**DISPOSAL FACILITIES**

All waste must be disposed of within the United States unless the Contractor can demonstrate that there are no means for disposing of the waste within the United States. Under such circumstances, wastes shall not be disposed outside of the United States unless prior written authorization from University has been submitted to the Contractor. Provide a list of the following primary disposal facilities that will be used (listed on manifests), detailing information requested. Provide a unique number (#) for each disposal facility. Please add additional lines in the table as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name** | **Disposal Facility Permit #** | **Site Address** | **Environmental Agency Contact** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

For each disposal facility please provide the following additional information. The section for each transporter will begin by stating the disposal facility unique number (#) and name provided in the table above.

**Disposal Facility #:\_\_1\_ Disposal Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and results of most recent regulatory inspection(s)**

**Copies of all NOVs received in the past three (3) years and outcome**

**Summary and status of any Consent Agreements**

**Disposal Facility #:\_\_2\_ Disposal Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and results of most recent regulatory inspection(s)**

**Copies of all NOVs received in the past three (3) years and outcome**

**Summary and status of any Consent Agreements**

**TRANSPORTATION**

Using the table below provide a list of the transporters used specifying the information requested. Provide a unique number (#) for each transporter. Please add additional lines in the table as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name** | **Transporter License #** | **Address** | **Emergency**  **Phone Number** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

For each transporter please provide the following additional information. The section for each transporter will begin by stating the transporter unique number (#) and name provided in the table above.

**Transporter #:\_\_1\_ Transporter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of any pending liability claims:**

**Statement of compliance with Federal Motor Carrier Safety Regulations:**

**Transporter #:\_\_2 Transporter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of any pending liability claims:**

**Statement of compliance with Federal Motor Carrier Safety Regulations:**

**Transporter #:\_3\_ Transporter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of any pending liability claims:**

**Statement of compliance with Federal Motor Carrier Safety Regulations:**

**IN-TRANSIT STORAGE AREAS, SECONDARY TRANSPORTERS and SUB-CONTRACTORS**

Using the table below provide a list of the in-transit storage areas, secondary transporters and sub-contractors used specifying the information requested. Provide a unique number (#) for each. Please add additional lines in the table as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name** | **Transporter License #** | **Address** | **Emergency**  **Phone Number** |
|  | **Available In-Transit Storage Areas** |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
|  | **Secondary Transporters** |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
|  | **Sub-Contractors** |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

**VALUE-ADDED SERVICES**

Using the table below provide a list of value-added services that are offered free of additional charge as part of the Agreement, as well as, services that may be offered at an additional charge. For those with additional cost please indicate the cost and those with no charge note with ‘X’ in the column provided. Please add additional lines in the table as required. Services of specific interest are listed in the table.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Value-Added Service** | **No Charge**  **(Place ‘X’)** | **Cost** |
| 1 | Computerized Tracking of Profiles and Wastes Leaving the University |  |  |
| 2 | Safety Training on Biomedical Waste Handling & Packaging |  |  |
| 3 | Regulatory Updates |  |  |
| 4 | Seminars |  |  |
| 5 | Supply Appropriate Packaging, such as, boxes, tape and bags |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
| 22 |  |  |  |
| 23 |  |  |  |
| 24 |  |  |  |