



Reversion to Small Generator of Infectious Waste Form

Use this form when:

- Currently registered as a large generator of infectious waste; and
- Registration certificate will expire at least within the next 30 days; and
- No longer generate 50 pounds or more in any one calendar month

MAIL TO:

**Ohio EPA – DSIWM
Infectious Waste Unit
P.O. Box 1049
Columbus, OH 43216-1049
or
Fax to: 614-728-5315**

Generator Registration Number: _____ -G- _____ Registration Expiration Date: _____

Registrant Name: _____

Street Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Telephone: _____

Fax: _____ E-mail: _____

SUPPORTING DOCUMENTATION

Required by Rule 3745-27-36 of the Ohio Administrative Code

- Submit copies of treatment shipping papers for the six most recent consecutive months.
- Use the shipping paper information to complete the “Six Month Waste Generation Summary Table”.
- If generating at more than one location (premises), individually account for infectious waste generated at all locations each month. You may complete this form for each location or attach the additional summary table information in your own format.

Six Month Waste Generation Summary Table

Month and Year	Weight in Pounds

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this form and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained within, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Full Name (Type or print) _____ Title _____

Signature _____