

THIS DOOR TO REMAIN
OPEN WHEN THE BUSINESS
IS OCCUPIED



EMERGENCY
EYE WASH
STATION



NOTICE
All visitors and Stericycle
employees must sign in
upon arrival at the front
desk.



THIS DOOR TO REMAIN
OPEN WHEN THE BUSINESS
IS OCCUPIED



DANGER
NO SMOKING,
MATCHES OR
OPEN FLAME

NOTICE
All visitors and Stericycle
employees must sign in
upon arrival at the front
desk.



53'

WASH

US DOT 663212
800-545-3537
FL#11
VIN#DLFH7471

3C 41-877
FL 2008
GA P88-071-02

SUNBELT
MEDICAL SERVICES
638 VESTAL DR
SARASOTA, GA 39498

EC



US DOT 663212
800-545-3537
FL#11
VIN#DLFH7471

SC 41-07T
FL7288
GA PBR-017-02

SUNBELT
MEDICAL SERVICES
639 VESTAL RD
SARDIS, GA. 30456





WARNING
HIGH TRAILER
13'6"



 Stericycle
Environmental Solutions

Operated by
Stericycle Specialty Waste
Solutions, Inc.
US DOT 1348411

745447



281

28i

 **Stericycle**
Environmental Solutions

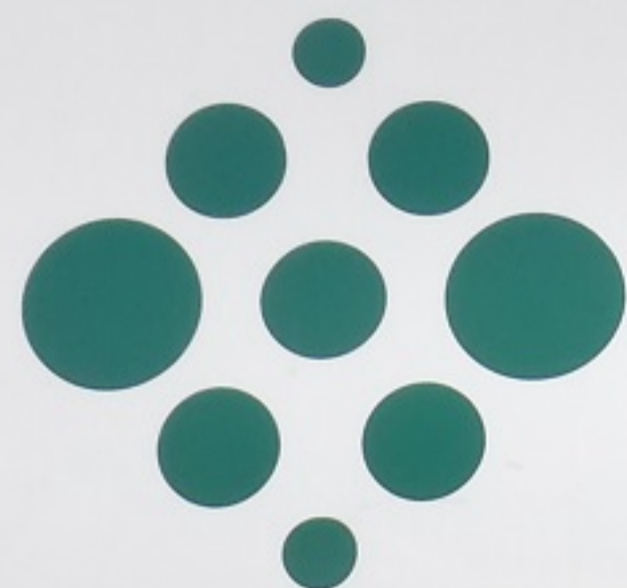
Operated by
Stericycle
Specialty Waste Solutions, Inc.

US DOT 1348411



FREEHOLD, NJ 07728
RESIDUAL WASTE
RI-535 NJDEP
NJ-113 S2265
TNH-0047 15939
DE-SW-203 125 CY
DE-HW-203
A-840943
CT-HW-307

HEIGHT
13'8"
4050



Stericycle[®]

Environmental Solutions

Operated by:
Stericycle Specialty Waste
Solutions, Inc.

US DOT 1348411

WARNING
HIGH TRAILER
13'6"

4
9
0
6

TRAILER P.M.
DATE 7-2-17
LOCATION
Fed-5-17

SRVIC
EMERGENCY

Service
Inc.

CTL

FLAMMABLE
DANGEROUS



FREEMAN
HIGH TRAILER
13'6"

4906

4906

COM

N63 15V
JEFFERSON

REC
FREEHOLD, NJ 07728
RESIDUAL WASTE
RI-535
NJ-113
TNH-0047
DE-SW-2034
A-840943
CT-HW-307

4906





FREIGHTLINER

WINDOWS

ECO





CHEM KLEAN CORPORATION
"Pressing Towards a Cleaner Tomorrow"

305-863-7807

Environmental Services
Licensed Hazardous Waste Transporter

Environmental Services
Licensed Hazardous Waste Transporter
Proud Sponsor
St. Jude Children's Research Hospital

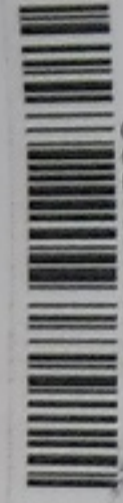


CHEM KLEAN CORPORATION
"Pressing Towards a Cleaner Tomorrow"

305-863-7807

NEXTRAN

Environmental Services
Licensed Hazardous Waste Transporter



001936691PSC

4. Manifest Tracking Number
001936691 PSC

270137-18
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST
1. Generator ID Number
FLR000089425

2. Page 1 of 2
3. Emergency Response Phone
(800) 451-8346

5. Generator's Name and Mailing Address
**Home Depot C/O PSC Attn. Home Depot CSR
5151 San Felipe, HOME DEPOT #HD6314
Houston, TX 77056 (772) 223-7216**

Generator's Site Address (if different than mailing address)
**HOME DEPOT #HD6314
3030 SE FEDERAL HWY
STUART, FL 34994 7722237216**

6. Transporter 1 Company Name
STERICYCLE SPECIALTY WASTE SOLUTIONS INC

U.S. EPA ID Number
MNS000110924

7. Transporter 2 Company Name
FREEHOLD CARTAGE, INC.

U.S. EPA ID Number
NJD054126164

8. Designated Facility Name and Site Address
**ALLWORTH, LLC
500 MEDCO ROAD,
BIRMINGHAM AL 35217 (205) 841-1707**

U.S. EPA ID Number
ALD094476793

| 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 | | | D001 | D005 | D007 |
| X | 1. UN1950 WASTE AEROSOLS, FLAMMABLE 2.1 (EACH NOT EXCEEDING 1 LITER CAPACITY) | 1 | DF | 76 | P | D001 | D005 | D007 |
| X | 2. UN1993 WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, METHYL ETHYL KETONE) 3 PGII | 1 | DF | 48 | P | D001 | D035 | D018 |
| X | 3. UN3264 WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S. (SULFURIC ACID, HYDROCHLORIC ACID) 8 PGII | 2 | DF | 8 | P | D002 | | |
| X | 4. UN1791 WASTE HYPOCHLORITE SOLUTIONS 8 PGII | 1 | DF | 11 | P | D002 | | |

14. Special Handling Instructions and Additional Information
 (1) HOME3-12 - ERG(126) HOME2.1-12 - AEROSOLS (2) HOME3-12 - ERG(128) HOME3-12 - FLAMMABLE LIQUIDS LOOSEPACK (3) HOME8A-12 - ERG(154) HOME8A-12 - INORGANIC ACIDS LOOSEPACK (4) HOMEBLEACH-09 - ERG(154) BLEACH SOLUTIONS LOOSEPACK
 11/20/05 329x5 4/1x5 5/1x5 6/1x5 7/1x5 8/1x5 9/1x5 10/1x5 11/4x55

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
Francois Stravinsky (Stericycle, Inc on behalf of HOME DEPOT #HD6314)
 Signature
 Import to U.S. Export from U.S.
 Port of entry/exit: _____
 Date leaving U.S.: _____

16. International Shipments
 Transporter signature (for exports only): _____
 17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name
Francois Stravinsky
 Signature
 Transporter 2 Printed/Typed Name
 Signature
 Month Day Year | 8 | 6 | 18

18. Discrepancy
 18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator)
 Manifest Reference Number: _____
 U.S. EPA ID Number

Facility's Phone:
 18c. Signature of Alternate Facility (or Generator)
 Signature _____
 Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
 1. H141
 2. H061
 3. H141
 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
 Signature _____
 Month Day Year

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

001936691PSC

4. Manifest Tracking Number
001936691 PSC

3. Emergency Response Phone
(800) 451-8346
Generator's Site Address (if different than mailing address)
**HOME DEPOT #HD6314
3030 SE FEDERAL HWY
STUART, FL 34994 7722237216**

2. Page 1 of
2

1. Generator ID Number
FLR000089425

5. Generator's Name and Mailing Address
**Home Depot C/O PSC Attn. Home Depot CSR
5151 San Felipe, HOME DEPOT #HD6314
Houston, TX 77056 (772) 223-7216**

6. Transporter 1 Company Name
STERICYCLE SPECIALTY WASTE SOLUTIONS INC

U.S. EPA ID Number
MNS000110924

7. Transporter 2 Company Name
FREEHOLD CARTAGE, INC.

U.S. EPA ID Number
NJD054126164

8. Designated Facility Name and Site Address
**ALLWORTH, LLC
500 MEDCO ROAD,
BIRMINGHAM AL 35217 (205) 841-1707**

U.S. EPA ID Number
ALD094476793

| 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 | | | D001 | D005 | D007 |
| X | 1. UN1950 WASTE AEROSOLS, FLAMMABLE 2.1 (EACH NOT EXCEEDING 1 LITER CAPACITY) | 1 | DF | 76 | P | D008 | D016 | D035 |
| X | 2. UN1993 WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, METHYL ETHYL KETONE) 3 PGII | 1 | DF | 48 | P | D001 | D035 | D018 |
| X | 3. UN3264 WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S. (SULFURIC ACID, HYDROCHLORIC ACID) 8 PGII | 2 | DF | 8 | P | D002 | | |
| X | 4. UN1791 WASTE HYPOCHLORITE SOLUTIONS 8 PGII | 1 | DF | 11 | P | D002 | | |

1. Special Handling Instructions and Additional Information
(1) HOME2.1-12 - ERG(126) HOME2.1-12 - AEROSOLS (2) HOME3-12 - ERG(128) HOME3-12 - FLAMMABLE LIQUIDS LOOSEPACK (3) HOME8A-12 - ERG(154) HOME8A-12 - INORGANIC ACIDS LOOSEPACK (4) HOMEBLEACH-09 - ERG(154) BLEACH SOLUTIONS LOOSEPACK

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.

Signature of Offeror's Printed/Typed Name
Stancois Stravinsky (Stericycle, Inc on behalf of HOME DEPOT #HD6314)
Signature: *[Signature]*
Date of entry/exit: **8 | 6 | 18**
Date leaving U.S.: **8 | 6 | 18**

International Shipments Import to U.S. Export from U.S.

Transporter signature (for exports only): _____
Signature Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name
Stancois Stravinsky
Signature: *[Signature]*
Transporter 2 Printed/Typed Name
Signature: _____

Discrepancy Indication Space Quantity Residue Partial Rejection Full Rejection

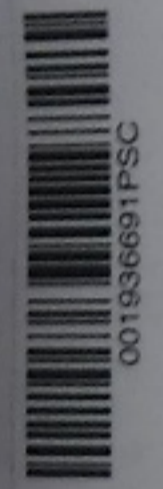
Manifest Reference Number: _____
U.S. EPA ID Number

Signature of Alternate Facility (or Generator)
Signature: _____
Date: _____

Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
2. **H141** 3. **H061** 4. **H141**

Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Signature: _____
Date: _____

3260419-001
Form Approved OMB No. 2050-0039
001936691 PSC



270137-18
Please print or type (Form designed for use on elite (12-pitch) typewriter.)

1. Generator ID Number
UNIFORM HAZARDOUS WASTE MANIFEST FLR000089425

2. Page 1 of 2
3. Emergency Response Phone
(800) 451-8346

4. Manifest Tracking Number
001936691 PSC

5. Generator's Name and Mailing Address
**Home Depot C/O PSC Attn. Home Depot CSR
5151 San Felipe, HOME DEPOT #HD6314
Houston, TX 77056 (772) 223-7216**

6. Transporter 1 Company Name
STERICYCLE SPECIALTY WASTE SOLUTIONS INC

7. Transporter 2 Company Name
FREEHOLD CARTAGE, INC.

8. Designated Facility Name and Site Address
**ALLWORTH, LLC
500 MEDCO ROAD,
BIRMINGHAM AL 35217 (205) 841-1707**

9. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))
1. UN1950 WASTE AEROSOLS, FLAMMABLE 2.1 (EACH NOT EXCEEDING 1 LITER CAPACITY) 3 PGII

2. UN1993 WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, METHYL ETHYL KETONE) 3 PGII

3. UN3264 WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S. (SULFURIC ACID, HYDROCHLORIC ACID) 8 PGII

4. UN1791 WASTE HYPOCHLORITE SOLUTIONS 8 PGII

14. Special Handling Instructions and Additional Information
(1) HOME2.1-12 - ERG(126) HOME2.1-12 - AEROSOLS (2) HOME3-12 - ERG(128) HOME3-12 - FLAMMABLE LIQUIDS LOOSEPACK (3) HOME8A-12 - ERG(154) HOME8A-12 - INORGANIC ACIDS LOOSEPACK (4) HOMEBLEACH-09 - ERG(154) BLEACH SOLUTIONS LOOSEPACK

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/Officer's Printed/Typed Name
Francois Stravinsky (Stericycle, Inc on behalf of HOME DEPOT #HD6314)

16. International Shipments
 Import to U.S. Export from U.S.

Port of entry/exit
Date leaving U.S.: **8 | 6 | 18**

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name
Francois Stravinsky

Transporter 2 Printed/Typed Name

18. Discrepancy

18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator)

18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. **H141** 2. **H061** 3. **H141** 4. **H141**

20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

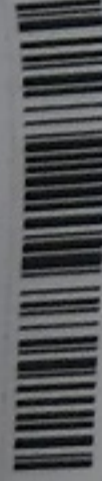
Printed/Typed Name
Signature
Month Day Year

U.S. EPA ID Number
Manifest Reference Number: U.S. EPA ID Number

DESIGNATED FACILITY TO GENERATOR

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)



001936691PSC

Form Approved OMB No. 2050-0039

1. Generator ID Number: **FLR000089425**

2. Page 1 of **2**

3. Emergency Response Phone: **(800) 451-8346**

4. Manifest Tracking Number: **001936691 PSC**

Generator's Name and Mailing Address:
Home Depot C/O PSC Attn. Home Depot CSR
5151 San Felipe, HOME DEPOT #HD6314
Houston, TX 77056 (772) 223-7216
 Generator's Phone:

Generator's Site Address (if different than mailing address):
HOME DEPOT #HD6314
3030 SE FEDERAL HWY
STUART, FL 34994 7722237216

5. Generator's Name: **STERICYCLE SPECIALTY WASTE SOLUTIONS INC**

6. Transporter 1 Company Name: **FREEHOLD CARTAGE, INC.**

7. Transporter 2 Company Name: **ALLWORTH, LLC**

8. Designated Facility Name and Site Address:
500 MEDCO ROAD,
BIRMINGHAM AL 35217 (205) 841-1707
 Facility's Phone:

U.S. EPA ID Number: **MNS000110924**

U.S. EPA ID Number: **NJD054126164**

U.S. EPA ID Number: **ALD094476793**

| 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 | | | D001 | D005 | D007 |
| X | 1. UN1950 WASTE AEROSOLS, FLAMMABLE 2.1 (EACH NOT EXCEEDING 1 LITER CAPACITY) <i>RP</i> | 1 | DF | 76 | P | D001 | D005 | D007 |
| X | 2. UN1993 WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, METHYL ETHYL KETONE) 3 PGII <i>RP</i> | 1 | DF | 48 | P | D001 | D016 | D035 |
| X | 3. UN3264 WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S. (SULFURIC ACID, HYDROCHLORIC ACID) 8 PGII | 2 | DF | 8 | P | D002 | D035 | D018 |
| X | 4. UN1791 WASTE HYPOCHLORITE SOLUTIONS 8 PGII | 1 | DF | 11 | P | D002 | | |

14. Special Handling Instructions and Additional Information
 (1) HOME2.1-12 - ERG(126) HOME2.1-12 - AEROSOLS (2) HOME3-12 - ERG(128) HOME3-12 - FLAMMABLE LIQUIDS LOOSEPACK (3) HOME8A-12 - ERG(154) HOME8A-12 - INORGANIC ACIDS LOOSEPACK (4) HOME1EACH-09 - ERG(154) BLEACH SOLUTIONS LOOSEPACK
1/30/2/1/55/2/2/5/4/1/5/5/6/1/5/1/1/5/3/1/5/1/10/1/1/5/1/4/5/5

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/Offerior's Printed/Typed Name: **Francois Stravinsky (Stericycle, Inc on behalf of HOME DEPOT #HD6314)**

Signature: *[Signature]*

Port of entry/exit: _____ Date leaving U.S.: **8 | 6 | 18**

Import to U.S. Export from U.S.

16. International Shipments

Transporter signature (for exports only): _____ Signature

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **Francois Stravinsky** Signature

Transporter 2 Printed/Typed Name: _____ Signature

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Manifest Reference Number: _____ U.S. EPA ID Number

18b. Alternate Facility (or Generator)

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. **H141** 2. **H061** 3. **H141** 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: _____ Signature



PRESTO™ 63

BOX 3 MIA - BIK
01/05/16 - 06/14/16

BANKERS BOX®

013751889 JJK

Generator's Name and Mailing Address
 WILLIAM ANDERSON CONSULTING LLC
 200 ELLIOT AVENUE WEST
 SEATTLE WA 98117 (206) 223-2600

Generator's Phone: (206) 223-2600

Transporter 1 Company Name
 STERICYCLE SPECIALTY WASTE SOLUTIONS INC
 STERICYCLE SPECIALTY WASTE
 40 LINDSEY LANE 332/3400
 1804 ELLIS DRIVE
 FORT LAUDERDALE FL 33314 (206) 223-2600

Transporter 2 Company Name
 STERICYCLE SPECIALTY WASTE

Designated Facility Name and Site Address
 ALLPOST, LLC
 500 HURD ROAD
 BIRMINGHAM, AL 35217 (205) 841-1707

Facility's Phone: (205) 841-1707

U.S. EPA ID Number
 WA000000110924
 FL 0000762905

GENERATOR

| HAZ | U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
|-----|--|----------------|------|--------------------|-------------------|-----------------|------|------|
| | | No. | Type | | | D001 | D002 | D003 |
| X | UN1263 WASTE PAINT RELATED MATERIAL 3 POIS 20(1001)=100LBS | | | | | | | |
| X | UN1263 WASTE PAINT 3 POIS 20(1001)=100LBS | | | | | | | |
| X | UN1029 WASTE FLAMMABLE LIQUID, ORGANIC, N.O.S. (XYLENE, TOLUENE) 4.1 POIS 20(1001)=100LBS | 1 | DM | 200 | P | D001 | D002 | |
| X | UN0191 WASTE SIGNAL DEVICES, HAND (EX2005040261) 1.40 POIS 20(1005)=10LBS | | DM | | P | D001 | D002 | D003 |
| | 14. Special Handling Instructions and Additional Information (1) 634437-01 - ERG(128) PAINT RELATED MATERIAL (2) 676215-01 - ERG(128) PAINT RELATED WASTE (3) 670907-00 - ERG(133) WASTE (4) 731077-00 - ERG(114) UNUSED SMOKE FLARES | | DM | | | D001 | D002 | D003 |

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/Offeror's Printed/Typed Name: *[Signature]*

Signature: *[Signature]*

TRANSPORTER INTL

16. International Shipments
 Import to U.S.
 Export from U.S.

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: *[Signature]* Signature: *[Signature]* Month: 11 Day: 10 Year: 16

Transporter 2 Printed/Typed Name: *[Signature]* Signature: *[Signature]* Month: 11 Day: 11 Year: 16

DESIGNATED FACILITY

18. Discrepancy
 18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator)
 Facility's Phone: Manifest Reference Number: U.S. EPA ID Number:

18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. 2. 3. 4.

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: *[Signature]* Signature: *[Signature]* Month: Day: Year:


PAIR: 53055 11.8.15
 See # at 1000118

Regulated Medical Waste TRACKING FORM

1. Waste Generator's Name and Physical Address:
CLEVELAND CLINIC HOSPITAL
 3100 WESTON ROAD
 WESTON, FL 33331
 954-689-5073

WT#328Z-1053342

2. Telephone Number:

3. Transporter's Name and Physical Address:

Sunbelt Medical Services, Inc.
 639 Vestal Rd.
 Sardis, GA. 30456

4. Telephone Number: 800-545-3537
 5. DOT 663212
 6. Ga. PBR-017-02-COL
 7. FL 7288
 8. DOT EPA ID # 121496851001G
EMERGENCY RESPONSE NUMBER: 800-545-3537

| 11. US DOT Description (Including proper shipping name, hazard class and I.D. number) | 12. Total Number of Boxes | 13. Individual Box Weights in Pounds or Total Weight for Line Item in Pounds |
|--|---------------------------|--|
| 11A. UN3291, Regulated Medical Waste, N.O.S., 6.2, II (Red Bags, Sharps) | 4 | 336 |
| 11B. UN3291, Regulated Medical Waste, N.O.S., 6.2, II (Chemotherapy Waste) | | |
| 11C. UN3291, Regulated Medical Waste, N.O.S., 6.2, II (Pharmaceutical Waste) | | |
| 11B. Non Regulated Liquid Waste (Spent Formalin Solution) | | |
| 11C. UN1307, Xylenes 3, II | | |

Waste Generator's Certification:
 This is to certify that the above-named materials (Sections 11, 12, and 13) are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

CLEVELAND CLINIC HOSPITAL
 Printed/Typed Name

[Signature]
 Signature

1-22-16
 Date

Transporter's Certification:
 I certify that I have taken receipt of material listed in sections 11, 12, and 13 and that I will comply with all federal, state, and local rules and regulations

Sunbelt Medical Services, Inc.
 Printed/Typed Name

[Signature]
 Signature

1-22-16
 Date

| Supplies Purchased | Description | Number of Items | Description | Number of Items |
|--------------------|-------------|-----------------|-------------|-----------------|
| 1 | | 2 | | |

Certification of Receipt and adequate treatment of
Materials described in lines 11, 12, and 13.

Sunbelt Medical Services, Inc.
 639 Vestal Rd.

CERTIFIED DESTRUCTION

JAN 22 2016

SUNBELT MEDICAL SVCS.
SARDIS, GA 30485

Certification of Destruction Stamp

Print - Generator Copy

01-15-16
 03-22-16
 03-28-16
 Willfredo



FREEHOLD CARTAGE INC.
P.O. BOX 5010 • FREEHOLD, NJ 07728-5010
(732) 662-1001 • FAX (732) 309-9704

BILL OF LADING
FCI EPA ID NO. NJ0054120164
M 196186

175 Madison Ave. Asptd
Madison, NJ 07030
Phone: (908) 529-4000
Fax: (908) 529-3433

5000 Carlisle Blvd
Maple Heights, OH 44130
Phone: (216) 491-3873
Fax: (216) 491-3732

122 Maple Beach Hwy
Northvale, NJ 07642
Phone: (908) 775-2821
Fax: (908) 775-2282

| | | | | | | | |
|---|--|--------------------------------------|--|-------------------------|--|--------------------------|--|
| SHIPPER NAME/ADDRESS STEREOTYPE 5000 CARLISLE BLVD MAPLE HEIGHTS, OH 44130 | | PHONE AREA CODE TRACTOR 914 | | TRAILER 53070 | | APPOINTMENT TIME : | |
| SHIPPER'S NAME/ADDRESS STEREOTYPE 5000 CARLISLE BLVD MAPLE HEIGHTS, OH 44130 | | PROCEDURE FE 33106 | | EQUIP. SPOTTED 53070 | | TIME AT SHIPPER 12:00 | |
| COMMENTS OR DELAYS AT SHIPPER | | | | EQUIP. REMOVED 53070 | | MILITARY TIME ONLY : | |
| BROKER STEREOTYPE 5000 CARLISLE BLVD MAPLE HEIGHTS, OH 44130 | | WO# 1127076000 | | MANIFEST / DOCUMENT NO. | | | |
| PROPER U.S. DOT SHIPPING NAME | | U.S. DOT HAZARDOUS CLASS | | NA UN NO | | PACKING GROUP | |
| NO. 1 | | | | | | NO. CONT | |
| NO. 2 | | | | | | CONT. TYPE | |
| NO. 3 | | | | | | NET QUANTITY | |
| | | | | | | UNIT MEASURE | |
| | | | | | | WASTE NO. | |
| | | | | | | FORM | |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION NUMBER

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The materials described above were consigned to the Transporter named. The consignee can and will accept the shipment and has a valid permit to do so if required. I certify that the foregoing is true and correct to the best of my knowledge.

Payment to the contractor for waste removal does not constitute payment to the carrier and if the contractor does not pay the carrier, the shipper is obligated to pay the agreed rates offered to the contractor.

PLEASE PRINT NAME/TITLE
Cheryl Benille
SHIPPER'S SIGNATURE
X I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO ALL OF ITS CONTENT

CONSIGNEE NAME/ADDRESS
PSC / STERECYCLE
5000 MEDCO RD
205-843-1707
BIRMINGHAM AL 35217
PHONE
AREA CODE
TRACTOR
TRAILER
53070

APPOINTMENT TIME
:

TIME AT CONSIGNEE (MILITARY TIME ONLY)
ARRIVAL TIME : DEPARTURE TIME

EQUIPMENT USED

PLEASE PRINT NAME/TITLE
CONSIGNEE SIGNATURE
X

DATE UNLOADED
MO. DAY YR.

| | | | | |
|-------------------|-------------------|-------------|---------------------------|-------------------|
| AR H-0257 | MD HWH-167 | MO H-1490 | OH UPW-0190713-OH | TX 40705 |
| CT CT-HW-307 | 2001-OPV-2335 | ND WH-429 | OK UPW-0190713-OH | WI 11602 |
| DE DE-HW-203 | ME ME-HWT-47 | NH TNH-0047 | ONTARIO, CANADA A 840943 | WV UPW-0190713-OH |
| DE-SW-203 | ME-WOT-47 | NJ S-2265 | PA PA-AH-0067 | |
| IL UPW-0190713-OH | MI UPW-0190713-OH | 15939 | QUEBEC, CANADA OC-6ML-047 | |
| MA MA-294 | MN UPW-0190713-OH | NY NJ-113 | RI RI-535 | |

White - FCI Original
Yellow - FCI Billing
Blue - FCI Office/Customer
Green - Retained by TSDF
Gold - Retained by Generator

M 196186

Scale 1
Scale 2
Scale 3
Tare
Net
Tons
5/1850 lb
32280 lb
25580 lb
10:05:47 AM
10:55:51 AM
12.79

Material PHARMACEUTICALS SPECIAL ENVIRO FEE 4%

Waste Class

Origin DADECOUNTY DADECOUNTY

Quantity 12.790 tn 4.000 PCT

Price Misc \$ Material \$ Total \$

Signature:

NON-HAZARDOUS WASTE MANIFEST
 1. Generator ID Number: FL0000202985
 2. Generator's Site Address (if different than mailing address): 11-800-924-AR04 13282-106312

5. Generator's Name and Mailing Address: Attn: Jason Gross
 Stericycle Specialty Waste Solutions, Inc.
 305-436-9084 8505 NW 74th St
 Generator's Phone: Miami, FL 33166-2327

6. Transporter 1 Company Name: Stericycle Specialty Waste Solutions, Inc.
 U.S. EPA ID Number: MNS000110924

8. Designated Facility Name and Site Address: Wheelabrator South Broward, Inc.
 4400 South State Rd. 7
 Ft. Lauderdale, FL 33314
 U.S. EPA ID Number: FLR000169292

| 9. Waste Shipping Name and Description | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. |
|---|----------------|------|--------------------|-------------------|
| | No. | Type | | |
| 1. Non-Hazardous, Non-Regulated Pharmaceuticals (Non-viable outdated/expired pharmaceuticals) | 82 | DF | 14841 | P |
| 2. Non-Hazardous, Non-Regulated Pharmaceuticals (Non-viable outdated/expired pharmaceuticals) | 2 | DF | 253 | P |
| 3. Non-Hazardous, Non-Regulated Pharmaceuticals (Non-viable outdated/expired pharmaceuticals) | 266 | CF | 10,640 | P |
| 4. Non-Hazardous, Non-Regulated Pharmaceuticals (Non-viable outdated/expired pharmaceuticals) | | | | |

13. Special Handling Instructions and Additional Information: 1.107724FL 2.107724FL 3.107724FL 4.107724FL

1) 82X 55 gal 2) 2X 30 gal 3) 266XCF

14. 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.

Generator's/Offeror's Printed/Typed Name: GRUYS BONVILLE
 Signature: [Signature]
 Month: 4 Day: 3 Year: 17

15. International Shipments: Import to U.S. Export from U.S.
 Port of entry/exit: _____
 Date leaving U.S.: _____

16. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: GUSTAVO A. AULO
 Signature: [Signature]
 Month: 4 Day: 3 Year: 17

Transporter 2 Printed/Typed Name: _____
 Signature: _____
 Month: _____ Day: _____ Year: _____

17a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection

17b. Alternate Facility (or Generator): _____
 Manifest Reference Number: _____
 U.S. EPA ID Number: _____

17c. Signature of Alternate Facility (or Generator): _____
 Month: _____ Day: _____ Year: _____

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
 Printed/Typed Name: _____
 Signature: _____
 Month: _____ Day: _____ Year: _____



8505 NW 74th Street

Miami, FL 33166

Phone (305)436-9084 Fax (305)436-9083

1. DAILY CONTAINMENT PAD
CHECKLIST
2. WEEKLY FACILITY INSPECTION
CHECKLIST
3. EYE WASH/SHOWER STATION
INSPECTION

Monitor Reference Number U.S. EPA ID Number

Facility's Phone
Fac. Signature of Alternate Facility (or Generator)

D FAC

H141

H141

H141

Daily Containment Pad Checklist

For all yes answers describe action(s) taken in comments

| Date | Spills within containment pad? | | Rain Event | | Sheen on water in containment pad | | Comments |
|---------|--------------------------------|-----|------------|-----|-----------------------------------|-----|----------|
| | No | Yes | No | Yes | No | Yes | |
| 6-14-17 | | | | | | | |
| 6-15-17 | | | | | | | |
| 6-16-17 | | | | | | | |
| 6-17-17 | | | | | | | |
| 6-18-17 | | | | | | | |
| 6-19-17 | | | | | | | |
| 6-20-17 | | | | | | | |
| 6-21-17 | | | | | | | |
| 6-22-17 | | | | | | | |
| 6-23-17 | | | | | | | |
| 6-24-17 | | | | | | | |
| 6-25-17 | | | | | | | |
| 6-26-17 | | | | | | | |
| 6-27-17 | | | | | | | |
| 6-28-17 | | | | | | | |
| 6-29-17 | | | | | | | |
| 6-30-17 | | | | | | | |
| 7-1-17 | ✓ | | | | | | |
| 7-2-17 | OFF | | OFF | | OFF | | |
| 7-3-17 | ✓ | | OFF | | OFF | | OFF |
| 7-4-17 | OFF | | OFF | | OFF | | OFF |
| 7-5-17 | ✓ | | ✓ | | ✓ | | OFF |
| 7-6-17 | ✓ | | ✓ | | ✓ | | |
| 7-7-17 | ✓ | | ✓ | | ✓ | | |
| 7-8-17 | ✓ | | ✓ | | ✓ | | |
| 7-9-17 | ✓ | | ✓ | | ✓ | | |
| 7-10-17 | ✓ | | ✓ | | ✓ | | |
| 7-11-17 | ✓ | | ✓ | | ✓ | | |
| 7-12-17 | ✓ | | ✓ | | ✓ | | |

WEEKLY INSPECTION LOG

Inspector: Charmie Dorsey Date: 12/26/17 Time: _____
Clearly Print Name

Accumulation Area Inspected: Warehouse/outside Number of Containers: _____

- Are all containers in good condition? Yes No
- Is there any evidence of leaks or spills? Yes No
- Are all containers labeled "Hazardous Waste"? Yes No
- Are all containers marked with an accumulation start date? Yes No
- Are all containers closed? Yes No
- Is there adequate aisle space between rows of drums? Yes No
- Is spill control equipment available? Yes No

Observations: _____

(If containers in poor condition or leaks/spill were found, please note action taken in area below)

| Repairs or Remedial Action | Date |
|----------------------------|-------|
| _____ | _____ |
| _____ | _____ |

Inspector: Charmie Dorsey Date: 1/2/18 Time: _____
Clearly Print Name

Accumulation Area Inspected: Warehouse/outside Number of Containers: _____

- Are all containers in good condition? Yes No
- Is there any evidence of leaks or spills? Yes No
- Are all containers labeled "Hazardous Waste"? Yes No
- Are all containers marked with an accumulation start date? Yes No
- Are all containers closed? Yes No
- Is there adequate aisle space between rows of drums? Yes No
- Is spill control equipment available? Yes No

Observations: _____
