

Tariff No. 1

9<sup>th</sup> Revised Page No. 1

Cancels

Company Name: Stericycle of Washington, Inc. (G-244)

8<sup>th</sup> Revised Page No. 1

CHECK SHEET

All of the pages contained in this tariff are listed consecutively by number. The pages to the tariff and/or any supplements to the tariff listed on this page have issue dates which are the same as, or are prior to, the issue date of this page. "0" in the revision column indicates an original page.

<u>Page Number</u>	<u>Current Revision</u>	<u>Page Number</u>	<u>Current Revision</u>
Title Page	2		
1	9		
2	6		
3	3		
4	3		
5	3		
5A	2		
5B	2		
5C	1		
6	4		
7	0		
8	2		
9	1		

SUPPLEMENTS IN EFFECT, including tax supplements:

- Supplement No. 6
- Supplement No. 7
- Supplement No. 8
- Supplement No. 9
- Supplement No. 10
- Supplement No. 11

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Issue Date: June 6, 2011

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Effective: \_\_\_\_\_ Docket No. \_\_\_\_\_ By: \_\_\_\_\_

Tariff No. 1

6<sup>th</sup> Revised Page No. 2

Company Name: Stericycle of Washington, Inc.

Cancels

5<sup>th</sup> Revised Page No. 2

Item 10

Application of rates:

The rates contained in this tariff cover the utilization by a medical waste generator of Stericycle of Washington's transportation service and medical waste management program.

Unless otherwise specified, the rates include the following:

1. Use of Stericycle's unique containers
2. Medical waste tracking and documentation
3. Transportation; and
4. Treatment and disposal

Unless otherwise provided herein, rates contained in this tariff apply to the transportation of biohazardous or biomedical waste, as defined in WAC 480-70-041, in Steritubs or other containers provided by Stericycle of Washington.

Item 14

Customers will be charged for lost containers. The charge per container will be: \$30.00 for a small tub; \$5.00 for a cardboard box (any size); \$30.00 for a small/medium container; \$30.00 for a medium tub; (C) \$30.00 for a medium container; \$30.00 for a med/large tub; \$30.00 for a (C)31 gal. Medium/large container; \$30.00 for a large tub; and \$30.00 for a large container.

Item 15

Maximum weights:

The maximum weight allowed per container is:

<u>Container Size</u>	<u>Maximum Weight</u>
Small Tub (10 gal.)	35 pounds
Small Box (15 gal.)	40 pounds
Small/Medium (21 gal.)	50 pounds
Medium Tub (20 gal.)	50 pounds
Medium/Large Tub (28 gal.)	60 pounds
Medium/Large ((C)31 gal.)	60 pounds
Med/Large Box (33 gal.)	40 pounds
Large Tub (40 gal.)	60 pounds
(C)Large (43 gal.)	60 pounds
Large (48 gal.)	60 pounds
Medium/Large Pharmaceutical Waste Box (30 gal.)	55 pounds
Small Pharmaceutical Waste Box (24 gal.)	45 pounds
Box for reusable sharps containers (approx. 30 gal.)	55 pounds

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Tariff No. 1

3<sup>rd</sup> Revised Page No. 4  
Cancels  
2<sup>nd</sup> Revised Page No. 4

Company Name: Stericycle of Washington, Inc.

Item 30 Rate Schedule (Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) – Price per Container

Container Quantity	Small/Medium (21 gallon) Container	(N) Medium/Large (31 gallon) Container	Medium/Large (32 gallon) Container	(N) Large (43 gallon) Container	Large (48 gallon) Container
1	35.16	50.22	(C) ***	67.94	75.67
2	33.66	46.19		52.46	58.32
3	28.94	38.13		43.00	48.20
4	26.16	33.48		36.98	41.45
5	22.73	30.07		25.80	38.08
6	20.80	27.28		25.80	35.19
7	19.30	18.60		25.80	32.78
8	18.44	18.60		25.80	31.33
9	17.37	18.60		25.80	29.88
10	16.51	18.60		20.64	28.44
11	16.08	18.60		20.64	26.99
12	15.44	18.60		20.64	25.55
13	15.01	14.88		20.64	24.58
14	14.36	14.88		15.48	23.14
15	14.15	14.88		15.48	22.17
16	13.72	14.88		15.48	18.32
17	13.29	14.88		15.48	17.83
18	13.08	14.88		15.48	17.35
19	12.86	14.88		12.90	16.39
20	12.44	11.16		12.90	15.91
21	12.01	11.16		12.90	15.91
22	11.79	11.16		12.90	15.91
23	11.58	11.16		12.90	15.91
24	11.36	11.16		12.04	15.91
25	10.93	11.16		12.04	15.91
26	10.72	9.30		12.04	15.91
27	10.51	9.30		12.04	15.91
28	10.08	9.30		12.04	15.91
29	9.86	9.30		12.04	15.91
30	9.86	9.30		12.04	15.91

Note 1: Rates to be charged shall be based upon the total number of containers per pickup, including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.

Note 2: A minimum of \$20.00 will be charged per scheduled pickup.

Note 3: (C)The Medium/Large (31 gal.) and Large (43 gal.) containers are only available to generators located in the following counties: Benton, Chelan, Douglas, Grant, Island, King, Kitsap, Kittitas, Lincoln, Mason, Okanogan, Pierce, Skagit, Snohomish, Spokane, and Whatcom.

Note 4: A minimum of \$10.00 per month will be charged for on-call or less-than-monthly service per Item 80.

Note 5: A Reinstatement Charge will be assessed in accordance with Item 85, when applicable.

(\*\*\* indicates container size no longer available)

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Tariff No. 1

3<sup>rd</sup> Revised Page No. 5

Company Name: Stericycle of Washington, Inc.

Cancels

2<sup>nd</sup> Revised Page No. 5

Item 30 Rate Schedule (Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) – Price per Container

Container Quantity		Small/Medium (21 gallon) Container	(N) Medium/Large (31 gallon) Container	Medium/Large (32 gallon) Container	(N) Large (43 gallon) Container	Large (48 gallon) Container
31		9.86	9.30	(C)***	12.04	15.91
32		9.86	9.30		12.04	13.75
33		9.86	8.68		12.04	13.75
34		9.86	8.68		12.04	13.75
35		9.86	8.68		12.04	13.75
36		9.86	8.68		12.04	13.75
37		9.86	8.68		12.04	13.75
38		9.86	8.68		12.04	13.75
39		9.00	8.68		12.04	13.75
40		9.00	8.68		12.04	13.75
41		9.00	8.68		12.04	13.75
42		9.00	8.68		12.04	13.75
43		9.00	8.68		12.04	13.75
44		9.00	8.68		12.04	13.75
45		9.00	8.68		12.04	13.75
46		9.00	8.68		12.04	13.75
47		9.00	8.68		10.75	13.75
48		9.00	8.68		10.75	13.75
49		9.00	8.68		10.75	13.75
50		9.00	8.68		10.75	13.75
51		9.00	8.68		10.75	13.75
52		9.00	8.68		10.75	13.75
53		9.00	8.68		10.75	13.75
54		9.00	8.68		10.75	13.75
55		9.00	8.68		10.75	13.75
56		9.00	8.68		10.75	13.75
57		9.00	8.68		10.75	13.75
58		9.00	8.68		10.75	13.75
59		8.58	8.68		10.75	13.75
60+		8.58	7.75		10.75	13.75

Note 1: Rates to be charged shall be based upon the total number of containers per pickup, including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.

Note 2: A minimum of \$20.00 will be charged per scheduled pickup.

Note 3: (C)The Medium/Large (31 gal.) and Large (43 gal.) containers are only available to generators located in the following counties: Benton, Chelan, Douglas, Grant, Island, King, Kitsap, Kittitas, Lincoln, Mason, Okanogan, Pierce, Skagit, Snohomish, Spokane, and Whatcom.

Note 4: A minimum of \$10.00 per month will be charged for on-call or less-than-monthly service per Item 80.

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Tariff No. 1 2<sup>nd</sup> Revised Page No. 5A  
 Company Name: Stericycle of Washington, Inc. Cancels  
1<sup>st</sup> Revised Page No. 5A

Item 30 Rate Schedule (C)(Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) – Price per Container

Container Quantity	Small Tub (10 gallon)	Small Box 12"x12"x24" (Approx. 15 gallon)	Medium Tub (20 gallon)	Medium/Large Tub (28 gallon)	Medium/Large Box 18"x18"x24" (Approx. 33 gallon)	Large Tub (40 gallon)
1	22.20	31.20	33.40	45.34	51.52	64.24
2	16.38	23.03	31.98	41.68	47.36	59.05
3	15.88	22.32	27.49	34.36	39.04	48.68
4	15.68	22.04	24.85	30.13	34.24	42.69
5	14.79	20.78	21.59	27.03	30.72	38.30
6	13.49	18.95	19.76	24.50	27.84	34.71
7	12.79	17.97	18.34	23.37	26.56	33.12
8	12.19	17.13	17.52	22.25	25.28	31.52
9	11.19	15.72	16.50	20.56	23.36	29.13
10	10.59	14.88	15.68	19.99	22.72	28.33
11	10.39	14.60	15.28	19.15	21.76	27.13
12	9.69	13.62	14.67	18.59	21.12	26.33
13	9.49	13.34	14.26	18.02	20.48	25.54
14	8.99	12.64	13.64	17.46	19.84	24.74
15	8.79	12.36	13.44	16.90	19.20	23.94
16	8.59	12.07	13.03	16.61	18.88	23.54
17	8.29	11.65	12.63	15.77	17.92	22.34
18	7.99	11.23	12.43	15.49	17.60	21.95
19	7.69	10.81	12.22	14.92	16.96	21.15
20	7.59	10.67	11.82	14.64	16.64	20.75
21	7.49	10.53	11.41	14.08	16.00	19.95
22	7.39	10.39	11.20	13.80	15.68	19.55
23	7.29	10.25	11.00	13.21	15.01	18.72
24	7.19	10.11	10.79	12.11	13.76	17.16
25	7.09	9.97	10.38	11.69	13.28	16.56
26	6.99	9.83	10.18	11.55	13.12	16.36
27	6.89	9.69	9.98	11.26	12.80	15.96
28	6.79	9.55	9.58	10.84	12.32	15.37
29	6.69	9.41	9.37	10.56	12.00	14.97
30	6.59	9.27	9.37	9.57	10.88	13.57

Note 1: Rates to be charged shall be based upon the total number of containers per pickup, (C)including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.

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Tariff No. 1 2<sup>nd</sup> Revised Page No. 5B  
 Company Name: Stericycle of Washington, Inc. Cancels  
1<sup>st</sup> Revised Page No. 5B

Item 30 Rate Schedule (Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) – Price per Container

Container Quantity	Small Tub (10 gallon)	Small Box 12"x12"x24" (Approx. 15 gallon)	Medium Tub (20 gallon)	Medium/Large Tub (28 gallon)	Medium/Large Box 18"x18"x24" (Approx. 33 gallon)	Large Tub (40 gallon)
31	6.16	8.66	9.37	9.29	10.56	13.17
32	6.39	8.99	9.37	9.29	10.56	13.17
33	6.29	8.85	9.37	9.29	10.56	13.17
34	6.19	8.70	9.37	9.29	10.56	13.17
35	6.09	8.56	9.37	9.29	10.56	13.17
36	5.99	8.42	9.37	9.29	10.56	13.17
37	5.89	8.28	9.37	9.29	10.56	13.17
38	5.89	8.28	9.37	9.29	10.56	13.17
39	5.87	8.25	8.55	9.29	10.56	13.17
40	5.85	8.22	8.55	9.29	10.56	13.17
41	5.79	8.14	8.55	9.29	10.56	13.17
42	5.69	8.00	8.55	9.29	10.56	13.17
43	5.65	7.94	8.55	9.29	10.56	13.17
44	5.59	7.86	8.55	9.29	10.56	13.17
45	5.49	7.72	8.55	9.29	10.56	13.17
46	5.45	7.66	8.55	9.29	10.56	13.17
47	5.39	7.58	8.55	9.29	10.56	13.17
48	5.35	7.52	8.55	9.29	10.56	13.17
49	5.29	7.44	8.55	9.29	10.56	13.17
50	5.19	7.30	8.55	9.29	10.56	13.17
51	5.09	7.16	8.55	8.03	9.12	11.38
52	5.00	7.02	8.55	8.03	9.12	11.38
53	4.95	6.96	8.55	8.03	9.12	11.38
54	4.90	6.88	8.55	8.03	9.12	11.38
55	4.80	6.74	8.55	8.03	9.12	11.38
56	4.75	6.68	8.55	8.03	9.12	11.38
57	4.70	6.60	8.55	8.03	9.12	11.38
58	4.60	6.46	8.55	8.03	9.12	11.38
59	4.10	5.76	8.15	8.03	9.12	11.38
60	4.10	5.76	8.15	8.03	9.12	11.38

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Tariff No. 1 1<sup>st</sup> Revised Page 5C  
Cancels  
Original Page 5C  
Company Name: Stericycle of Washington, Inc.

**Item 30 Rate Schedule (Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) (C)– Price Per Container**

Container Quantity	Small Tub (10 gallon)	Small Box 15"x15"x14" (Approx. 15 gallon)	Medium Tub (20 gallon)	Medium/Large Tub (28 gallon)	Medium/Large Box 18"x18"x24" (Approx. 33 gallon)	Large Tub (40 gallon)
61	4.10	5.76	8.15	8.03	9.12	11.38
62	4.00	5.62	8.15	8.03	9.12	11.38
63	3.80	5.34	8.15	8.03	9.12	11.38
64	3.80	5.34	8.15	8.03	9.12	11.38
65	3.80	5.34	8.15	8.03	9.12	11.38
66	3.80	5.34	8.15	8.03	9.12	11.38
67	3.70	5.19	8.15	8.03	9.12	11.38
68	3.60	5.05	8.15	8.03	9.12	11.38
69	3.60	5.05	8.15	8.03	9.12	11.38
70	3.60	5.05	8.15	8.03	9.12	11.38
71	3.60	5.05	8.15	8.03	9.12	11.38
72	3.60	5.05	8.15	8.03	9.12	11.38
73	3.50	4.91	8.15	8.03	9.12	11.38
74	3.30	4.63	8.15	8.03	9.12	11.38
75+	2.85	4.01	8.15	8.03	9.12	11.38

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- Note 1: Rates to be charged shall be based upon the total number of containers per pickup, (C)including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.  
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Tariff No. 1		4 <sup>th</sup> Revised Page No. 6
Company Name: Stericycle of Washington, Inc.		3 <sup>rd</sup> Revised Page No. 6
Item 40	Tariff matter previously published in this item has been deleted.	
Item 50	Tariff matter previously published in this item has been deleted.	
Item 60	<p><u>Delinquent Fees:</u></p> <p>In addition to the rates and charges shown herein, a late charge in the amount of one percent (1%) will be added to any account which remains unpaid at the time of the next regular billing.</p>	
Item 70	<p><u>Special Handling or Packaging Charges:</u></p> <p>The following charges will be assessed (C)in addition to all other rates and charges shown herein when the carrier is required to provide special handling or packaging because of the improper packaging of the material shipped by the generator, the shipment of improper waste materials, overweight containers or the generator's special loading requirements:</p> <p>(N)Overweight 31 gal. or 43 gal. containers: \$12.00 per container                  (C)Other overweight or special handling or packaging: \$2.00 per gallon for each container requiring special handling</p>	
Item 80	<p><u>On-Call or Less-Than-Monthly Service:</u> Stericycle offers on-call or less-than-monthly service for a minimum charge of \$10.00 per month. This minimum charge applies in any calendar month in which no pickup is scheduled. Stericycle provides a container or containers for the generator's use. Where on-call service is provided, Stericycle will schedule a pickup within a reasonable time after a request for pickup is received from the generator.</p>	
<p>Issued By: Michael S. Philpott, Regional Operations Director</p> <p>Issue Date: June 6, 2011 <span style="float: right;">Effective Date: June 13, 2011</span></p>		
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