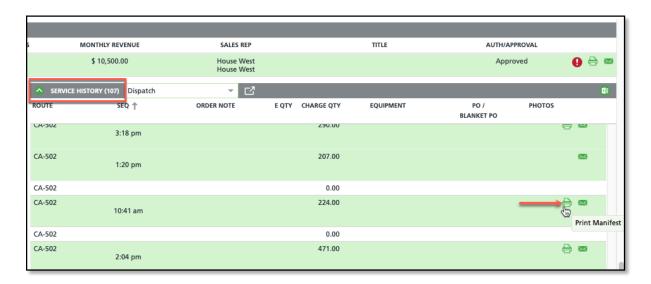
Print Manifest (Manifest Consolidation)

Last Modified on 10/09/2023 4:32 pm EDT

Printing Manifest

After the customer's work order is billed, a print icon will display for the service in the Service History section in Account Details. Click the printer icon to print the Manifest.



Printing Before Customer's Work Order is Billed

If the Manifest is printed before the customer's work order is billed, the manifest will only display the Generator details.

	MEDICA	L WASTETRACKING & SHII	PPING DOCUM	<u>IENT</u>		
	Generator's Name Address	Ţ	racking ID# 2048277	7		
	Navarro Pain Management		Customer ID# 3382413001			
	8100 Washington Ave			3001		
	Houston, TX 77007		elephone #			
ļ		S	State ID #			
뜻	Description of Waste UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II		Quantity	Weight or Vol (lbs)	(gal)	Transfe
띩	17gal BIO/Sharps Disposable		55	55	17	Yes
≥.	31gal BIO Reusable Tub Clam 43gal Non-Haz Pharma Reusable		53 72	53 72	31 43	Yes
삦	43gal Non-Haz Pharma Heusable 43gal Path Reusable		72 44	72 44	43 43	Yes Yes
GEN						
	Generator's This is to certify that the above materials are properly Certification Department of Transportation	classified, described, packaged, marked and labeled, and are in	n proper condition for transportat	ion according to the ap	plicable reg	ulations of t
	Print Name matthew	Signature		Date Apr	11, 202	23
	Transporter #1 - Name and Address	Transporter #2 - Name and Address	Transporter#3	- Name and Addr	ess	
TRANSPORTER	Telephone # State Permit ID # Transport Date Print Name Signature	Telephone # State Permit ID Transport Date Consolidation Tracking ID# Print Name Signature	Telephone # State Permit ID # Transport Date Consolidation Trac Print Name Signature		o and Endovel	Dogulation
	Transporter loartily, under penalty of criminal and/or civil prosecution for mak Transfer Station #1 - Name and Address	ring or submission of taise statements, representations, or omissions that I Transfer Station #2 - Name and Address		ny with the applicable State on #3 - Name ar		
TRANSFER	Telephone # State Permit ID # Received Date Consolidation Tracking ID# Transfer Date	Telephone # State Permit ID # Received Date Consolidation Tracking ID# Transfer Date	Telephone # State Permit ID # Received Date Consolidation Tra Transfer Date	cking ID#		
	Destination Facility #1 - Name and Address	Destination Facility #2 - Name and Addres	ss Destination Fa	cility#3 - Name	e and Ad	dress
	Telephone #	Telephone #	T-lb			
	Telephone # State Permit ID #	Telephone # State Permit ID #	Telephone # State Permit ID #			
		Consolidation Tracking ID#	Consolidation Trac	king ID#		
	Consolidation Tracking ID#					
NC	Consolidation Tracking ID#	-	C0	rtification of Dr	acoint	
NOIL	Consolidation Tracking ID# Certification of Receipt	Certification of Receipt		rtification of Re	eceipt	
NATION	Consolidation Tracking ID#	-	Print Name Date	rtification of Re	eceipt	
TINATION	Consolidation Tracking ID# Certification of Receipt Print Name Date	Certification of Receipt Print Name Date	Print Name Date	rtification of Re	eceipt	
DESTINATION	Consolidation Tracking ID# Certification of Receipt Print Name	Certification of Receipt Print Name Date Signature	Print Name Date Signature		•	

Printing After Customer's Work Order is Billed



Once the work order has been billed, the manifest can no longer be edited.

When the Manifest is printed after the customer has been billed, all available transfer information will print. If a Certificate of Destruction was attached, it will append to the end of the manifest for disposal locations that did not have a signature uploaded.



MEDICAL WASTETRACKING & SHIPPING DOCUMENT

State ID #

Transporter#3 - Name and Address

Fowler, CA 93625-9513

not reachable

Signature



2048277 Generator's Name Address Tracking ID# Navarro Pain Management Customer ID# 3382413001 8100 Washington Ave Houston, TX 77007 Telephone #

GENERATOR 17gal BIO/Sharps Disposable

Transporter #1 - Name and Address

Vernon, CA 90058-4207

Signature

TRANSFER

Weight or Volume Description of Waste UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II Quantity (gal) 31gal BIO Reusable Tub Clam 43gal Non-Haz Pharma Reusable 43gal Path Reusable 53 72 44 53 72 44 Yes Yes Yes 43

Generator's This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Certification Department of Transportation

matthew Date Apr 11, 2023 Print Name Signature Transporter #2 - Name and Address

TRANSPORTER Denver, CO 80212-7413 Glencoe, AL 35905 Houston, TX 77024 Telephone # State Permit ID # Telephone # State Permit ID Telephone # State Permit ID # Apr 11, 2023 Apr 14, 2023 Apr 14, 2023 Transport Date Transport Date Transport Date Print Name Signature Consolidation Tracking ID# Print Name Consolidation Tracking ID# Print Name Signature Signature Transporter | certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions that I have read, understood, and will comply with the applicable State and Federal Regulations. Transfer Station #1 - Name and Address Transfer Station #2 - Name and Address Transfer Station #3 - Name and Address

Suite C Escondido, CA 92029-1147 Vernon, CA 90058-4207 Vernon, CA 90058-4207 Telephone # Telephone # State Permit ID # Telephone #

State Permit ID #
Received Date
Consolidation Tracking ID#
Transfer Date State Permit ID #
Received Date
Consolidation Tracking ID# Apr 11, 2023 3208 Apr 14, 2023 Apr 11, 2023 3209 Apr 14, 2023 Transfer Date Transfer Date Destination Facility #1 - Name and Address Destination Facility #2 - Name and Address Destination Facility#3 - Name and Address

Baytown, TX 77523-9604 Telephone # Telephone # Telephone # State Permit ID # State Permit ID # State Permit ID # Consolidation Tracking ID#

Consolidation Tracking ID# 3207 3209 3208 Consolidation Tracking ID# Certification of Receipt Print Name Date Apr 14, 2023 Certification of Receipt Print Name Apr 11, 2023 Print Name Apr 14, 2023 The resource of this report item is Date Date

DESTINATION certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.

Signature

Certification of Desctruction Certification of Destruction Certification of Destruction