



# Sanitation

ENVIRONMENTAL POLICE UNIT  
465 Hamilton Avenue  
Brooklyn, New York 11232  
Telephone (212) 437-4452  
Fax(212)437-4599

## Annual 2025 SOLID WASTE REMOVAL PLAN

ANNUAL FILING DATE \_\_\_\_\_

### GENERATOR INFORMATION

GENERATOR NAME (NO ABBREV.) \_\_\_\_\_  
EIN NUMBER \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
COUNTY \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

### INSTITUTION

CITY \_\_\_\_\_ STATE \_\_\_\_\_ FEDERAL \_\_\_\_\_ PRIVATE -PROFIT \_\_\_\_\_ PRIVATE - NONPROFIT \_\_\_\_\_

### CONTACT PERSON

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_ TEL NO. ( \_\_\_\_\_ ) \_\_\_\_\_

### TYPE OF GENERATOR

HOSPITAL	LABORATORY
VETERINARY CLINIC	PRIVATE CLINIC
NURSING HOME	DENTIST
MEDICAL DOCTOR	PODIATARY
ACUPUNCTURE	OTHER

(DESCRIBE OTHER) \_\_\_\_\_

PLEASE ATTACH A LIST OF ALL SATELLITE FACILITIES AND  
COMPLETE SEPARATE SOLID WASTE REMOVAL PLAN FOR EACH

**TYPE OF REGULATED MEDICAL WASTE GENERATED**

(CHECK ALL THAT APPLY)

ISOLATION WASTE

SHARPS

HUMAN BLOOD/ BLOOD PRODUCTS

CONTAMINATED ANIMAL CARCASSES

DIALYSIS WASTE

LABORATORY WASTE

HUMAN PATHOLOGICAL WASTE

CULTURES AND STOCKS OF INFECTIOUS AGENTS

WASTE FROM SURGERY OR AUTOPSY

**GENERATOR WASTE INFORMATION**

A. APPROXIMATE QUANTITY OF REGULATED MEDICAL WASTE GENERATED AT THIS ADDRESS.

LBS/MONTH \_\_\_\_\_

B. APPROXIMATE QUANTITY OF SOLID WASTE (REG. GARBAGE) GENERATED AT THIS ADDRESS.

CUBIC YDS/MONTH \_\_\_\_\_

C. AMOUNT OF REGULATED MEDICAL WASTE RECEIVED FROM OUTSIDE SOURCES.

EX. DOCTOR OFFICES, ANNEX

---

---

---

---

---

## REGULATED MEDICAL WASTE TRANSPORTER

### CONTACT INFORMATION

**TRANSPORTER NAME** (NOABBREY.) \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ TEL NO. ( \_\_\_\_ ) \_\_\_\_\_  
DEC PERMIT NO. \_\_\_\_\_

### DISPOSAL SITE

**CARTER'S NAME** (NOABBREV.) \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TEL NO. ( \_\_\_\_ ) \_\_\_\_\_

## ***IMPORTANT NOTICE***

PLEASE ENCLOSE A COPY OF YOUR MOST RECENT  
**MEDICAL WASTE TRACKING FORM**  
(DISPOSAL FACILITY SIGNATURE COPY)

### DISPOSAL OF SOLID WASTE

(REGULAR TRASH)

#### CONTACT INFORMATION

**CARTER'S NAME** (NOABBREV.) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ TEL NO. ( \_\_\_\_ ) \_\_\_\_\_  
BUSINESS INTEGRITY COMMISSION NO. (BIC) \_\_\_\_\_

### DISPOSAL SITE

**NAME** (NO ABBREV.) \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TEL NO. ( \_\_\_\_ ) \_\_\_\_\_

## **CERTIFICATION**

*I certify that I have personal knowledge of the information submitted in this document. And this information is true, accurate, and complete.*

PLEASE PRINT NAME AND OFFICIAL TITLE OF OWNER, OWNER'S AUTHORIZED REPRESENTATIVE, OR PERSON IN CHARGE.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## ***REMINDER***

PLEASE ENCLOSE A COPY OF YOUR MOST RECENT  
**MEDICAL WASTE TRACKING FORM**  
(MANIFEST)  
(DISPOSAL FACILITY SIGNATURE COPY)

**NOTE:** NOT SUBMITTING A TRACKING FORM (MANIFEST) OR NOT COMPLETING ALL REQUESTED INFORMATION WILL BE CONSIDERED AS A (NON) FILED SOLID WASTE REMOVAL PLAN.

**SEND COMPLETED FORM TO:**

**NEW YORK CITY DEPARTMENT OF SANITATION  
ENVIRONMENTAL POLICE UNIT  
465 HAMILTON AVENUE  
BROOKLYN, NEW YORK  
11232**