Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Potentially Infectious Medical Waste (PIMW)
20 Annual Facility Report

1. Facility Information

10C Facility ID: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

2. Method by which PIMW is managed at your facility: ◯ Treatment ◯ Disposal ◯ Storage/Transfer

3. Is the facility required to have a permit from the IEPA Bureau of Land to accept waste from off-site for treatment, storage, or transfer of PIMW?

◯ Yes ◯ No If Yes: Skip item 4; go to item 5.

4. If the facility is **not** required to have a permit from the IEPA Bureau of Land to accept waste from off-site, did the facility manage more than 50 pounds of PIMW generated by the facility or the facility's staff during any month of the reporting year?

◯ Yes ◯ No If Yes: Skip items 5 and 6; go to item 7.

5. PIMW Transport Information (Complete if your facility accepts PIMW from off-site.)

Please list the following information about the transporter that transported off-site PIMW to the permitted facility.

Transporter Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

6. PIMW Hauling Permit Number: M _____

7. Specify the origin(s) and quantity of PIMW treated, disposed, stored, or transferred by the facility during the reporting year.

	State of Origin	Total Net Weight (lbs) Received and Treated or Generated and Treated
A.		
B.		
C.		
D.		

8. Total Net Weight: _____

9. Facility's Authorized Representative

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

_____ Printed Name of Authorized Representative

_____ Signature of Authorized Representative

_____ Email

_____ Phone

_____ Date