



DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
COMPLIANCE AND PERMITTING SECTION
302-739-9403

Check one of the following:

- Request for NEW Infectious Waste Generator Number
 Request for update to information regarding current Infectious Waste Generator Number.

| GENERATOR INFORMATION | |
|---|---|
| DE-IWG - _____ | |
| Name of Infectious Waste Generator: (Include Company & Specific Site Name) _____ | |
| Site Location Address: _____ | |
| City: _____ | State: _____ Zip Code: _____ |
| Mailing Address: _____ | |
| City: _____ | State: _____ Zip Code: _____ |
| Generator Contact Person: _____ | |
| Job Title: _____ | |
| Phone Number: _____ | |
| Fax Number: _____ Email: _____ | |
| TYPE OF INFECTIOUS WASTE | |
| Enter "X" in Appropriate Box (See attached definitions) | |
| <input type="checkbox"/> Infectious Waste | <input type="checkbox"/> Human Dialysis Waste Materials |
| <input type="checkbox"/> Biological Liquid Waste | <input type="checkbox"/> Laboratory Waste |
| <input type="checkbox"/> Animal Tissues, Bedding & Other Waste | <input type="checkbox"/> Pathological Waste |
| <input type="checkbox"/> Cultures & Stocks of Etiological Agents & Associated Wastes | <input type="checkbox"/> Sharps |
| <input type="checkbox"/> Other Infectious Wastes (Please Specify) _____ | |
| GENERATOR TYPE | |
| Enter "X" in Appropriate Box (See attached definitions) | |
| <input type="checkbox"/> Small Quantity Generator (less than 50 lbs per calendar month in any calendar year) | |
| <input type="checkbox"/> Large Quantity Generator (more than 50 lbs per calendar month in any calendar year) | |
| METHOD OF DISPOSAL OF INFECTIOUS WASTE | |
| Enter "X" in Appropriate Box | |
| <input type="checkbox"/> Incineration: (facility name & address): _____ | |
| <input type="checkbox"/> Autoclave (facility name & address): _____ | |
| <input type="checkbox"/> Other: _____ | |
| Transporter Name: _____ Transporter Number: DE-SW- _____ | |
| CERTIFICATION - Must be completed by the infectious waste generator or duly authorized agent | |
| I, _____ (applicant's name), certify that the information contained herein is true and complete. I understand that in the event of any false or fraudulent information in the application or failure to operate in compliance with applicable laws and regulations enforcement actions may be sought by the Department. | |
| Signature: _____ | Date: _____ |

Please return form to 89 Kings Highway Dover, Delaware 19901 or fax 302.739.5060

FOR THE PURPOSES OF THIS FORM ONLY

DEFINITIONS

1. **Infectious Waste** – those solid wastes which may cause human disease and may reasonably be suspected of harboring human pathogenic organisms, or may pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of or otherwise managed.
2. **Biological Liquid Waste** – blood and blood products, excretions, exudates, secretions, suctionings and other body fluids including liquid wastes from renal dialysis.
3. **Pathological Waste** – all human tissues and anatomical remains, including human fetal remains, which emanate from surgery, obstetrical procedures, autopsy and laboratory procedures.
4. **Cultures & Stocks of Etiologic Agents & Associated Waste** – includes, but is not limited to, specimen cultures, cultures and stocks of etiologic agents and wastes from production biologicals and serums.
5. **Laboratory Waste** – those wastes which have come in contact with pathogenic organisms or blood or body fluids. Such wastes include, but are not limited to, disposable materials; culture dishes; devices used to transfer, inoculate and mix cultures; paper and cloth which has come in contact with specimens or cultures which have not been sterilized or rendered noninfectious; or laboratory wastes, including cultures of etiologic agents, which pose a substantial threat to health due to their volume and virulence.
6. **Animal Tissue, Bedding or Other Waste** – from animals known or suspected to be infected with a pathogen, which also cause human disease, provided that prevailing evidence indicates that such tissue, bedding or other waste may act as a vehicle of transmission to humans.
7. **Human Dialysis Waste Materials** – includes blood lines and dialysate membranes.
8. **Sharps** – any discarded article that may cause puncture or cuts. Such wastes include but are not limited to, needles, intravenous (IV) tubing with needles attached, scalpel blades, glassware and syringes that have been removed from their original sterile containers.
9. **Other Infectious Waste** – any residue or contaminated soil, water or other debris resulting from the cleanup of a spill of any infectious waste.
10. **Small Quantity Generator** – a private practice physician, dentist, veterinarian and any other facility in which three or fewer professionals are in practice and generates less than 50 pounds per month; or a generator who can demonstrate that their facility generates less than 50 pounds per month of infectious waste.
11. **Large Quantity Generator** – hospital, in- or out-patient clinics, laboratories, medical offices, dental offices, nursing homes, veterinarian facilities, research laboratories and in-patient residential facilities serving persons with diseases which may be transmitted through contact with infectious waste that generates more than 50 pounds of infectious waste in any given month of a calendar year.