422, (305) 436-0417

Work Order: 0618114

F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 7/28/2017 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: MIA012-Miami Beach Medical Group
9611 Bird Road
Miami, FL 33165

Requested By: Irene Delgado
Phone: 305-534-0076
Reference Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: M - F 9:00 am - 5:00 pm
Lunes a Viernes 9 00 am - 5:00 pm Frequency: 30 days

Item Code Dept Item Type Action Reference Info

Requested For: Irene Delgado

Pick Up and Drop off, Take HES Labels.

QTY 1.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
1	By Pharmaceutical	1	By Pharmaceutical

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Transporter Representative (Print Name)

Representative Signature

Date/Time

Healthcare Environmental Services

Regulated Medical
Waste Manifest

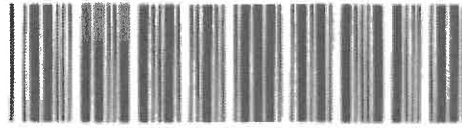
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0617856



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 8/23/2017 5:00 PM

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, Fl 33180

Requested By: December Nunez
Phone: 305-903-3055
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Call before- 9am-6pm closed 12pm-2pm

QTY	11.00	8 Gallons Pharmaceutical Expire
QTY	7.00	1.7 Gallon Sharp Containers
QTY	8.00	2 Gallon Sharp Containers Red 10'x7'x9.5'

QTY	DELIVERED	QTY	COLLECTED
11	8/26/17	11	8/26/17
7	8/26/17	7	8/26/17
8	8/26/17	8	8/26/17

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

December Nunez
Generator Representative (Print Name)

Representative Signature

Date/Time

Alec

[Signature]

8/23/2017

Transporter Representative (Print Name)

Representative Signature

Date/Time

Regulated Medical Waste Manifest

Healthcare Environmental Services

5195 NW 77 AVE, MIAMI FL, 33166

(305) 436-0422, (305) 436-0417

Work Order: 0618299



F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 8/2/2017 12:00 AM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1466845

Generator Address: PAL008-Palm Beach Dermatology
5053 S Congress Ave., Ste 204
Lake Worth, FL 33461

Requested By: Kathy Fahy
Phone: 561-969-7300, ext104
Reference: WEST PALM BEACH EAST
Route:

Priority: Standard Service

Notes: M - Th 8:00 am - 4:00 pm and F 8:00 am - 12:00 pm
Lunes - Jueves 8:00 am - 4:00 pm y Viernes 8:00 am - 12:00 pm

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Kathy Fahy				
	Palm Beach Derr	QTY	1.00	30 Gallon Container with Red Bag\n18'x14'x24' Up to 55 Lbs

QTY	DELIVERED	QTY	COLLECTED
1	30	1	30

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name): Nicole Blanton Representative Signature: [Signature] Date/Time: 08/2/17
 Transporter Representative (Print Name): [Signature] Representative Signature: [Signature] Date/Time: 8/2/2017

Clean Fuels of Florida, Inc.
 2635 N.E. 4th Avenue
 Pompano Beach, FL 33064



Invoice
 Number: 2017-922
 Date: Sep 28, 2017

Voice: (954) 791-9588
 Fax: (954) 791-9366

RECEIVED
 10/6/2017

Sold To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Ship To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Our Federal ID Number: 65-0759146

Customer ID		Customer PO	Payment Terms	
HESL			Net 30 Days	
Manifest/BOL No.		Shipping Method	Ship Date	Due Date
		Clean Fuels	9/28/17	10/28/17
Quantity	Item	Description	Unit Price	Extension
5.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 18 Gallon	✓ 85.00	425.00
9.00	UPW	Universal Pharmaceutical/Chemotherapy Waste 8 Gallon	✓ 65.00	585.00
1,010.00	TFS MAN	Fuels, Insurance & Regulatory Surcharge Manifest/BOL No. 37198	✓ 0.08	80.80
<p>Please confirm that we invoice clients <i>Leison</i></p> <p>POSTED 10/10/2017 <i>MD</i></p> <p>PAID 10/12/2017 <i>MD</i></p> <p><i>per to 10/10/2017</i></p>				



This is your only bill
 Please pay from this invoice

Subtotal	1,090.80
Sales Tax	
Total Invoice Amount	1,090.80
Payment Received	0.00
TOTAL DUE	1,090.80




We accept all major credit cards

Check No:

THANK YOU FOR DOING BUSINESS WITH CLEAN FUELS

SHIPPER/HANDLER/GENERATOR:		Document Number: 37198
EPA ID No.:	Healthcare Environmental Services	BILL TO:
Name:	8545-NW 68 th Street	
Street Address:	Miami, FL 33166	
City, State, Zip:	305-436-0422	
Telephone:		

DESIGNATED FACILITY	Carrier Name: Clean Fuels of Florida, Inc.
	Clean Fuels of Florida, Inc. 2635 NE 4 th Avenue Pompano Beach, FL 33064 DOH Rx License No.: 5314 EPA ID No.: FLD984171256 BMW Storage No.: 06-64-1391560 BMW Transporter No.: 06-64-1391457
	Tel: (954) 791-9588 Fax: (954) 791-9366 1-800-725-8711
	florida@clean-fuels.net www.clean-fuels.net

EMERGENCY CONTACT (49 C.F.R. § 172.604)	Name: Ian Schenkman/Jannette	Telephone: 305-436-0422
---	------------------------------	-------------------------

MATERIAL PICKUP INFORMATION						
HM (X)	U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	Containers		Total Quantity	Unit Wt./Vol.	Designated Facility Use Only
		Qty.	Type			
X	UN3248 WASTE MEDICINE, LIQUID, FLAMMABLE, TOXIC, N.O.S., (UNIVERSAL PHARMACEUTICAL WASTE),3 (6.1), PGII	14	CF	280	P	5X 18 GAL 9X 8 GAL

SUPPLIES DELIVERED/USED				TIME IN - TIME OUT		
Qty	Description	U/M	Total	Description	Time	Hours
				Time In	12:55	
				Time Out	:14	

Special Instructions/Comments/Discrepancies:

CERTIFICATION		
Shipper/Handler/Generator:	Carrier/Technician/Driver:	Designated Facility:
Shipper certifies that the above materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable DOT regulations. Any Supplies delivered were received in good condition. All Labor supplied was performed in a workman-like manner.	Carrier acknowledges receipt of packages and required placards. Carrier certifies that the DOT emergency response guidebook or equivalent documentation is in the vehicle. Property described above is received/delivered in good order, except as noted.	Received, subject to individually determined contracts that have been agreed upon in writing between the parties, if applicable, otherwise to the rates, classifications, and rules that have been established by the Facility and are available to the shipper, on request.
PRINTED NAME/Date REGINA V... 9/28/17	PRINTED NAME/Date MATT NOIR... 9/28/17	PRINTED NAME/Date JANNETTE... 9/28/17
Shipper Signature 	Carrier Signature 	Facility Signature 

Healthcare Environmental Services



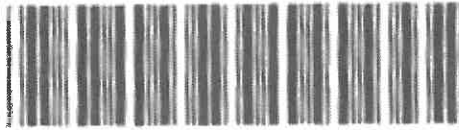
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0618651

F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 9/6/2017 12:00 AM

Generator Address: LIO001-Lion Country Safari
2003 Lion Country Safari Road
Loxahatchee, FL 33470

Requested By: Harold Kramer
Phone: 561-793-1084
Reference Route: HIALEAH EAST

Priority: Standard Service

Notes: Monday - Tuesday 8:00 am - 4:00 pm. Call two days in advance.
Lunes a Jueves 8:00 am - 4:00 pm. Llamar 2 dias antes

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Harold Kramer

Vet Hosp Front Rc	QTY	1.00	18 Gallons Pharmaceutical Expire
Vet Hosp Front Rc	QTY	0.00	2 Gallon Sharp Containers Red/n 10'x7'x9.5'

QTY	DELIVERED	QTY	COLLECTED
1	18 gal Pharm Exp	1	18 gal Pharm Exp

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Jenna Radtke
Generator Representative (Print Name)

[Signature]
Representative Signature

9/5/17
Date/Time

Keyna [Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

9/5/17
Date/Time

Healthcare Environmental Services

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

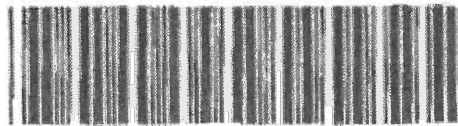
Work Order: 0620447



F.D.O.H. 7665

F.D.E.P. FLR000217331

Regulated Medical
Waste Manifest



Due Date : 9/25/2017 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator Address: KEN005-Kendall Family Medical Center
9220 SW 72nd St., Ste 202
Miami, FL 33173

Requested By: Elaine Collazo
Phone: 305-279-0111
Reference Route: MILLER SUNSET KENDALL

Priority: Standard Service

Notes: M - F 9:00 am - 4:00 pm
Lunes a Viernes 9:00 am - 4:00 pm

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Elaine Collazo

Qty	Description	Weight
2	30 Gallon Container with Red Bag	18'x14'x24' Up to 65 Lbs

QTY	DELIVERED	QTY	COLLECTED
1	30 gal	1	30 gal
2	8 bags	2	8 bags

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)

Representative Signature

Date/Time

Elaine Collazo

Elaine Collazo

09/25/17

Transporter Representative (Print Name)

Representative Signature

Date/Time

9/25/2017

Healthcare Environmental Services



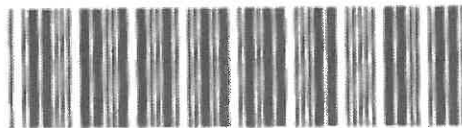
Regulated Medical
Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0619330

F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 9/27/2017 5:00 PM

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, FL 33180

Requested By: December Nunez
Phone: 305-903-3055
Reference Route: HIALEAH WEST

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code Dept Item Type Action Reference Info

Call before- 9am-6pm closed 12pm-2pm

QTY	11.00	8 Gallons Pharmaceutical Expire
QTY	7.00	1.7 Gallon Sharp Containers
QTY	8.00	2 Gallon Sharp Containers Red

*Labels
4 copy*

QTY	DELIVERED	QTY	COLLECTED
<i>7</i>	<i>Pharmaceutical 8g</i>	<i>7</i>	<i>Pharmaceutical 8g</i>

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

December Nunez
Generator Representative (Print Name)

[Signature]
Representative Signature

09/27/17
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

9/27/17
Date/Time

Regulated Medical Waste Manifest

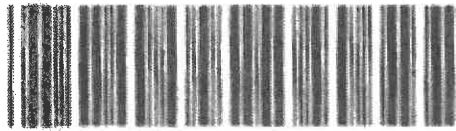
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0620357



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 9/28/2017 12:00 AM

Generator Address: KRS001-KRS Biotechnology
791 Park of Commerce Blvd, Suite 600
Boca Raton, FL 33487

Requested By: Scott Stanislaw
Phone: 561-430-2360
Reference: CORAL WAY - BIRD ROAD
Route: CORAL WAY - BIRD ROAD

Priority: Standard Service

Notes: Only Mondays and Thursdays before 12:00pm

Item Code Dept Item Type Action Reference Info

Requested For: Scott Stanislaw

KRS Biotechnolog QTY 3.00 96 Gallon Red Plastic Container SnapLock With Lid
QTY 1.00 Fuel Surcharge

QTY	DELIVERED	QTY	COLLECTED
6	96 gal	6	96 gal
4	18 gal	4	plastic exp 18 gal

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

357

Chris Grignon
Generator Representative (Print Name)

[Signature]
Representative Signature

Date/Time

Reynaldo
Transporter Representative (Print Name)

[Signature]
Representative Signature

9/28/17
Date/Time

Clean Fuels of Florida, Inc.
 2635 N.E. 4th Avenue
 Pompano Beach, FL 33064



Invoice
 Number: 2019-1189
 Date: Jul 26, 2019

Voice: (954) 791-9588
 Fax: (954) 791-9366

POSTED
 9/30/19
 120

RECEIVED
 7/27/19

Sold To:
 Healthcare Environmental Services, LLC
 3450 NW 112TH STREET
 Miami, FL 33167
 USA

Ship To:
 Natural Vitamins Laboratory, Inc.
 12815 NW 45th Avenue
 Bay 4
 Opa Locka, FL 33054
 USA

Our Federal ID Number: 65-0759146

Customer ID	Customer PO	Payment Terms	
HESL		Net 30 Days	
Manifest/BOL No.	Shipping Method	Ship Date	Due Date
	Clean Fuels	7/26/19	8/25/19

Quantity	Item	Description	Unit Price	Extension
2.00	XYL	Waste Methanol for Disposal	195.00	390.00
1.00	DM	UN-Rated Salvage Overpack Drum (85g)	215.00	215.00
1.00	TFS	Overpack Handling Surcharge	50.00	50.00
1.00	TFS	Transportation Stop Charge	75.00	75.00
730.00	TFS	Fuels, Insurance & Regulatory Surcharge	0.08	58.40
	MAN	Manifest/BOL No. 17434319		

*Did we invoice client
 0 6/29/2019*

55g - 390.00
 85g -

PAID
 4036
 10/1/19



This is your only bill
 Please pay from this invoice

Subtotal	788.40
Sales Tax	
Total Invoice Amount	788.40
Payment Received	0.00
TOTAL DUE	788.40



We accept all major credit cards

THANK YOU FOR DOING BUSINESS WITH CLEAN FUELS

Check No:



Please Remit To:
Dept. 111015
P.O. Box 150502
Hartford, CT 06115-0502
(800) 966-9282
www.triumvirate.com

Healthcare Environmental Services
5195 NW 77th Ave
Miami, FL 33166
Attn: Accounts Payable

INVOICE NUMBER:	79516
DATE:	03/06/2020
TOTAL DUE:	\$277.75

Summary Information:

Contact: Ian Schenkman
Re: Disp - Pharma/Chemo
P.O. No: Verbal
Contract:
Job No: 341580
Customer No: 35923
Terms: Net 30

Camillius Health Concern



3/6/2020

Disposal

014597855 FLE

1-1 18 gal Hazardous Pharmaceutical Waste
EMF Hazardous Waste Manifest Fee

Quantity	Unit Price	Extension
4.00	Unit \$55.00	\$220.00
1.00	\$32.50	\$32.50
Manifest Total:		\$252.50

Miscellaneous

Energy and Insurance Recovery Fee

\$25.25

INVOICE TOTAL:

\$277.75

Entance

*ms
A/9/2020*

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLCESQG48400	2. Page 1 of 1	3. Emergency Response Phone 844-567-2667	4. Manifest Tracking Number 014597855 FLE		
5. Generator's Name and Mailing Address Camillus Health Concern, Inc. 336 NW 5th St Miami, FL 33128				Generator's Site Address (if different than mailing address)			
Generator's Phone: (305) 577-4840							
6. Transporter 1 Company Name Health care Environmental Services, LLC				U.S. EPA ID Number FLR000217331			
7. Transporter 2 Company Name TRIUMVIRATE ENVIRONMENTAL SERVICES INC.				U.S. EPA ID Number FLD981018773			
8. Designated Facility Name and Site Address Triumvirate Environmental Services, Inc 10100 Rocket Blvd, Orlando, FL 32824				U.S. EPA ID Number FLD980559738			
Facility's Phone: (407) 859-4441							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
		No.	Type				
X	1. UN1851, Waste medicine, Liquid, toxic R.O.S. 6.1 II (Aspirin, Coumadin)	EA 4	DF DF	103.9 Lbs	P	Pharms	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1-(5x18) T056114 EA +							
15. GENERATOR'S/OFFEROR'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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name X Elisandra Mateos				Signature X [Signature]	Month 3	Day 6	Year 20
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name X Ernesto Hernandez				Signature X [Signature]	Month 3	Day 6	Year 20
Transporter 2 Printed/Typed Name Victor Perez				Signature [Signature]	Month 03	Day 06	Year 20
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)					U.S. EPA ID Number		
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)					Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.	2.	3.	4.				
	H141						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Mike Cutshall				Signature [Signature]	Month 3	Day 16	Year 20

Healthcare Environmental Services, LLC.



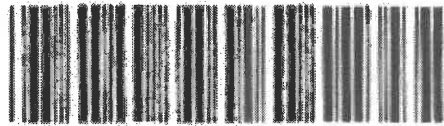
Regulated Medical Waste Manifest

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0674041

F.D.O.H. 7565
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 3/6/2020 5:00 PM

Generator	CAM005-Camillus Health Concern, Inc.	Requested By	Mr. Felix Y. Manlunas
Address	336 NW 5th Street Miami, FL 33128	Phone	305-577-4840 Ext-419
		Reference	
		Route	AVENTURA

Priority: Standard Service
Notes: Mon-Fri 800am-5:00pm

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Mr. Felix Y. Manlunas

QTY	4.00 18 Gallons Pharmaceutical Expire
QTY	1.00 Manifest Fee

See Manifest 014597855

QTY	DELIVERED	QTY	COLLECTED

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name)	Representative Signature	Date/Time
---------------------------------------	--------------------------	-----------

Transporter Representative (Print Name)	Representative Signature	Date/Time
---	--------------------------	-----------



**TRIUMVIRATE
ENVIRONMENTAL
SERVICES, INC.**

Please Remit To:
Dept. 111015
P.O. Box 150502
Hartford, CT 06115-0502
(800) 966-9282
www.triumvirate.com

Healthcare Environmental Services
5195 NW 77th Ave
Miami, FL 33166
Attn: Accounts Payable



RECEIVED
4/1/2020

INVOICE NUMBER:	79514
DATE:	03/06/2020
TOTAL DUE:	\$299.75

Summary Information:

Contact: Ian Schenkman
Re: Disp - Pharma/Chemo
P.O. No: Verbal
Contract:
Job No: 341582
Customer No: 35923
Terms: Net 30

LP3 Network



PAID

4386
4/10/2020

3/6/2020

Disposal

014597857 FLE

1-1 8 gal Hazardous Pharmaceutical Waste
EMF Hazardous Waste Manifest Fee

Quantity	Unit Price	Extension
6.00	Unit	\$40.00
1.00		\$32.50
Manifest Total:		\$272.50

Miscellaneous

Energy and Insurance Recovery Fee

\$27.25

INVOICE TOTAL:

\$299.75

entered

okg

4/3/2020

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLCESD G 94 553		2. Page 1 of 1 Emergency Response Phone 1 (844) 567-2667		3. Manifest Tracking Number 014597857 FLE	
4. Generator Name and Mailing Address LP3 Network, Inc 2150 Biscayne Blvd, Suite 300 Aventura, FL 33180 (844) 408-9453							
5. Transporter 1 Company Name Healthcare Environmental Services, LLC						U.S. EPA ID Number FLR000217331	
6. Designated Facility Name and Site Address Triumvirate Environmental Services, LLC 10100 Rocket Blvd Orlando, FL 32824 Facility's Phone: (407) 859-4441						U.S. EPA ID Number	
GENERATOR	8a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Container		12. UBT	13. Waste Codes		
	X Unlabeled, Narcotic medicine, Liquid, toxic N.O.S. G-1 II (Glycerin & material)	No. 16	Type DF	Quantity 70.8 LBS	Weight P	Pharmcs	
14. Special Handling Instructions and Additional Information 1 (X X 8) - TO 56148							
15. GENERATOR'S/OFFICER'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/stenciled, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I export shipment and I am the Primary Exporter. I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.21(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name X Yesid Guzman						Signature <i>[Signature]</i>	
16. International Shipment <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.						Month Day Year 13 6 20	
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name X Ramonito Hernandez						Signature <i>[Signature]</i>	
Transporter 2 Printed/Typed Name Victor Perez						Signature <i>[Signature]</i>	
18. Discrepancy						Month Day Year 10 31 06 20	
19a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
19b. Alternate Facility (or Generator)							
Facility's Name						U.S. EPA ID Number	
Facility's Phone						Month Day Year	
19c. Signature of Alternate Facility (or Generator)							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19a							
Printed/Typed Name						Signature	
						Month Day Year	

Regulated Medical Waste Manifest

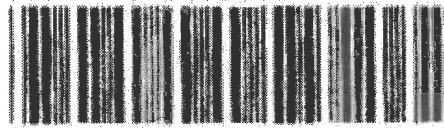
3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0666013



F.D.O.H. 7665
F.D.E.P. FL.R000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 3/6/2020 8:44 AM

Generator Address: NET002-LP3 Network Inc
21550 Biscayne Blvd. Suit# 300
Aventura, Fl 33180

Requested By: Yesid Guzman
Phone: 305-903-3055
Reference: HIALEAH WEST
Route:

Priority: Standard Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code Dept Item Type Action Reference Info

Call before- 9am-6pm closed 12pm-2pm

QTY 7.00 8 Gallons Pharmaceutical Expire
QTY 2.00 2 Gallon Sharp Containers Red\n10'x7'x9.5'
QTY 2.00 30 Gallon Container with Red Bag\n18'x14'x24' Up to 55 Lbs

Requested For: Yesid Guzman

DEJAR 6 CONTAINER DE 1.7

QTY 6.00 1.7 Gallon Containers

DEJAR 1 - 18 GALLON SHARP CONTAINER RED

QTY 1.00 18 Gallon Container

See manifest 014597857

QTY	DELIVERED	QTY	COLLECTED
6	1.7		
6	18	6	6
	8 Pharmaceutical		8 Pharmaceutical

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Yesid Guzman
Generator Representative (Print Name)

[Signature]
Representative Signature

3/6/20
Date/Time

[Signature]
Transporter Representative (Print Name)

[Signature]
Representative Signature

2/6/20
Date/Time

**TRIUMVIRATE
ENVIRONMENTAL
SERVICES, INC.**

RECEIVED
4/11/2020

INVOICE NUMBER:	79515
DATE:	03/06/2020
TOTAL DUE:	\$475.75

Please Remit To:
Dept. 111015
P.O. Box 150502
Hartford, CT 06115-0502
(800) 966-9282
www.triumvirate.com

Healthcare Environmental Services
5195 NW 77th Ave
Miami, FL 33166
Attn: Accounts Payable

Summary Information:

Contact: Ian Schenkman
Re: Disp - Pharma/Chemo
P.O. No: Verbal
Contract:
Job No: 341583
Customer No: 35923
Terms: Net 30

Ivigen

PAID
4386
4/10/2020

3/6/2020

Disposal

014597856 FLE

1-1 55 gal Hazardous Pharmaceutical Waste
EMF Hazardous Waste Manifest Fee

Quantity	Unit Price	Extension
1.00	\$400.00	\$400.00
1.00	\$32.50	\$32.50
Manifest Total:		\$432.50

Miscellaneous

Energy and Insurance Recovery Fee

\$43.25

entered

INVOICE TOTAL:

\$475.75

du B
4/3/2020

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLCESQG49488	2. Page 1 of 1	3. Emergency Response Phone 844-567-2667	4. Manifest Tracking Number 014597856 FLE	
5. Generator's Name and Mailing Address Luigen, LLC 7955 NW 12th, #415, Miami, FL 33126				Generator's Site Address (if different than mailing address)		
Generator's Phone: (305) 501-4948						
6. Transporter 1 Company Name Herbicare Environmental Services, LLC				U.S. EPA ID Number FLR000217331		
7. Transporter 2 Company Name Triumvirate Environmental Services, Inc.				U.S. EPA ID Number FLD981618773		
8. Designated Facility Name and Site Address Triumvirate Environmental Services, Inc 10100 Rocket Blvd, Orlando, FL 32824				U.S. EPA ID Number FLD980559728		
Facility's Phone: (407) 859-4441						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	UN 1851, Waste medicine, liquid, toxic N.O.S, 6.1 II (ION SS) cleaning solution	1	DF	27.55 Lbs	P	Pharms
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information 1-(1XSS)-T056111						
15. GENERATOR'S/OFFEROR'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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offero's Printed/Typed Name X BRIE BUDD				Signature 		Month Day Year 3 6 20
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name X Ernesto Hernandez				Signature 		Month Day Year 3 6 20
Transporter 2 Printed/Typed Name Victor Perez				Signature 		Month Day Year 03 06 20
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
H141						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name Mike Cytsh911				Signature 		Month Day Year 13 16 20

Healthcare Environmental Services, LLC.



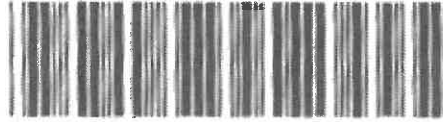
**Regulated Medical
Waste Manifest**

3450 NW 112th Street, Miami, FL 33167

(305) 436-0422, (305) 436-0417

Work Order: 0671438

F.D.O.H. 7665
F.D.E.P. FLR000217331



Due Date : 3/2/2020 5:00 PM

FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Generator **BIO086-Ivigen, LLC**
Address **7955 NW 12th Street, #415
Miami, FL 33128**

Requested By **Adys Alvarez**
Phone **305-501-4948**
Reference
Route **FLAGLER**

Priority **Standard Service**

Notes: **M - F 9:00 am - 5:00 pm
Lunes a Viernes 9:00 am - 5:00 pm**

Item Code	Dept	Item Type	Action	Reference Info
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Requested For: Adys Alvarez

	Ivigen	QTY	1.00	30 Gallon Container with Red Bag 18"x14"x24' Up to 55 Lbs
		QTY	2.00	30 Gallon Container with Red Bag - Additional Box

QTY	DELIVERED	QTY	COLLECTED
3	55 <i>[Signature]</i>	2	<i>[Signature]</i>
1			

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Total LBS

Generator Representative (Print Name) _____

Representative Signature _____

Date/Time _____

Transporter Representative (Print Name) _____

Representative Signature _____

Date/Time _____