The flow of information for modifications should be as follows:

Plant personnel
↓
Plant Operations Manager
↓
Plant General Manager
↓ ↓
COO Compliance Officer
↓
CEO ←

All suggestions should be in written form and signed, with spaces provided to person receiving the information approving the flow of such information up the decision ladder. All changes to the Quality System Regulations (QSR) shall be approved in writing by the compliance officer, and the CEO. It is the General Mangers responsibility to insure all plant employees receive and understand such changes (Section 820.40(a), and shall arrange for additional training as necessary, working with the Compliance Officer.

SECTION 8
ACCETANCE CRITERIA

Acceptance Criteria for New Containers and Appurtenances

SWS has establish acceptance criteria (Section 820.80) for newly manufactured containers received from the manufacturer for introduction into the supply network. These criteria are as follows:

- Verification from the manufacturer that the plastic used in the construction of the container meets the SWS specifications.
- Verification by the manufacturer of any drop tests or other process testing that were performed and the results of such tests.
- Verification by the manufacturer of the dates on which the containers were manufactured.
- Visual inspection to determine that all containers were not cracked or otherwise damaged. To the extent such damage is evident the person doing this inspection should put the damaged or otherwise non compliant container of appurtenance aside and record this on the acceptance form.
- All new containers will be properly labeled, if not already and assigned a bar code sticker.
- All new and accepted containers shall be stored and inventoried.

A new container acceptance form shall be completed and signed by the employee accepting these containers a form of which is attached as Appendix VI. This completed form shall be filed at the facility where the containers are received and a copy will be sent to corporate headquarters.

Acceptance criteria for processed containers

SWS has established the following acceptance criteria for processed containers which have received processing and following acceptance will be reintroduced into the sharps system:

Acceptance Criteria: (Like New Condition)

- Containers shall be clean and free from all visible material.
- Containers shall be checked to insure the integrity of each container remains in tack. Which means free of cracks or other penetrations, locking mechanisms are in place, and are visibly presentable.
- Container Bar Code is attached and readable.
- Containers shall be properly assembled, inspected and packaged according to customer need.
- Containers shall be loaded into hospital/transport cart(s) with inspection label attached to include container, count, inspector name and date affixed.
- In the event a container does not meet the aforementioned acceptance criteria it shall be either reintroduce into the system for reprocessing or put aside for destruction.

These acceptance criteria shall be documented in the form of the manifest form (see Exhibit 7) wherein the following information will be noted:

- Date
- Inspector or inspectors
- Number of containers accepted and rejected by size
- Notes with respect to reasons those containers failed to be accepted
- Signature of the inspector

This acceptance log will be filed at the processing facility and summarized monthly this summary will be forwarded to the COO and Compliance Officer.

SECTION 9
LABELING

SWS has established a labeling protocol to verify the integrity of the container for use as intended by the healthcare facility.

Each container and lid will be uniquely bar-coded, with labels affixed in a designated position on the component.

"Usage labels," that is, labels containing instructions for use, are not required for sharps containers due to the obvious nature of their use.

Current SWS labels comply with (21 CFR 801.116) Regulated labeling required by DOT, OSHA and other regulating bodies. Labels must clearly identify;

Fill levels,	UN biohazard symbols,
Manufacturer information,	General warnings,
Biohaz symbol	DOT number

Related packaging numbers and wording is prominently placed on the front of each container. Consequently, the label control requirements of 820.120 are not applicable in this work process

SECTION 10
PRODUCT EVALUATION

In accordance with Section 820.80 SWS has developed the acceptance criteria detailed in SECTION 8. To the extent containers fail to meet the criteria, such failure and possible causes are reported in **QSR Appendix VI** detail defect notification report. To the extent the containers are damaged and no longer meet the specifications, they are put in a holding area and held for later destruction and the cause of such damage shall be determined. A report shall be prepared on a monthly basis (Appendix VI for form) by the Operations Manager delineating:

- Number and size of containers damaged or otherwise determined to be unfit for reuse
- Specific container damaged, bar code.
- Delineating the damage (i.e. damaged lid locks)
- A determination of the cause of such damage
- Corrective actions, if any, suggested to minimize further damage (i.e. increased training, change of plastic recipe, modifications of the processing equipment. Etc.)

This report (Section 820.100) should outline and analyze any necessary modifications in the Design Master Record (DMR) which may be required to reduce this damage. This report shall be provided to the COO and the Compliance Officer for the ultimate determination as to whether the DMR should be modified

SECTION 11
STORAGE, DISTRIBUTION AND INSTALATION

SWS has established procedures of the **storage** (Section 820.150), **distribution** (Section 820.160), and **installation** (Section 820.170) of the reusable containers and appurtenances.

All new containers which have been accepted for use shall be **stored** in original packaging and stored in a designated area.
All new containers intended to go into service will be logged into the system, complete the assembly/inspection process and placed on hospital/transport carts awaiting distribution to the healthcare facilities and stored in a designated clean area.

All **distribution** trucks shall be maintained in a clean and orderly fashion commensurate with the delivery of reusable sharps containers. The racks of containers shall be secured for transport so as to prevent damage in transit.

At the delivery point, in the case of dock-side service, the containers shall be delivered to a healthcare representative who shall inspect the containers and either accept or reject the containers. This shall be logged on the delivery log (see Exhibit 6) with a sign off by the healthcare representative. To the extent containers are rejected, they shall be segregated and the delivery log shall note such and the containers sent back to the processing facility. Such rejected containers shall be handled in the same fashion as outlined in Section 10.

In the case of full service installations, the employee placing the containers in service will reject any containers not meeting SWS acceptance criteria and such will be noted on the delivery log. Containers rejected will be treated in the same fashion as outlined in Section 10.

The SWS bracket **installation** procedures are contained in Exhibit 8.

SECTION 12
COMPLAINTS

SWS is required to provide for a complaint file (Section 820.198). Complaints shall be documented on the complaint form provided in QSR VII. The purpose of this analysis is to determine what modifications may be necessary to the Design Master Record (DMR) to eliminate these complaints. The Operations Manager, the General Manager, COO, and the Compliance Officer shall review all complaints. On the complaint form, any corrective action shall be indicated and this completed complaint form shall be redistributed to the General Manager, operational personnel, and plant personnel as necessary. It is vital that those complaints contain the following information and that all plant personnel be keenly aware of the SWS quality standard:

- Properly documented from an origination point (such as the healthcare facility)
- Analyzed by supervisory personnel (Operations Manager) to determine the probably source of the problem.
- Recommendation made with respect to corrective action
- Analyze any potential modifications necessary to the DMR which may alleviate the problem if necessary.

SECTION 12
QUALITY SYSTEM AUDITS

In order to insure that the Quality System Regulations (QSR) is being implemented and maintained in accordance with Section 820, SWS will at periodic intervals conduct audits of the QSR system at its facilities. This audit will be conducted by the Compliance Officer or an outside auditor (Section 820.22). These audits will be for internal purposes and will be used primarily to determine how the QSR system is working and if additional changes need to be made. Audit forms are found in QSR Appendix II. & III

Featured in Exhibit 10 is the form of the QSR system audit form, which will be used in the system audit. It is important that all employees understand the importance of this system audit and should be indoctrinated not only in the QSR system but the use and value of the QSR audit.

It will be up to the Compliance Officer to determine how often such audits are performed. Notice of such audits may or may not involve prior notice to the General Manager or his personnel. Such audits are not meant to be, nor should they be disruptive to the operations and the Compliance Officer (or others performing such audits) should perform the audits with this in mind.

Results of these audits shall ~~be available~~ on file at each facility as well as in corporate headquarters. Once completed, the audits results will be distributed to the General Manger, COO, and the CEO for evaluation of any changes that may be needed to the DMR. The General Manger will be responsible for distributing the results of the audit to the local staff employees.

SECTION 13
FACILITY INSPECTIONS

FDA determines compliance with the QSR requirements by facility inspections. The general procedure is as follows:

- Upon arrival, the FDA inspector will present his/her credentials and issues a Notice of Inspections form from the FDA.
- Initial contact will be with the General Manager who will be responsible for hosting the inspection and accompany the inspector throughout the term of the inspection. In the event the General Manager is unavailable, a pre-designated alternative will be selected by the General Manager.
- The inspector will have access to all applicable material and will be provided copies of documents that he/she requests.
- A pre-designated inspection procedure will be made detailing how the inspection will be conducted, and will be used as a guide in showing the inspector around.
- Upon completion of the inspection, the inspector will conducts a close out meeting wherein any deficiencies will be noted on FDA form 483. At this close out meeting, the General Manager will be in attendance in that corrective actions will need to be agreed to with someone with the authority to carry such changes out.

Terminology

	CEO
	COO
	DOT
	FDA
	OSHA
Quality Service Regulations	QSR
	SWS

EXHIBIT 1 PROCESS EQUIPMENT ACCEPTANCE CHECKLIST
NEW SHARPS CONTAINER ACCEPTANCE CHECKLIST
SHIPPING & ACCETANCE REPORT

QSR APPENDIX VI (a)

RECEIVING REPORT

SWS - PO # _____

Vendor Order # _____

Shipping/Tracking # _____

Transporter: _____ Date received: _____
(Attach receiving papers)

Vendor _____ Contact Name _____

Shipped From: _____ Contact No. _____

Receiving Employee (SWS): _____ Date: _____
(Print): _____

____ **No Damage**
____ **Damage Report Shipping (if damaged complete following section)**
COMPLETE If any part of order is damaged upon arrival. Do not sign off on load until after an initial inspection. Immediately report damage and complete this section. Possibly reject damaged items or entire load as necessary.
____ Take picture of damage.
____ Driver provided damage claim form, claim contact info and SIGNED off on damage.
____ Damaged (circle) Pallet Shipping Container Box Item
Describe Damage; _____

_____

_____

Driver Signature _____ Date: _____
Provide copy to driver.
SUBMIT TO CENTRAL OFFICE. Filed in QSR 'Defect Notification Record'

Acceptance Criteria for New Containers, Accessories and Equipment

SWS has establish acceptance criteria (Section 820.80) for newly manufactured containers/product received from the manufacturer for introduction into the supply network.

Complete as needed:

_____ Acceptance Check List

_____ Defect Notification Check List

QSR APPENDIX VI (b)

NEW PRODUCT
DEFECT NOTIFICATION
ACCETANCE REPORT

SWS PO Number _____ **Date:** _____

New Product
These containers are in new condition and meet criteria as follows: (Adapt for equipment as needed)

Check only if it meets criteria.
ACCEPTED

- ☐ Verification from the manufacturer that the plastic used in the construction of the container meets the SWS specifications. Central Office
- ☐ Verification by the manufacturer of any drop tests or other process testing that were performed and the results of such tests. Central Office
- ☐ Properly labeled.
- ☐ All accessories and attachments are in good working condition.
- ☐ Verification by the manufacturer of the dates on which the containers were manufactured.
  - o Date _____ (Stamped on Bottom)
- ☐ Visual inspection to determine that all containers/units were not cracked or otherwise damaged.
  - o Accepted Units #_____

  Description
  - o Number of Damaged Units Set aside #_____
  - o Defect Notification Complete Yes / No
- ☐ Bar Codes added to units and logged in.
- ☐ All new and accepted containers are stored and inventory completed.
- ☐ Defect Notification Worksheet submitted.

I certify that all items have been thoroughly inspected, any not compliant units have been identified and set aside, all units that meet all criteria are certified and ready for service:

SWS Authorized Signature _____

EXHIBIT 2

SHARPS PROCESSING LOG

Reference QSR Section 820.75 and Operations Manual Unit #3
With respect to the SWS system, this applies primarily to the process of tipping and washing the containers in our processing facility. In that regard SWS has developed a process log completed while processing takes place. The processing log is contained in Exhibit 2 herein.

The facility Plant Manager shall insure that this processing log is kept at all times when containers are being tipped and washed. To provide documentation as it relates to the operation of the proprietary tipping and washing equipment to determine if the process is operated within the designated operational parameters. This processing log will be used in the event that the quality assurance programs or complaint process, identifies an incident of non compliant product (container) as a result of the operation of the processing plant. This log will enable the COO and others to determine if any design changes to the process should be made to insure compliant product (container).

As each group of containers are processed and stacked, they are inspected and either accepted or rejected as meeting process criteria. These container logs shall be maintained for each rack of containers and shall contain the following information through a bar code system :

- Process Equipment and New sharps Container Acceptance Checklist, Bar Code log.
- Date and Time Container and Cart are Processed.
- Size and Number of Containers.
- Acceptance or rejection of container summary.
- Inspector conducting and acceptance the product.

Process personnel document the acceptance or rejection of each container and such documentation is maintained with the bar code process log. This verifies the operation of the processing equipment and validation of such throughout the run. The plant manager and process personnel attest to such documentation by affixing a signature when completed. Hard and Electronic copies of all logs shall be kept at the facility and copies of monthly operations and container logs shall be forwarded to the COO at corporate headquarters monthly. Copies of such logs shall be kept for a period of at least 3 years at both locations.

SURE-WAY SYSTEMS, INC.
DAILY PLANT PROCESSNG LOG

DATE_____ **START TIME**_____ A.M. P.M.

PLANT MANAGER_____

PLANT WORKERS_____

_____

PLANT START UP CHECKLIST

[ ] Circuit Breakers
[ ] Lights On
[ ] Visual Inspection of Washers/Tipper to check and see if Washers/Tipper were cleaned properly after last working shift.
*Were Washers/Tipper Cleaned Properly after last working shift? [ ]YES [ ] NO
[ ] Pilot Light on water heater
[ ] Temperature Knob turned to HIGH on Water heater
[ ] Instant Heater Temperature Gauge Set on 180 degrees Farenheight
[ ] Drain valves closed
[ ] Check washer chemical levels
[ ] Power on washers
[ ] Fill Washers
[ ] Tank Heat On
[ ] Test RUN Washers to check for proper operation
*Do washers seem to operating properly? [ ]YES [ ]NO
*If washer does not seem to be operating properly, stop machine and check for possible causes.
[ ] Temperature Gauges functioning Properly
*Temperature Readings
Scrapper-_____ Power Wash-_____ Final Rinse-_____

Pots & Pan Washer-_____
[ ] Washer chemical pumps
[ ] Conveyor functions properly
[ ] Tipper Power On
[ ] Tipper conveyor functioning properly
[ ] Lid remover assembly functioning properly
[ ] Automated Tipper assembly functioning properly

* Total # of rejected containers for this shift _____
* Problems were related to_____
_____
_____
* Corrective Action Taken_____

SURE-WAY SYSTEMS, INC.
DAILY PLANT PROCESSING LOG

DATE_____ **SHUT DOWN TIME**_____ A.M. P.M.

PLANT MANAGER_____

PLANT WORKERS_____

_____

PLANT SHUT DOWN CHECKLIST

[ ] **Signed and Submitted manifest of all containers received and processed**
[ ] Turn OFF Tank heat on washer
[ ] Power OFF Washers/ Tipper
[ ] Open Washer drain valves
[ ] Clean Tipper
[ ] Clean Washers
[ ] Remove scrapper trays from washer and empty
[ ] Remove water jet assemblys and clear of any debris
[ ] Clear Pump Intake screens of debris
[ ] Clear Water Tank and Drain area of debris
[ ] Reinstall scrapper trays
[ ] Reinstall water jet assemblies
[ ] Leave washer doors open for inspection
[ ] Sweep floor thoroughly
[ ] Mop Floor using solution of bleach/water
[ ] Rinse out mop & bucket and place back in storage area
[ ] Put hand truck and all other equipment in storage area
[ ] Turn off lights
[ ] Turn off circuit breakers

_____ _____
Authorized Signature Date

Exhibit 3 (a) **DAILY CONTAINER & RACK CHECKLIST**

Date:_____ Bar Code _____

_____Carts Cleaned & Disinfected
_____Casters Working efficiently, & secured
_____Ledges installed & Secured on every shelf
_____Cart Cover Washed & Inspected
_____Pre-assembled containers & lids have been inspected
_____Installed Locking Pins on every container
_____Installed Locking Pins for Closure Lids

Container Qty:_____ Size:_____
Container Qty:_____ Size:_____
Container Qty:_____ Size:_____

Inspected by:_____ Date _____

Date:_____ Bar Code _____

_____Carts Cleaned & Disinfected
_____Casters Working efficiently, & secured
_____Ledges installed & Secured on every shelf
_____Cart Cover Washed & Inspected
_____Pre-assembled containers & lids have been inspected
_____Installed Locking Pins on every container
_____Installed Locking Pins for Closure Lids

Container Qty:_____ Size:_____
Container Qty:_____ Size:_____
Container Qty:_____ Size:_____

Inspected by:_____ Date _____

Date:_____ Bar Code _____

_____Carts Cleaned & Disinfected
_____Casters Working efficiently, & secured
_____Ledges installed & Secured on every shelf
_____Cart Cover Washed & Inspected
_____Pre-assembled containers & lids have been inspected
_____Installed Locking Pins on every container
_____Installed Locking Pins for Closure Lids

Container Qty:_____ Size:_____
Container Qty:_____ Size:_____
Container Qty:_____ Size:_____
Inspected by:_____ Date _____

Exhibit 3 (b) **DAILY 10 & 17 GALLON CHECKLISTS**

10 & 17 Gal. Check List Bar Code _____

Date: _____
_____Containers Cleaned & Disinfected _____UN
certification stickers on 2 sides
_____Sharps Only stickers on all 4 sides
_____Lids Cleaned & Disinfected
_____Sharps Only sticker on every lid in stack
_____Stickers are clean and legible

Inspected by: _____

10 & 17 Gal. Check List

Date: _____
_____Containers Cleaned & Disinfected _____UN
certification stickers on 2 sides
_____Sharps Only stickers on all 4 sides
_____Lids Cleaned & Disinfected
_____Sharps Only sticker on every lid in stack
_____Stickers are clean and legible

Inspected by: _____

10 & 17 Gal. Check List

Date: _____
_____Containers Cleaned & Disinfected _____UN
certification stickers on 2 sides
_____Sharps Only stickers on all 4 sides
_____Lids Cleaned & Disinfected
_____Sharps Only sticker on every lid in stack
_____Stickers are clean and legible

Inspected by: _____

EXHIBIT 4

PERSONNEL TRAINING GUIDELINES
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

SURE-WAY SYSTEMS, INC.
SURE-WAY TRANSPORTATION, INC.
dba: SURE-WAY SHARPS DISPOSAL SERVICE
amended
2004

BIOHAZARD

In accordance with OSHA Bloodborne Pathogens standard the following exposure control plan has been developed and implemented:

PURPOSE

To establish responsibilities and procedures for the protection of personnel from bloodborne pathogens, i.e. HIV and HBV.

OBJECTIVES

A. To protect personnel from the health hazards associated with bloodborne pathogens.

B. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

C. To reduce the risk of being infected by bloodborne pathogens.

D. To comply with OSHA regulation.

DEFINITIONS

Blood means human blood, its components and products created from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Bodily Substance Isolation, is equivalent to Universal Precautions, is an infection control system where all body substances are considered to be potentially infectious.

Cerebrospinal pertains to the brain and spinal cord.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry is laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical, thermal or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and rendering the surface or item safe for handling, use, or disposal.

Engineering Controls means controls (i.e. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogenic hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Gloves refers to "latex type" gloves designed to provide limited protection for existing abrasions and cuts, on the hands, during emergency operations and station/equipment cleaning, by providing a barrier against bodily fluids and disinfectants.

Handwashing Facility means an adequate supply of waterless soap or potable running water, single use towels or hot air drying machines.

HBV means Hepatitis B Virus.

HIV means Human Immunodeficiency Virus Type-1

Leakproof Bags are bags that are sufficiently sturdy to prevent tearing or breaking and can be sealed securely to prevent leakage. Such bags are red in color and/or display the universal biohazard symbol.

Occupational Exposure means reasonably anticipated exposure to skin, eye, mucous membrane, or parenterally infectious materials that may result from the performance of job related duties.

Other Potentially Infectious Materials refers to the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, synovial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; and

* Any unaffixed tissue or organ (other than intact skin) from a human (living or dead); and

* HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions.

Parenteral refers to piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Pathogens refers to any disease-producing microorganism or material.

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are **not** considered to be personal protective equipment (PPE).

Regulated Waste refers to liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure. Examples include, but are not limited to, hospital and clinic patients, trauma victims, clients of drug and alcohol facilities, and human remains.

Sterilize refers to the use of a physical, thermal or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious with HIV, HBV, and other bloodborne pathogens.

Work Practice Controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique, removal of contaminated clothing prior to leaving work site or as soon as feasible).

1. Exposure Determination

OSHA requires employers to perform an exposure determination to identify which employees may incur occupational exposure to blood or other potentially infectious

materials. This exposure determination is made without regard to the use of personal protective equipment, (i.e. employees are considered exposed even if wearing personal protective equipment.) . This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. Sure-Way Systems, Inc. considers the following job classifications in this category:

A. Plant personnel:
   a. Plant Manager
   b. Plant Operator(s) / Technicians
   c. Plant Laborer(s)
B. Transportation personnel:
   a. Transportation Manager
   b. Collection Technician(s) (drivers)
C. Sharps personnel:
   a. Sharps Manager
   b. Sharps Operator(s) / Technician(s)

2. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of this standard. The following complies with this requirement:

Compliance Methods
Universal precautions will be observed by Sure-Way Systems, Inc. personnel, Sure-Way Sharps Disposal Service personnel, Sure-Way Transportation, Inc. personnel (hereafter referred to as "Sure-Way employees" or "personnel") to prevent contact with blood or other potentially infectious substances. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source.

Work practice and engineering controls will be utilized to minimize and/or eliminate exposure to all personnel. Where occupational exposure remains after the institution of these controls, personal protective equipment will be utilized.

A. Handwashing and shower facilities will be made available. All employees shall wash their hands and other exposed or potentially exposed skin with soap and water or antiseptic solutions, or flush with water as soon as possible following contact with blood or other potentially infectious materials.

B. Contaminated needles and other contaminated sharps shall be placed immediately in appropriate containers for disposal.

C. Eating, drinking, smoking, applying cosmetics (to include lip balms), and contact lens handling are prohibited in areas where there is a reasonable likelihood of exposure.

D. Foods and drinks shall not be kept in trucks or in the plant where the potential of exposure is present. (this does not refer to office space, lunch or break rooms)

E. All procedures involving blood or other potentially infectious materials shall be performed in such a way as to minimize splashing, spraying, splattering, and the generation of droplets of these substances.

F. Laundry facilities or services will be available at all work stations. All garments which are penetrated by blood shall be removed, and deposited in an appropriate container, prior to leaving work stations or as soon as feasible. All employees shall have one change of clothing at work station.

The above controls will be reviewed and updated at least annually or whenever necessary by the Managers, General Manager and involved and interested personnel in a collaborated effort between the above parties.

After removal of gloves or other personal protective equipment, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water or antiseptic agents in conjunction with clean cloth/paper towels. When antiseptic hand cleansers or towelettes or waterless soaps are used, hands shall be washed with soap and running water as soon as feasible.

If exposure is incurred to skin or mucous membranes, these areas shall be washed or flushed as appropriate.

Needles

Contaminated needles and other sharps will not be bent, recapped, removed, sheared or intentionally broken. OSHA allows an exception to this if the procedure requires that the contaminated needle be recapped or removed, no other alternative is feasible and the action is required by the medical procedure. If such an action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).

A. An appropriate biohazard warning label shall be attached to any contaminated equipment, identifying the contaminated portions.

B. Information regarding the remaining contamination shall be conveyed to all potentially impacted personnel, as well as the person(s) handling, shipping and servicing the equipment.

Warning Labels:

A. Warning labels must be affixed to containers of regulated waste containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

B.Labels must include the following:

BIOHAZARD

C. These labels must be fluorescent orange or orange-red or predominately so, with lettering or symbols in contrasting color. Labels must either be an integral part of the container or must be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal. Red bags or containers may be substituted for labels.

D. Labels required for contaminated equipment must also indicate which portions of the equipment remain contaminated. Regulated waste that has been decontaminated does not need to be labeled or color-coded.

Personal Protective Equipment

Personal Protective Equipment is the employees' "last line of defense" against bloodborne pathogens. All personal protective equipment used by Sure-Way personnel shall be provided without cost to the employee. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing,

skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time which the protective equipment will be utilized.

The following protective equipment will be made available to Sure-Way personnel:

A. Impervious gowns
B. Latex/rubber gloves
C. Particle mask
D. Eye protection
E. Rubber boots

All personal protective equipment will be removed prior to leaving the work area. All disposable personal protective gear will be placed in a red trash bag designating biomedical waste and prepared for appropriate disposal.

Gloves will be utilized during the handling of waste and or waste containers. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as feasible when their ability to act as an effective barrier is compromised, (e.g., punctured or torn).

Masks and eye shields or combination devices are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Disposable masks and eye shields are for single use only and shall not be washed or decontaminated for re-use and are to be replaced as soon as feasible when their ability to act as a barrier is compromised, (e.g., saturated, torn or punctured).

The OSHA standard also requires appropriate protective clothing be used, such as lab coats, gowns, aprons, clinic jacket, or similar outer garments be worn whenever potential exposure to the body is anticipated.

Contaminated work surfaces, bins, trays, container tippers, carts, pails or receptacles will be decontaminated with bleach solution and/or EPA registered germicide as soon as feasible after completion of procedures with any spill of blood or other potentially infectious materials.

Immunization

All Sure-Way personnel will be offered Hepatitis B vaccine at no cost to the employee. The vaccination series will be offered within 10 working days of initial assignment, unless the employee previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a declination statement (appendix A). Employees who initially decline the vaccine will retain the option to change their mind and have the vaccine provided at no cost.

Exposure/Contamination Procedures

The following guidelines will be followed:

A. An employee should not remain at work when ill. An employee who remains in a working capacity while ill:
   a) may contaminate co-workers with whom they come in contact.
   b) is more susceptible (due to their lowered immune system) to contracting communicable diseases.

B. Employees with minor wounds (open cuts, sores, breaks in the skin, etc.) should not report to their work area until they have properly dressed and bandaged the wounds.

C. Employees with extensive skin lesions or severe dermatitis on hands, arms, head, face, or neck shall not handle equipment or waste unless the effected areas are adequately covered or protected.

Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident during the performance of their job, it will be immediately reported to their immediate supervisor and they must be seen at a medical facility. The exposure will be carefully and accurately documented on the Infectious Exposure Form (Appendix B).

Any exposure contamination or contraction of an infectious disease that occurs off the job shall be reported to their supervisor. This information will remain a confidential part of the employees' medical records.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

*Documentation of the route of exposure and the circumstances related to the incident (Infectious Exposure Form).

*Completion of the State Workers Comp. Report Form by affected personnel.

*If possible, the identification of the source and its status.

*Results of testing of the source will be made available to the exposed employee.

*The employee will be offered the option of having their blood collected for testing of his or her HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.

*The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service and recommendations from the consulting physician.

*The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

The following person(s) will assure that the policy outlined here is implemented and will maintain records pursuant to this policy:

A. General Manager / Personnel Director
B. Plant Manager
C. Sharps Manager
D. Transportation Manager
E. Personnel File Clerk

A written opinion shall be obtained from the health care professional who evaluated the employee. Written opinions will be obtained in the following instances:

A. whether Hepatitis B vaccination is indicated for the employee;

B. whether the employee has received the Hepatitis B vaccination;

C. whenever the employee is sent to a health care professional following an exposure incident;

D. confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

Health care professionals shall be instructed to limit their opinions to:

A. whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine or for evaluation following an incident;

B. whether the employee has been informed of the results of the evaluation; and

C. whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

Medical Record Keeping

Managers are responsible for implementation and maintenance of pertinent medical records of their employees. These records will include the following:

A. name of employee

B. social security number of employee

C. copies of the employee's Hepatitis B vaccination status
   a) date of any vaccinations
   b) medical records relative to the employee's ability to receive vaccination

D. copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an exposure

E. copies of information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens

As with all information in these areas, it is the responsibility of the manager/supervisor to maintain the confidentiality of these records. There will be no disclosure of this information without the employee's written consent (except as required by law). The company shall maintain employee medical records in accordance with law.

Training

Training for all personnel will be conducted prior to initial assignment of tasks where occupational exposure may occur. Training will include the following:

A. The OSHA standard for bloodborne pathogens
B. Epidemiology and symptomology of bloodborne diseases
C. Modes of transmission of bloodborne pathogens
D. Explanation of this Exposure Control Plan, (i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.)
E. Procedures which might cause exposure to blood or other potentially infectious materials
F. Control methods which will be used to control exposure to blood or other potentially infectious materials:
   a) Engineering controls

b) Work practice controls
c) Personal protective equipment

G. Personal protective equipment available for emergency personnel
   a) Location(s)
   b) Application
   c) Removal
   d) Disposal

H. Post exposure evaluation and follow-up

I. Signs and labels utilized in system

J. Hepatitis B vaccination program
   a) No cost program
   b) Method of administration
   c) Benefits of vaccination

All training records required by the OSHA standard will be maintained by the manager and stored in the Sure-Way Systems central office (or archives) for a period of three years from the date on which training occurred.

Dates

All provisions required by the standard will be implemented by the manager of each region/division or his/her representative. They will be responsible for scheduling training for their personnel.

All employees will receive annual refresher training.

Training materials will be made available for personnel by the company.

APPENDIX A

Employee's Name: _____ **Date:** _____

Address:_____

Home Phone:_____ **S.S./Employee ID #**_____

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to m4e.
(FR Doc. 91-28886 Filed 12-2-91; 8:45 am)

Declining Employee's Signature: _____

Witness:_____

Date: _____

Date to review decision again: _____

APPENDIX B **Sure-Way Systems**

INFECTIOUS EXPOSURE FORM

Exposed employee's name:_____
Title:_____

Social security #:_____ Employee #:_____ Home phone:_____

Source:_____

Location of exposure:_____

Suspected or confirmed disease:_____

Type of exposure:_____

Date of exposure:_____ Time of exposure:_____a.m. / p.m..

What were you exposed to?:

_____
_____
_____

What parts of your body became exposed? Be specific:_____
_____
_____

Did you have any open cuts, sores, or rashes that became exposed? Be specific:_____
_____
_____

How did the exposure occur? Be specific:_____
_____
_____
_____

Did you seek medical attention? Yes No

Where?_____Date:_____

Supervisor notified Yes No Date:_____

Supervisor Signature:_____Date:_____

Your Signature:_____Date:_____

Sure-Way
Bloodborne Pathogen Exposure Control Plan

Training recognition / confirmation

Date(s) of training: _____

Employee's name:_____
Title:_____

Address:_____ City:_____
State:_____ Zip: _____

Social security #:_____ Home phone:_____

I received training specific to the Sure-Way Bloodborne Exposure Control Plan on the date above. I agree to utilize the precautions as indicated.

Instructor's
signature:_____Date:_____

Employee's
signature:_____Dat
e:_____

Standard Operating Instructions
Sure-Way Systems Model 1999 Manual Tipper

Start-up

1. Inspect the tipper, look for loose or poorly operating components.
2. Inspect the tipper area to see that it is clean and clear of any waste or debris.
3. Dry Run, place an empty flight bar into the feed tray and push it back into the flipper arm and proceed to flip the flight bar. Watching for proper operations without stress and smooth transfer onto conveyor.
4. Start conveyor if applicable and watch for easy transfer into washer feed tray.
5. When all systems check out start processing.

Operation

1. Make sure all operators have on proper PPE.
2. Place the flight bar on the loading platform with the locking mechanism up and on the right.
3. Place containers in each of the openings in the flight bar, locking pins are to the left.
4. Lock the containers into the flight bar.
5. Remove the locking pins and the final closure pins. Place the pins in a disinfectant solution bucket for later reuse.
6. Open each container final closure lid and inspect to see that the container is not overfilled.
    a. If it is remove it and follow company procedures.
    b. If properly filled it can be safely dumped, close lid.
7. Double check to see that all the containers are securely locked in and push the loaded flight bar onto the tipper launching platform.
8. **Stand clear of tipper crank in case it slips, firmly grasp the crank and rotate it until the flight bar drops free of flipper.**
9. **Set a fresh flight bar up for loading and repeat the process.**

Appendix VIII

Sure-Way Sharps Containers
Sharps Processing
Safety Provisions and Operations Instructions

1. Plant Start-Up

1.1 Pre-Start Inspection

Prior to commencing shift operations, visually inspect all equipment to determine that it is functional and that there are no defects or damage.

1.2 Tipper Power-On

Activate tipper power by turning key to power on. Be sure the emergency stop buttons are pulled to the up position.

1.3 Washer-On

Activate the washer by placing the "Power" and "Motor" switches in the "on" position.

1.4 Test Cycle Tipper

Run the tipper through one cycle to make sure it is operating correctly.

1.5 Test Automatic Washer

Run an empty flight bar through the washer and note the speed of the belt to make sure it has 15 seconds of rinse and 3 minutes in the wash cycle. Note the activation of the wash cycle chemical pump during the wash cycle and make sure you have an adequate supply of washer chemicals for your shift check the PH in the wash water. FDA rules allow for either 3minutes of dwell time in the wash cycle or 15 seconds at 180° Sure-Way will do one or the other.

1.6 Check The Wash and Rinse Water Temperatures

The inflow to the rinse should be at least 180° F and the wash water should be 120° F. The rinse will only be one 180° if Sure-Way chooses to use less than 3 minutes in the wash cycle.

1.7 Position Cart

Position the full and empty carts at the designated locations prior to start up.

1.8 Miscellaneous

- Check the inventory of spare pins and the pin puller
- Check to see that the floor and machines are clear of any waste residue

2. Protective Equipment

2.1 Goggles (Optional)

Inspect and clean goggles to assure that they fit properly to the face and that visibility is good.

2.2 Clothing

Wear company provided coveralls and water resistant apron from your locker or the locker room supply cabinet. Inspect to ensure cleanliness and integrity of the material.

2.3 Gloves

Use clean pairs of gloves from the locker room supply cabinet. Make sure that there is a new separate pair of clean gloves on the clean side of the washer. Dirty side gloves should never be placed with clean side gloves. Change gloves as they become worn or if they leak.

3. Training

3.1 Sharps Training Supplemental to Existing Worker Training Program

All sharps processing operators will require completion of the basic SWS training program as well as the Sure-Way sharps training described in this section with in the first month..

The additional 8 hours training will consist of:

- Proper use of personal protective gear (PPE).
- Safe operation and hazard recognition of the electrical and mechanical equipment.
- Proper handling for misplaced sharps and procedures to be used should a needle stick occur.
- Understanding of the construction and function of the various machines and tools used in the operation of the sharps operation.
- Troubleshooting common problems that can occur in the coarse of plant operation.
- Quarterly safety meetings to discuss safety issues that are noted by the plant safety coordinator.

4. General

A number of functions of the sharps processing plant will require close periodic monitoring and reorientation in order to demonstrate and document consistent compliance with the sharps processing requirements to ensure consistent satisfaction of disinfection and public health criteria. The following operation components will be monitored as follows:

- Wash temperature 120° F minimum.
- Rinse temperature 180° F minimum.
- Constant monitoring of the temperatures in the 2 cycles by the operator and logged daily.

- Wash water changed every 8 hours of operation or more often as the operator deems necessary.
- Monitoring of the chemical tanks to ensure adequate supply and proper pump operation.

5. Operations Sequence

1. Dress in the appropriate personal protective equipment.
2. Read the previous shift report.
3. Do the pre-check on the equipment.
4. Start the washer to get the temperature up.
5. Receive loaded transport carts at the loading dock.
6. Move the cart to the staging area for processing.
7. Remove the safety pins on the sharps containers.
8. Place the sharps containers in the flightbar of the tipper.
9. Activate the tipper.
10. Check to see that the flightbar and the containers are tipped properly and moving down the belt to the washer.
11. The operator will redo steps 7-9 until the cart is empty.
12. The empty transport cart will be taken to the transport cart washout area and will be chemically washed and inspected for cleanliness.
13. The inspected and cleaned transport cart will then be ready to be reloaded.

6. Reassemble and Inspection Operator

1. Dress in the appropriate personal protective gear.
2. Read the previous shifts shift report.
3. Wipe down the exit table with disinfectant and inspect area for adequate supplies.
4. Constantly monitor water cleanliness, temperature, and chemical flow.
5. Remove the washed containers as they come out of the washer and allow them to dry.
6. Inspect them for cleanliness; if they are dirty, recycle them through the washer. Inspect for structural integrity; if they are structurally damaged, place them in the recycle bin.
7. The clean container will have the washed lid placed on it and the security pin installed.
8. The reassembled container will be placed in the cleaned transport cart.
9. When the transport cart is full it is ready for its trip back to the health care facility.
10. The transport cart is taken to the clean room for storage until it goes back to the health care facility.

Washer Operation & Container Reassembly

Start-up Procedure

1. Personal Protective Equipment, make sure you have on water resistant footwear, rubber gloves and safety glasses.
2. Check water leveling the wash tank and check that there is adequate detergent and sanitizing agents in the containers feeding the automated chemical dispenser.
3. Change out the wash waster after 8 hours of operation or when considered dirty by the operator, which ever comes first.
4. Check the pre-heater for the rinse line to see that it is to the 180 degree temperature prior to starting and that it will maintain that temperature
5. Check conveyor to see that it is clean and not stressed.
6. Check the spray nozzles, push the pump on button and see that they are clear and that the spray is working properly.
    - If not check the water level in the tank
    - Make sure the level of the water covers the impeller .
    - See that the screen over the intake is clean
    - Make sure the pump is on by looking at the fan spinning on the top of the pump
7. Clean area around the washer is clean and clear of trip hazards pay particular attention to the transit area between the tipper and washer
8. Inspect to see that the screens are clean before refilling the wash tank and use proper procedures in removing the contents of the screens and screen buckets.
9. Refill with water through the automated chemical dispenser after wash tank is clean and test chemical concentrations levels in the water to see that they are satisfactory.
10. PreHeat Water, start heaters 1 hours before you expect to operate.
11. Start operation when the wash is above 120 on the wash side and the rinse is at 180 or base temperature for sanitization.

Wash Procedure

12. Dirty emptied sharps containers in the transport trays along with the lids all up-side-down, enter the washer where it is picked up by the conveyor system.
13. At the washer out feed table, after the container has been sanitized, the detailer takes the washed containers and inspects them for debris and cleanliness. If necessary they are hand washed with a chlorine based sanitizer only after a through inspection is made for sharps are trapped in the container that could cause injury.
    - If trapped sharps are found specialized tools are used to remove the sharp. The sharp removed and sent out for proper disposal.
14. Once the container passed the detailers inspection it is reassembled and placed in a transport cart for redistribution back to the health care facilities.
15. Periodically random sharps containers are pulled form the transport carts after detailing and sent to a lab for sanitization testing utilizing gram positive and gram negative testing for specific known pathogens.

16. Chemical levels, feed systems and quality controls will be checked by our chemical treatment service provider on a scheduled basis. Not intended to take the place of the sanitization test.
17. Operator will closely monitor water temperature.

DAMAGED CONTAINER REPORT

Date_____ Plant Location_____

Container Size- ____1 gal ____2 gal ____4 gal ____10 gal ____17 gal

*explain in detail circumstances that may have resulted in container damage.

Damage Report:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Reporting Plant Supervisor Signature

EXHIBIT 6 **CONTAINER INSTALATION LOG**

SHIPPING DATE_____

1. HOSPITAL NAME_____

ROLLING RACKS		
QTY.	RACK SIZE	CONT. SIZE

LARGE CONTAINERS			SPECIAL REQUESTS
QTY.	SIZE	COLOR	

2. HOSPITAL NAME_____

ROLLING RACKS		
QTY.	RACK SIZE	CONT. SIZE

LARGE CONTAINERS			SPECIAL REQUESTS
QTY.	SIZE	COLOR	

3. HOSPITAL NAME_____

ROLLING RACKS		
QTY.	RACK SIZE	CONT. SIZE

LARGE CONTAINERS			SPECIAL REQUESTS
QTY.	SIZE	COLOR	

4. HOSPITAL NAME_____

ROLLING RACKS		
QTY.	RACK SIZE	CONT. SIZE

LARGE CONTAINERS			SPECIAL REQUESTS
QTY.	SIZE	COLOR	

5. HOSPITAL NAME_____

ROLLING RACKS		
QTY.	RACK SIZE	CONT. SIZE

LARGE CONTAINERS			SPECIAL REQUESTS
QTY.	SIZE	COLOR	

EXHIBIT 7 **GENERATOR MANIFEST**

Sure-Way Systems, Inc.
807 Market St.
Decatur, AL 35601 (800) 822-3929

Regulated Medical Waste 6.2
UN No. 3291 PGII

MANIFEST #

***In Case of Accident 24 hour emergency response # 1-800-226-0911**

CUSTOMER / GENERATOR INFORMATION:

CUSTOMER # _____

*** PICKUP/DELIVERY DESCRIPTION OF REUSABLE SHARPS CONTAINERS ***

Each	* PICK UP DESCRIPTION *	Gallons	*DELIVERED DESCRIPTION Total Each
_____	Cart		
_____	1 gallon sharps containers	_____	1 gal. _____
_____	2 gallon sharps containers	_____	2 gal. _____
_____	4 gallon sharps containers	_____	4 gal. _____
_____	10 gallon grey sharps containers	_____	10 gal. _____
_____	17 gallon grey sharps containers	_____	17 gal. _____
	TOTAL	_____ **Gal.**	_____ **lbs.**

Notes:

General Regulated Medical Waste

Each	Description	Total Gal.		
_____	10 Gal	_____	**TOTAL** _____	**Gal**
_____	20 Gal	_____	**TOTAL** _____	**lbs.**
_____	32 Gal	_____	**TOTAL** _____	**# Containers**
_____	48 Gal	_____		

Notes:

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Depart. of Transportation."

Generator Signature _____ Print Name _____ Date ___/___/___

TRANSPORTER INFORMATION: Transporter Registration #

Sure-Way Systems, Trans. 807 market St., Decatur, AL 35601

I certify receipt of the above:

_____ _____ ___/___/___
Driver Signature Print Name Date

DESTINATION TREATMENT FACILITY: Permit # TRTS 071493-5201

Sure-Way Systems, Inc. 807 market St., Decatur, AL 35601 (256) 304-0362 fax (256) 304-0362

I certify receipt of the above:

_____ _____ ___/___/___
Receiving Signature Print Name Date

CERTIFICATE OF DESTRUCTION PROVIDED ON INVOICE WHITE-Sure-Way YELLOW-Customer PINK-Transporter GOLD-Plant

Sure-Way Systems, Inc. 813-716-1770 **MANIFEST #**
13200 58th Street North Regulated Medical Waste 6.2
Clearwater, Fl. 33760
***In Case of Accident 24 hour emergency response # 1-800-226-0911**

CUSTOMER / GENERATOR INFORMATION:

*** DELIVERY DESCRIPTION OF CLEAN CONTAINERS ***

_____Cart - 2 gallon
_____Cart - 4 gallon
_____1 gallon sharps containers---------- Total # of containers_____
_____2 gallon sharps containers---------- Total # of containers_____
_____4 gallon sharps containers---------- Total # of containers_____
_____10 gallon grey sharps containers---------- Total # of containers_____
_____10 gallon red sharps containers---------- Total # of containers_____
_____17 gallon grey sharps containers---------- Total # of containers_____
_____17 gallon red sharps containers---------- Total # of containers_____

*** PICK UP DESCRIPTION *** **Gallons**

_____Cart - 2 gallon
_____Cart - 4 gallon
_____1 gallon sharps containers---------- Total # of containers_____ _____
_____2 gallon sharps containers---------- Total # of containers_____ _____
_____4 gallon sharps containers---------- Total # of containers_____ _____
_____10 gallon grey sharps containers---------- Total # of containers_____ _____
_____10 gallon red sharps containers---------- Total # of containers_____ _____
_____17 gallon grey sharps containers---------- Total # of containers_____ _____
_____17 gallon red sharps containers---------- Total # of containers_____ _____

Notes:

TOTAL GALLONS PICKED UP _____

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

_____ _____ ____/____/_____
Generator Signature Print Name Date

TRANSPORTER INFORMATION:
Sure-Way Systems, Inc. Transporter Registration # **7355**
13200 58th Street North
Clearwater, Fl. 33760 (813) 716-1770 Fax (727) 532-0122
I certify receipt of the above:

_____ _____ ____/____/_____
Driver Signature Print Name Date

DESTINATION TREATMENT FACILITY:
Medico Environmental Services, Inc. Permit # 1030210-003AV
13200 58th Street North
Clearwater, Florida 33760 (727) 532-0099 Fax (727) 532-0122
I certify receipt of the above:

_____ _____ ____/____/_____
Receiving Signature Print Name Date

CERTIFICATE OF DESTRUCTION PROVIDED ON INVOICE

WHITE - Sure-Way YELLOW - Sure-Way PINK - CUSTOMER

Exhibit 8

Sure-Way Systems, Inc.
Container Installation Order

FACILITY_____ DATE ORDERED_____

ORDERED BY_____

DEPARTMENT_____

DEPARTMENT CONTACT / DIRECTOR_____

INSTALLATION DATE_____

SURE-WAY INSTALLATION TECHNICIAN_____

_____ # of new container locations _____ container size

_____ # of new container locations _____ container size

_____ # of new container locations _____ container size

_____ # of new container locations _____ container size

_____ # of new container locations _____ container size

_____ TOTAL # OF LOCATIONS INSTALLED

_____ PRICE PER LOCATION

_____ TOTAL ADDITIONAL MONTHLY COST TO THE FACILITY

Authorized By:

_____
Printed Name Title

_____
Signature Date

Authorized Sure-Way Representative:

_____
Printed Name Title

_____
Signature Date

_____FAXED to Central Office _____DATE