

616 Stericycle  
1-800-424-9300  
1-800-782-7860

Illinois 866-783-7422  
Environmental Protection Agency

Route No: 304 - 9



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, 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 4404843

1. **HAULER NAME AND ADDRESS:** EMERGENCY TELEPHONE: 1-800-424-9300 Customer No. 21132  
 2. PHONE ( 219 ) 886- 3628  
 3. PIMW HAULING PERMIT M9025  
 4. LICENSE PLATE STATE IN  
 Stericycle, Inc.  
 1310 Michigan Street  
 Gary, IN 46402

5. NAME (PRINT/TYPE) SIGNATURE DATE 2/ 4 / 2014

6. NUMBER OF CONTAINERS 0 7. TOTAL NET WEIGHT (LBS) (CU. FT.)  
 8. FEE DUE: LBS x \$.03 = 9. Acknowledgement of Fee (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  
 11. PHONE ( 773 ) 933-6013 INTERFAITH HOUSE  
 3456 W FRANKLIN BLVD  
 CHICAGO, IL 60624-1303  
 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, PGI1

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 DATE 2/ 4 / 2014

14. **DESIGNATED FACILITY NAME AND ADDRESS:**  
 15. PHONE ( 219 ) 886- 3628 Stericycle, Inc.  
 16. IL FACILITY ID NO. 9180890333 1310 Michigan Street  
 Gary, IN 46402

17. NAME (PRINT/TYPE) SIGNATURE DATE  
 18. **ALTERNATE FACILITY NAME AND ADDRESS:** Site Used Stericycle, Inc.  
 19. PHONE ( 217 ) 935- 4791 5815 Weldon Springs Rd. 14035 Leasbur Rd  
 20. IL FACILITY ID NO. 0390050007 Clinton, IL 61727 Sunnyside, WI 53177  
 (217) 935-4791 (262) 878-5100  
 Bob Sarver Bill Klug

21. NAME (PRINT/TYPE) SIGNATURE DATE

22. **ADDITIONAL INFORMATION:** Customer # 0017596 - 001  
 Remanifested To Manifest #  
 Trailer #  
 Containers Transferred To  
 Clinton For Incineration #  
 Manifest # MDGA0076LG

23. **DISCREPANCIES/CONTINUATION INFORMATION:**  
 Transfer From Vehicle #:  
 PIMW Hauling Permit #: M9025 To Trailer #:  
 Driver Name: License Plate #: State:  
 EMERGENCY TELEPHONE: 1-800-424-9300 Customer No. 21132 Signature: Date:

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.

Printed by Authority of the State of Illinois IOCI0604-11

