

# ARKANSAS DEPARTMENT OF HEALTH

## **CHECKLIST: for Application for Commercial Medical Waste Transporter Permit**

The following items must be forwarded to the Arkansas Department of Health to renew a transporter permit:

- \_\_\_\_\_ 1. Application Form 1
- \_\_\_\_\_ 2. Statement Form 2 (Regulatory Compliance Statement)
- \_\_\_\_\_ 3. Statement Form 3 (Vehicle Compliance Statement)
- \_\_\_\_\_ 4. Vehicle and container list - AR Med. Waste Reg. Sec. VII, V., 5.
- \_\_\_\_\_ 5. Copy of the registration paper for each vehicle/trailer used in Med. Waste Transportation Operation - AR Med. Waste Reg. Sec. VII, V., 5.
- \_\_\_\_\_ 6. Copies of the required vehicle inspections as outlined in Sec. VII, L. - AR Med. Waste Reg. Sec. VII, V., 5.
- \_\_\_\_\_ 7. A copy of the permit of each approved medical waste treatment, storage or disposal facility to which the waste is/will be transported - AR Med. Waste Reg. Sec. VII, V., 7.
- \_\_\_\_\_ 8. Copies of the inspections, reviews, etc. conducted by any government agencies (federal, state or local) of the transporter, transporter's equipment or personnel, relating to commercial medical waste management requirements during the preceding twelve (12) months. If no such inspections occurred, the transporter must submit a statement to that effect. - AR Med. Waste Reg. Sec. VII, V., 9.
- \_\_\_\_\_ 9. Certificate of Insurance from an approved provider - AR Med. Waste Reg. Sec. VII, V., 10.
- \_\_\_\_\_ 10. \$250.00 application fee - AR Med. Waste Reg. Sec. VII, V., 1. (**Payable to: Arkansas Department of Health**)
- \_\_\_\_\_ 11. Operation Plan (Must be submitted by all new applicants. Currently permitted transporters must submit operation plan, if it has been amended since last permit was issued; if not, transporter need only submit a statement indicating that operation plan has not changed since the last permit was issued). AR Med. Waste Reg. Sec. VII, V., 6.
- \_\_\_\_\_ 12. Training program (Submittal criteria are the same as indicated for Operating Plan in 11. above). AR Med. Waste Reg. Sec. VII, V., 8.

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### **THE FOLLOWING IS PROVIDED FOR YOUR INFORMATION WHEN CALCULATING THE QUARTERLY FEES, WHICH MUST BE SUBMITTED AT THE END OF EACH QUARTER TO THE **ARKANSAS DEPARTMENT OF HEALTH**:**

**Quarterly Fees:** Transporters will be assessed a fee of five dollars (\$5.00) per ton of waste transported. Fees and weight tabulations will be due no later than 45 days after the end of each quarter. (Example: **First Quarter** [January 1 - March 31] fees are due by **May 15**; **Second Quarter** [April 1 – June 30] fees are due by **August 15**; etc.)

Method of Weight Determination: Accurate weight tabulation in pounds must be kept on a vehicle per month basis. Weights of the waste may be obtained by either of the following methods:

- A. Net weights of the trailer loads of waste may be determined. Scale tickets or equivalent documentation is required and must be kept on file for a minimum of two years.
- B. The sum of all weights of containers in a load or a per vehicle basis may be used to determine the total weight. Documentation of the weight must be maintained for a minimum of three (3) years. Weight estimates derived from the cubic footage of the waste containers are not acceptable.

## ARKANSAS DEPARTMENT OF HEALTH

### Medical Waste Transporter Permit Application Instructions

#### DETAILED DESCRIPTION OF ITEMS, PROCEDURES AND DOCUMENTATION REQUIRED TO RECEIVE AN ARKANSAS DEPARTMENT OF HEALTH PERMIT FOR THE TRANSPORTATION OF COMMERCIAL MEDICAL WASTE

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1. Submit completed copy of Arkansas Department of Health **Form 1** (application form).
2. Submit completed, signed Arkansas Department of Health **Form 2**, the regulatory compliance statement certifying that the registrant understands and will comply with the applicable requirements of the AR Med. Waste Reg. (i.e., items 13 through 18 below, and all other applicable requirements in the AR Med. Waste Reg.).
3. Submit completed, signed Arkansas Department of Health **Form 3**, the vehicle compliance statement certifying that the vehicles, containers, and all other transport equipment used to transport medical waste shall be designed, constructed, and used, such that under conditions incident to transportation, there shall be no release of medical waste to the environment.
4. Submit a list of all vehicles and types of containers to be used by the registrant for transporting regulated waste. *AR Med. Waste Reg., Sec. VII, V., 5.*
5. Submit a copy of the registration paper for each vehicle/trailer to be used in Med. Waste Transportation Operation. *AR. Med. Waste Reg., Sec. VII, V., 5.*
6. Submit copies of the required vehicle inspections, as outlined in *Sec. VII, L. and Sec. VII, V., 5 of the AR Med. Waste Regulation.*
7. Submit a copy of the permit of each medical waste treatment, storage, or disposal facility to which the waste is being/will be transported. *AR. Med. Waste Reg., Sec. VII, V., 7.*
8. Submit copies of the inspections, reviews, etc., conducted by any government agency (federal, state, or local) of the transporter, transporter's equipment or personnel, related to commercial medical waste handling during the preceding twelve (12) months. If no such inspections occurred, the transporter must submit a statement to that effect. *AR. Med. Waste Reg., Sec. VII, V., 9.*
9. Submit Certificate of Insurance from an approved provider, as outlined in *Sec. VII, V., 10. and Sec. VII, H. of the AR Med. Waste Regulation.*
  - a) All vehicles which transport regulated medical waste must be covered with liability insurance. The limits of public liability are as follows:
    1. Vehicles with a gross vehicle weight rating of greater than 10,000 pounds must carry \$1,000,000 public liability insurance.
    2. Vehicles with a gross vehicle weight rating of less than 10,000 pounds must carry insurance with a public liability limit commensurate with the miles driven and the loads transported.
  - b) Companies providing insurance coverage must have received approval from the Arkansas Insurance Department to conduct business in the state.

- c) Notice of cancellation of insurance coverage must be sent to the Arkansas Department of Health thirty days prior to cancellation.
- d) Certificates of insurance coverage are required. The Arkansas Department of Health must be listed as a certificate holder on the certificate of insurance.

Any questions concerning insurance companies should be referred to:

Arkansas Insurance Department  
Property and Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904  
(501) 371-2600 or (800) 282-9134

- 10. Submit application fee of two hundred fifty dollars (\$250.00) with the permit application. This fee must be made payable to the **ARKANSAS DEPARTMENT OF HEALTH**. AR. Med. Waste Reg., Sec. VII, V., 10.
- 11. Submit an Operation Plan for the handling and transporting of commercial regulated medical waste. (NOTE: Operation Plan must be submitted by all new applicants. Currently permitted transporters must submit operation plan, if it has been amended since last permit was issued; if not, current transporter need only submit a statement indicating that the operation plan has not changed since last permit was issued. AR. Med. Waste Reg., Sec. VII, V., 6.

The Operation Plan shall include the following (AR. Med. Waste Reg., Sec. VII, V., 6.):

- a) A method of separating regulated medical waste from other waste to minimize the risk of having unauthorized persons handle the waste.
  - b) Loading and unloading procedures which limits the number of handlers.
  - c) Decontamination procedures for reusable medical waste containers.
  - d) Requirements for use of personal protective equipment (PPE) for loaders and handlers of medical waste and disposal procedures for PPE.
  - e) Decontamination procedures for personnel that have had unprotected contact with regulated medical waste.
  - f) Procedures to be taken in the event of a transportation incident involving commercial medical waste, including notification of the appropriate authorities, as outlined in Sec. VII, N. of the AR Med. Waste Regulation.
- 12. Submit copy of Training Plan (NOTE: Training Plan must be submitted by all new applicants. Currently permitted transporters must submit training plan, if it has been amended since last permit was issued; if not, transporter need only submit a statement indicating that training plan has not changed since the last permit was issued) - AR Med. Waste Reg. Sec. VII, V., 8.

The Training Plan shall include, but not be limited to, (AR Med. Waste Reg. Sec. VII, M.) the following:

- 1. Transporter's written operation plan/procedure and spill management plan as outline in Sec. VII, B. of the AR Med. Waste Regulation.
- 2. Arkansas Department of Health's Rules and Regulations Pertaining to the Management of

Regulated Medical Waste from Health Care Related Facilities.

3. OSHA 29 CFR 1910.1030 Blood-borne Pathogen Standard, as applicable.
4. Mechanisms by which disease transmission may occur.
5. Proper use of protective measures to prevent contact with medical waste by both the transporter and the public.
6. Selection, use, and decontamination/disposal of appropriate protective equipment.
7. Procedures to be taken in the event of a transportation incident involving commercial medical waste, including notification of the appropriate authorities as outlined in *Sec. VII, N. of the AR Med. Waste Regulation*.

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### **Upon issuance of the permit, the following procedures will be followed:**

13. Transporters shall keep a log of their daily pickups of regulated medical waste. The log will show the generators, date, quantity (e.g., size of container), type of waste and the delivery point. Manifests will also accompany each shipment. Manifests and log records will be kept on record for three years and will be subject to inspection.

Requirements of tracking document (Manifest):

- a) A commercial medical waste transporter shall maintain a completed tracking document of all regulated medical waste removed for storage, treatment or disposal. When medical waste is received by the commercial medical waste transporter, the transporter will provide the waste generator with a copy of the tracking document for the generator's medical waste records. The transporter will maintain a copy of the tracking document for the generator's medical waste records. The transporter will maintain a copy of the tracking document for three years.
  - b) The tracking document must include (but is not limited to) the following information:
    1. The name, address, and telephone number of the transporter;
    2. Type and quantity of regulated medical waste;
    3. The name, address, and telephone number of the generator;
    4. The name, address, and telephone number for the facility receiving the waste.
14. Transporter personnel will be properly trained in the identification and handling of regulated medical waste. They must be familiar with the state rules and regulations. Management has the responsibility to ensure that annual training is conducted. The training shall include, but not be limited to, all the topic areas described in item 12., above.
  15. **Quarterly Fees:** Transporters will be assessed a fee of five dollars (\$5.00) per ton of waste transported. Fees and weight tabulations will be due no later than 45 days after the end of each quarter. (Example: **First Quarter** [January 1 - March 31] fees are due by **May 15**; **Second Quarter** [April 1 – June 30] fees are due by **August 15**; etc.) PLEASE NOTE: Quarterly fees **must be made payable** to the **ARKANSAS DEPARTMENT OF HEALTH**.

16. Method of Weight Determination: Accurate monthly weight tabulations in pounds must be kept on a per vehicle basis. Weights of the waste may be obtained by either of the following methods:
    - a) Net weights of the trailer loads of waste may be calculated based on the gross weight of the trailer. Scale tickets or equivalent documentation must be kept on file for a minimum of two years.
    - b) The sum of all weights of containers in a load on a per vehicle basis may be used to determine the total weight. Documentation of the weight must be maintained for a minimum of three (3) years. Weight estimates derived from the cubic footage of the waste containers are not acceptable.
  17. Vehicles and Trailers: Trailers or vehicle cargo compartments must remain locked except when loading or unloading regulated medical waste.
  18. Permit Verification: Once the application with the Arkansas Department of Health has been processed and approved, a Regulated Medical Waste Transporter Permit will be issued for a period of one (1) year. A copy of this permit must be kept in each vehicle transporting medical waste during the effective period of the permit.
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**Please submit all required information and/or inquiries to the following address:**

**Arkansas Department of Health  
4815 West Markham Street, Slot-32  
Little Rock, AR 72205-3867**

**Attn: Andrew Haner, MS, CESCO, CHMM, RPG  
Medical Waste Coordinator**

**Any questions regarding medical waste transporter permit issuance/reissuance or quarterly fee submittal, should be directed to Andrew Haner at:**

**(501) 661-2621;  
FAX (501) 280-4090; or  
Andrew.haner@arkansas.gov**

FORM 1

**ARKANSAS DEPARTMENT OF HEALTH**  
PERMIT FOR TRANSPORTERS/DISPOSERS OF REGULATED MEDICAL  
WASTE FROM HEALTH CARE RELATED FACILITIES

1. TRANSPORTER/DISPOSER TO BE PERMITTED:

Company Name: \_\_\_\_\_

Medical Waste Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Company Address/Physical Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. COMPANY MAILING ADDRESS: (If different from above)

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. NAME OF LEGAL OWNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. PRESIDENT OF COMPANY:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If a corporation, are you currently registered to do business with the Arkansas Secretary of State?

Yes \_\_\_\_\_ No \_\_\_\_\_

FORM 2

**ARKANSAS DEPARTMENT OF HEALTH**  
PERMIT FOR TRANSPORTERS/DISPOSERS OF REGULATED MEDICAL  
WASTE FROM HEALTH CARE RELATED FACILITIES

As a Transporter/Disposer of Regulated Medical Waste, \_\_\_\_\_  
(Name of Individual)

certify that \_\_\_\_\_ understands and will comply with all  
(Name of Company)

applicable requirements of the Rules and Regulations Pertaining to the Management of Regulated  
Medical Waste from Health Care Related Facilities promulgated by the Arkansas Department of Health.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

( ) \_\_\_\_\_  
(Telephone Number)

FORM 3

**ARKANSAS DEPARTMENT OF HEALTH**  
PERMIT FOR TRANSPORTERS OF REGULATED MEDICAL WASTE FROM  
HEALTH CARE RELATED FACILITIES

I, \_\_\_\_\_ representing  
(Name of Individual)

\_\_\_\_\_ assure that each truck, trailer,  
(Name of Company)

vacuum tank, cargo tank or container used for transporting Regular Medical Waste from Health Care Related Facilities shall be so designed and constructed, and its contents so limited, that under conditions incident to transportation, there shall be no release of Regular Medical Waste to the environment.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

( ) \_\_\_\_\_  
(Telephone Number)