



State of Illinois
Illinois Environmental Protection Agency

2.1

This Agency is authorized to require this information under the Illinois Environmental Protection Act, Ill. Rev. Stat., 1989, ch. 111 1/2, pars. 1001 et. seq. ("Act") Section 4 and Public Act 87-752, amending the Act effective January 1, 1992. Disclosure of this information is required. Failure to do so may result in a civil penalty according to Section 42(a) of the Act and a criminal penalty according to Section 44(a) of the Act. This form has been approved by the Forms Management Center.

Illinois Potentially Infectious Medical Waste Manifest

M 425 831

1. HAULER NAME AND ADDRESS:

EMERGENCY TELEPHONE: 1-800-424-9300 Customer No. 21132

2. PHONE (214) 886-3628
3. PIMW HAULING PERMIT M9025
4. LICENSE PLATE 6626PIT STATE IN

Stericycle, Inc.
1310 Michigan Street
Gary, IN 46402

5. NAME (PRINT/TYPE) Richard J. George

SIGNATURE [Signature] DATE 5/20/2014

6. NUMBER OF CONTAINERS 4 7. TOTAL NET WEIGHT (LBS) 17.3 (CU. FT.)
8. FEE DUE: LBS x \$.03 = _____ 9. Acknowledgement of Fee (Signature) [Signature]

10. GENERATOR NAME AND ADDRESS:

I further declare that this facility has a process or procedure in place designed to prevent inclusion of mercury waste in these materials.

JOSE MORALES
INTERFAITH HOUSE
345 W FRANKLIN BLVD
CHICAGO, IL 60624-1908

11. PHONE (773) 533-6013

12. TYPE OF WASTE: UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS, 6.2
 UN2900, INFECTIOUS SUBSTANCES, AFFECTING ANIMALS, 6.2
 UN3291, REGULATED MEDICAL WASTE, N.O.S., 6.2, PGII
 UN3291, REGULATED MEDICAL WASTE, N.O.S., 6.2, PGII DOT-SP 11186

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

13. NAME (PRINT/TYPE) [Signature]

SIGNATURE [Signature] DATE 5/20/2014

14. DESIGNATED FACILITY NAME AND ADDRESS:

15. PHONE (214) 886-3628
16. IL FACILITY ID NO. 9180899333

Stericycle, Inc.
1310 Michigan Street
Gary, IN 46402

17. NAME (PRINT/TYPE)

SIGNATURE	DATE
<u>[Signature]</u>	<u>[Date]</u>
Site Used	
Stericycle, Inc.	Stericycle, Inc.
5815 Weldon Springs Rd.	14035 Leetsville Rd
Clinton, IL 61727	Shirleyville, WI 53177
(317) 935-4791	(262) 878-3100
Bob Harver	Bill Kiby

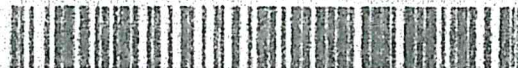
18. ALTERNATE FACILITY NAME AND ADDRESS:

19. PHONE (214) 935-4791
20. IL FACILITY ID NO. 0390050007

21. NAME (PRINT/TYPE) Jose Morales

SIGNATURE [Signature] DATE 5/20/14

22. ADDITIONAL INFORMATION: Customer # 0017596 - 001
Remanifested To Manifest # _____
Trailer # _____
Containers Transferred To _____
Clinton For Incineration # _____



Manifest# MDGA007LQ5

23. DISCREPANCIES/CONTINUATION INFORMATION:

Transfer From Vehicle #: _____ To Trailer #: _____
PIMW Hauling Permit #: M9025 License Plate #: _____ State: _____
Driver Name: _____ Signature: _____ Date: _____

EMERGENCY TELEPHONE: 1-800-424-9300 Customer No. 21132

In case of a spill, call Illinois Emergency Management Agency (IEMA) at 800/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.

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