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W. Marshall Taylor Jr., Acting Director
Promoting and protecting the health of the public and the environment

The South Carolina Department of Health and Environmental Control ("Department" or "DHEC") appreciates the effort of the Legislative Audit Council ("LAC") in formulating its report entitled *A Review of the S.C. Department of Health and Environmental Control's Regulation of Abortion Clinics* ("Report") and will consider implementing many of the recommendations therein. However, the Report presents a narrow view of the Department's regulation of abortion facilities, particularly in its omission of findings in the context of the Department's ongoing quality improvement measures, substantial focus on reference literature over actual execution of duties protecting patient health and safety, and minimization or disregard of Department submissions in response to specific alleged findings. This includes, but is not limited to, the following:

- Framing findings as overview of static DHEC processes and capabilities, as opposed to a snapshot of the Department's ongoing quality enhancements yielding improved organization and implementation of duties charged by the General Assembly;
- Advancing an inaccurate number of annual inspections conducted by the Department despite submissions indicating otherwise;
- Disregarding submissions, including emails and manager position description, indicating weekly managerial review of investigative reports to advance a finding that such duties do not appear in DHEC policy reference material;

- Conceding the Department has an inspector competency test requirement in its latest policies immediately after contending the Department lacks a test or assessment to determine inspector competency; and
- Disregarding email submissions evidencing instances of DHEC forwarding complaints to other agencies with appropriate jurisdiction to advance a finding of there being no policy dictating such action.

The Department appreciates the work undertaken by the LAC in the interest of improving implementation of executive duties. Moreover, the Department appreciates this opportunity to highlight that multiple DHEC submissions presented during the audit process and after viewing an initial draft of the Report, along with the ongoing quality improvement process, have not been adequately considered to present a more complete appraisal of the subject at issue. The following constitutes the Department's response to the Report.

I. Ongoing DHEC Quality Improvement

As described to the LAC in response to the initial draft Report, the Department's Bureau of Health Facilities Licensing ("Bureau" or "BHFL") has been in the midst of a quality improvement effort. In June of 2013, upon recognizing program deficiencies, newly hired or promoted DHEC personnel participated in drafting a proposal of program needs for the Bureau. The December 2013 revision of this document specifically identified regulatory oversight needs associated with abortion clinics. This proposal, along with hiring of new management, established the foundation for change. Implementation of the improvement process could only begin after instituting inspection fees to overcome budget-related constraints. The Department implemented fees in March 2014 and, with additional resources, began updating its standard operating procedures.

Because quality improvement was and continues to be ongoing, the LAC did not obtain a final product but only a snapshot of a work-in-progress. This multiyear plan continues to take shape and evolve in response to the newly implemented fee structure, technology modifications, and staff transition and turnover. The Department did not suspend the restructuring and process improvements upon commencement of the LAC audit. DHEC continues to implement new processes as part of the plan originally proposed in June 2013 and intends to incorporate recommendations of the Audit Report, as applicable, into the plan. Prior to the audit, the Department had also recognized the need to update Regulation 61-12, Standards for Licensing Abortion Clinics, and included the revision in its internal regulation promulgation schedule. Regulation 61-12 has not been revised since it was first promulgated in 1996. The upcoming revision will seek to improve health and safety-focused processes in accordance with governing statutory authority.

Overall, a substantial portion of the Report centers on updating policies and procedures. The audit fieldwork included accompanying a DHEC inspector on an abortion facility inspection, and, notably, the Audit Results present no deficiency observed during that inspection. The Department certainly recognizes the importance of and will emphasize maintaining up-to-date reference literature; however, it places greatest importance on actual execution of duties directly protecting patient health and safety. A complete appraisal of the Department's regulation of abortion clinics should incorporate the absence of deficiency observed during the inspection, which is among the most vital and functional execution of DHEC's regulatory responsibilities.

II. Abortion Clinic Inspections

On page 7 of the Report, the LAC concludes the Department has failed to consistently inspect abortion clinics by presenting a count of 33 total inspections conducted from 2001-2014. In actuality, the Department presented 36 inspection reports during the audit fieldwork and in response to the initial draft of the Report. The Department will continue to emphasize the inspection process as its quality improvement effort continues. This includes determining an adequate quantity of patient files necessary to conduct a meaningful inspection. The Department will also consider a means by which it can efficiently obtain a representative sample of records for pregnant minors. Implementation may require amendments to R.61-12 with respect to facilities' organization of files.

Page 10 of the Report mentions questionable timeframes marked on inspection reports and instances of inspection items being "not observed." These are not indicative of "incomplete inspections." Instead, according to the Department's review of this issue, some inspection reports reflect the times of data entry, as opposed to the times the inspector was actually onsite at the abortion clinic. Furthermore, in many cases the inspector considered "not observed" as "no violation was observed," as opposed to being an indication of not observing the item at issue. These are certainly errors on the part of the inspector with respect to entry of inspection data. The Department is addressing improved inspector training under the individual newly hired to take on this duty and the overall quality improvement effort.

As part of the ongoing quality improvement effort, the Department shall also consider means for incorporating the LAC's analysis of patient rights statements and reporting abortions to the Department's Public Health Statistics and Information Services, appearing on pages 11 and 12 of the Report. This may require amendments to R.61-12. The Department shall also consider enhanced scrutiny of repeat violations cited during inspections, as discussed on page 13 of the

Report. However, the Department takes issue with the LAC's speculation that most commonly cited violations involve maintenance and housekeeping issues because "inspectors, lacking in medical experience and training, have emphasized relatively easy-to-detect violations." The DHEC inspector conducting all abortion clinic inspections is a Registered Nurse who is certainly well equipped to notice care-related violations.

III. Complaints

Page 15 of the Report states "DHEC officials provided us with inaccurate information concerning the number of complaints filed against abortion clinics." This verbiage misrepresents the Department's efforts to cooperate and provide requested information as quickly as possible based on LAC deadlines. According to the Report, when inquired, Department officials indicated they had no knowledge of any filed complaints. This does not amount to provision of inaccurate information. Instead, current personnel were merely unaware of the requested information. The LAC's subsequent discovery of such documentation at a Lowcountry abortion clinic does little to question the accuracy of the Department's response, as the Department did not present a zero tally of complaint investigations. Again, Department personnel only indicated they were not aware of such information at the particular time of inquiry. Additional time for response may have yielded a more complete answer, as evidenced by the fact that DHEC ultimately provided more complaint documentation.

Page 16 of the Report states the Department should forward complaints outside of the Department's purview to the appropriate agency. The LAC apparently advances this finding despite receiving email submissions from the Department reflecting instances of DHEC forwarding complaints outside its purview to the S.C. Department of Labor, Licensing and Regulation. These were not abortion clinic complaints because the Department has not received

any abortion clinic complaints outside its purview. Nonetheless, the submission clearly demonstrates Department practice of forwarding complaints to the appropriate agency.

Page 17 of the Report also disregards the Department's submission of a BHFL manager's review of a sampling of investigative reports of abortion clinics prior to completion of the reports and the manager's position description indicating such role. The Report instead takes issue with the role not being present in the Department's policy reference material. As mentioned above, the Department certainly recognizes the importance of and will emphasize maintaining up-to-date reference literature but places greatest importance on actual execution of duties directly protecting patient health and safety.

The Department shall consider means for incorporating the LAC's analysis, appearing on Report page 18, of assuring patients are more aware of their right to file complaints to DHEC. This may require amendments to R.61-12.

IV. Standard Operating Procedures

During the audit investigation, the Department submitted Operations Manuals from 2005 to 2014 showing the processes and procedures for responding to accidents and incidents in licensed facilities. These processes and procedures are not unique to abortion clinics but rather apply to all facilities under DHEC's purview. The Department submitted a draft copy of the standard operating procedure ("SOP") for abortion clinic inspections, last reviewed October 2014, which outlines the inspection process for abortion clinics. As part of the ongoing quality improvement effort, the Department is currently in the process of creating facility-specific SOPs for all types of licensed facilities and the abortion clinic SOP will therefore be incorporated into the Operations Manual upon completion of this project. However, it would be duplicative to include processes

and procedures for responding to accidents and incidents in abortion clinics as these procedures are not unique to abortion clinics and are covered in the Operations Manual.

V. Staffing and Training

The training process for inspectors is an important part of the ongoing quality improvement effort currently in progress at DHEC. During the audit investigation, DHEC submitted a BHFL Inspector Training Manual, dated November 2014, evidencing the Department's efforts to improve and update inspector training protocols. The training manual has since been completed as evidenced by the Department's submission of the BHFL Inspector Training Manual, dated March 2015. Moreover, as evidenced by the March 2015 BHFL Inspector Training Manual, trainees are tested at the completion of each training phase and must pass a final examination with a score of at least eighty percent (80%), thus ensuring the trainee is qualified to competently perform the duties required of inspectors. This is contrary to the Report's contention on page 21 that "[t]here is no assessment tool to determine an inspector's competency level[.]" Additionally, the individual hired to conduct training has a wealth of experience in a wide variety of fields as evidenced by the Department's submission to the LAC of this individual's employment application and associated position description. This individual's years of experience, coupled with the resources of the Department, makes her more than qualified to conduct training.

The Department also recognizes the importance of having inspectors with clinical experience. DHEC ensures an inspector with qualifications as a Registered Nurse conducts all abortion clinic inspections. The Department submitted this individual's employment application and accompanying position description to the LAC showing her twenty-two (22) years of experience in healthcare as a Registered Nurse. Moreover, this individual's employment application documents more than twenty (20) years clinical experience in neonatal intensive care

and high risk deliveries. Page 22 of the Report concedes "DHEC has assigned a registered nurse to inspect abortion clinics" but finds "there is nothing in policy or procedures to require similar credentials for abortion clinic inspectors. As mentioned above, the Department certainly recognizes the importance of and will emphasize maintaining up-to-date reference literature but places greatest importance on actual execution of duties directly protecting patient health and safety.

VI. Website Accessibility

The Department shall consider means for incorporating the LAC's analysis of its website accessibility beginning on Report page 24.

VII. Woman's Right to Know Act

As part of its quality improvement effort and in conjunction with the Division of Children's Health, the Department is in the process of updating the information provided on the website required by the Woman's Right to Know Act ("WRTK"). This process includes updating or correcting outdated or broken hyperlinks.

The information required by the WRTK is provided on the DHEC website in a manner best suited to ensure the prospective patient proceeds through all of the information as opposed to offering all of the information in a single downloadable document. The information is organized on separate pages requiring the user to progress through each one ultimately ending at the patient statement page. The patient statement page instructs the prospective patient to print and sign the statement attesting that she has had the opportunity to review the required WRTK information. Moreover, the patient statement is date- and time-stamped, as required by statute. Overall, the Department appreciates the LAC's recommendations on this issue.

VIII. Use of Ultrasounds

As mentioned above, the Department will commence in the process of revising and updating R.61-12, *Standards for Licensing Abortion Clinics* in the coming months. However, the Department is restricted to the bounds of the statute authorizing the regulation of abortion clinics. If the General Assembly elects to amend the statute for abortions, thus requiring an ultrasound prior to having an abortion, the Department will update Regulation 61-12 accordingly.

IX. Conclusion

The Department appreciates the work undertaken by the LAC and the opportunity to comment on the Report. While much of the Report provides helpful input warranting consideration, it does not portray systematic failures by the Department reflecting imminent harm to patient health or safety. The Department credits the ongoing quality improvement effort and proceeds in its commitment to protecting the health of the citizens of South Carolina.

Lauren A. Shuster
Director of Public Health
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201

LAC Recommendations	DHEC Responses
1. The S.C. Department of Health and Environmental Control should conduct all annual inspections, as required by state law.	DHEC is conducting annual inspections of the abortion clinics.
2. The S.C. Department of Health and Environmental Control should review a statistically-representative sample of patient files based on a percentage of total files and ensure that all files for minors are reviewed.	The Centers for Medicare and Medicaid Services (CMS) guidelines specify that inspectors select at least 20 patient records to review at ambulatory surgical centers with a monthly case volume exceeding 50. For any ambulatory surgical center that has a lower monthly volume, the inspectors select at least 10 patient records to review. DHEC staff contacted other states including North Carolina (20+), Georgia (10), Arizona (no specific number given), South Dakota (20), Delaware (no set methodology), Michigan (no set methodology), and Indiana (10% or no less than 30) and found no consistent method for sampling. DHEC inspectors decided to select 25 patient records to review for the abortion clinic routine inspections.
3. The S.C. Department of Health and Environmental Control should take steps to amend S.C. Regulation 61-12 to require that abortion clinics organize patient files in such a way as to allow for easy identification of the files of patients who are minors.	This recommendation requires revisions to Regulation 61-12 because the abortion clinics are not currently required to organize their patient records to easily identify records of minors.
4. The S.C. Department of Health and Environmental Control should enforce a system of graduated penalties on clinics with repeat violations.	Pursuant to Regulation 61-12, DHEC has discretion with respect to imposition of penalties and bases its final decision on several factors included in the regulation. Those factors include: "specific conditions and their impact or potential impact on health, safety or well-being; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions that may be applicable to current statutes and regulations." R.61-12, Section 103.E. As such, mandatory penalties are not appropriate for every circumstance and DHEC's enforcement of penalties on abortion clinics is consistent with other regulated health care facilities.

LAC Recommendations	DHEC Responses
5. The S.C. Department of Health and Environmental Control should develop a standardized statement of patient rights which includes consistent and correct information about how patients may file complaints and requires all licensed clinics to post this statement in a conspicuous location, maintain a copy signed by each patient in the patient's medical record, and include a copy with the patient's discharge documents.	This recommendation requires revisions to Regulation 61-12. Currently, abortion clinics develop their own statement on patients' rights and DHEC inspectors verify that the clinics have the patients' rights posted as required by the regulation. However, DHEC will have to revise the regulation in order to develop a standardized statement of patients' rights and to add requirements on how the abortion clinics handle the patients' rights statement.
6. The S.C. Department of Health and Environmental Control should ensure that its inspectors verify that the total number of abortions performed by each facility conforms to the number reported to DHEC's Public Health Statistics and Information Services.	DHEC inspectors ask the facilities how many procedures were performed each of the last six or seven months. Each facility provided a document of the number of abortions completely monthly, and DHEC inspectors compared that number to what the clinics reported to Vital Records for the same time periods. DHEC is having further internal discussions on whether a feasible system can be developed to cross-reference the two sets of data collection.
7. The S.C. Department of Health and Environmental Control should establish a toll-free number for reporting complaints against abortion clinics.	DHEC has established an online complaint form that also includes information on how to report a complaint via telephone and email and maintains consistency with the other regulated health care entities.
8. The S.C. Department of Health and Environmental Control should Recommendations maintain access to previous records of all complaint tracking systems for abortion clinics used by the agency.	DHEC maintains records of complaint tracking systems for abortion clinics and, previous tracking systems are stored on the agency's network drive.
9. The S.C. Department of Health and Environmental Control should establish a policy for forwarding complaints involving abortion clinics it receives, that are not under its purview, to other agencies for investigation.	DHEC has established a standard operating procedure to address forwarding complaints, which are not under DHEC's purview, to other agencies for investigation.
10. The S.C. Department of Health and Environmental Control should continue to update, in a timely manner, its complaint policies regarding abortion clinics to reflect its current systems and operations.	DHEC is continuously updating the complaint policies.

LAC Recommendations	DHEC Responses
11. The S.C. Department of Health and Environmental Control should maintain histories of all revisions to its abortion clinic policies.	DHEC maintains previous versions of policies on the agency's network drive.
12. The S.C. Department of Health and Environmental Control should implement a policy for reviewing the inspectors' investigation reports of abortion clinics prior to their completion.	DHEC has implemented this policy for new inspectors.
13. The S.C. Department of Health and Environmental Control should establish a policy for communicating allegations under its purview that are not processed as formal complaints to field inspectors.	When DHEC receives allegations of potential regulatory violations, that information is processed into a formal complaint.
14. The S.C. Department of Health and Environmental Control should revise its policies to ensure that abortion clinic inspectors check the accuracy of the information for filing a complaint during their inspections.	This recommendation requires revisions to Regulation 61-12 because currently the regulation does not require the clinics to have policies on how to file a complaint with DHEC.
15. The S.C. Department of Health and Environmental Control should update its policies to address what functions all positions will perform.	DHEC has updated its policies to address what functions the positions will perform.
16. The S.C. Department of Health and Environmental Control should approve, implement, and update as necessary, all standard operating procedures for regulating abortion clinics, including a standard operating procedure for responding to accidents and incidents at abortion clinics.	DHEC has implemented an online system for reporting accidents and incidents at abortion clinics. The online system is now in practice mode and should be launched as a live website soon.
17. The S.C. Department of Health and Environmental Control should incorporate these standard operating procedures for abortion clinics into its operating manual.	DHEC has standard operating procedures specific to abortion clinics based on the manual accident and incident reporting system. Once the online system becomes live, the standard operating procedures will be updated to reflect the new online system.

LAC Recommendations	DHEC Responses
18. The S.C. Department of Health and Environmental Control should incorporate standard operating procedures for conducting inspections, responding to complaints, and investigating accidents reported by abortion facilities into the training for inspectors.	DHEC has incorporated the standard operating procedures into training for inspectors.
19. The S.C. Department of Health and Environmental Control should continue to revise its training program for inspectors and amend its policies and procedures, as necessary, to reflect changes in how training is to be performed, by whom, duration, assessment tools, and continuing education and training.	DHEC is continuously revising its training program for inspectors as well as the policies and procedures for how training is to be performed.
20. The S.C. Department of Health and Environmental Control should ensure that those who conduct training are qualified by virtue of educational background and experience to train persons who will be inspecting healthcare facilities and interacting with trained medical professionals in the field.	DHEC has a training coordinator, and is in the process of hiring two field trainers and a nurse trainer.
21. The S.C. Department of Health and Environmental Control should not allow an inspector to inspect an abortion clinic without the assistance of an experienced inspector unless the employee has successfully completed a valid assessment test aimed at measuring competency in, at a minimum, the regulations, medications, medical procedures, and terminology.	DHEC's current policy is to have an experienced inspector conduct inspections and DHEC has also developed an assessment test for new inspectors.
22. The S.C. Department of Health and Environmental Control should actively recruit and give priority to candidates for the job of inspector to individuals with clinical experience.	DHEC actively recruits nurse inspectors.

LAC Recommendations	DHEC Responses
23. The S.C. Department of Health and Environmental Control should provide a prominent link to abortion clinic inspection report results on its home page and ensure the reports can be viewed in a user-friendly format.	DHEC must publicly disclose abortion clinic inspection reports if a written request is submitted to DHEC, and is specific as to facility, dates, documents, and other information requested.
24. The S.C. Department of Health and Environmental Control should provide its full abortion clinic inspection reports, without patient identifying information, on its website to users in a easily downloadable and printable format.	DHEC must publicly disclose abortion clinic inspection reports if a written request is submitted to DHEC, and is specific as to facility, dates, documents, and other information requested. DHEC is prohibited by law from publicly disclosing the identities of individuals in the facility.
25. The S.C. Department of Health and Environmental Control should establish and implement a policy to allow for uploading abortion clinic inspection results to its website within 30 days of each inspection.	DHEC must publicly disclose abortion clinic inspection reports if a written request is submitted to DHEC, and is specific as to facility, dates, documents, and other information requested.
26. The S.C. Department of Health and Environmental Control should modify its website to include complaint investigation results, facility license status information, and any penalties levied against abortion clinics.	DHEC must publicly disclose complaint investigation results if a written request is made, specific as to facility, dates, documents, and other information requested. The DHEC website provides a list of facility license status information and a list of enforcement actions taken against facilities, including enforcement actions where penalties are imposed.
27. The S.C. Department of Health and Environmental Control should comply with state law by updating its list of providers annually.	DHEC updated the list of ultrasound providers on the DHEC website on May 12, 2015.
th28. The S.C. Department of Health and Environmental Control should comply with state law by documenting the hours of operation for the ultrasound providers on DHEC's website.	DHEC added the hours of operation for the ultrasound providers on the DHEC website.
29. The S.C. Department of Health and Environmental Control should comply with state law and add an option to its website for the user to download the materials in an easily downloadable and printable format.	DHEC has created a booklet for these materials to be in an easily downloadable and printable format. The booklet is currently ongoing the internal approval process for publication.

LAC Recommendations	DHEC Responses
30. The General Assembly should amend state law to require a pre-abortion ultrasound to determine the gestational age of the fetus for all abortions.	This recommendation requires action on the part of the General Assembly.

State of South Carolina
Office of the Governor

NIKKI R. HALEY
GOVERNOR

1205 PENDLETON STREET
COLUMBIA 29201

August 18, 2015

Ms. Catherine Heigel
Director
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Director Heigel,

Over the past weeks, I have been shocked by recent accounts of unethical practices at clinics affiliated with Planned Parenthood, particularly those regarding the sale of human fetal tissue. These practices are not consistent with the laws or character of our state, and I believe this should make us pause and review Planned Parenthood's operations in South Carolina.

The issues raised about Planned Parenthood's standards and practices are further compounded following the findings of a South Carolina Legislative Audit Council (LAC) report issued this Spring. This report found that the frequency and rigor of abortion clinic inspections are lacking, and that discrepancies exist between records maintained by the clinics and those on-file with the South Carolina Department of Health and Environmental Control (SC DHEC). As the agency primarily responsible for regulation of abortion clinics, SC DHEC cannot allow an organization with broken internal oversight and a flawed corporate culture to behave the way Planned Parenthood has in other states.

Accordingly, I am requesting that you engage in a prompt and comprehensive investigation of the policies and practices of abortion clinics in our state, prioritizing those affiliated with or owned by Planned Parenthood, its subsidiaries, and its affiliates. As you do so, I also ask that you keep me apprised of your work and progress.

Thank you for all you do for the people of South Carolina. If I may be of assistance to you, please contact Joshua Baker in my office at joshbaker@gov.sc.gov or 803.734.5153. God bless.

My very best,

Nikki R. Haley

cc: Allen Amsler, Chairman, South Carolina Board of Health and Environmental Control

D H E C
PROMOTE PROTECT PROSPER
Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

August 19, 2015

Honorable Nikki R. Haley
Governor
State of South Carolina
1205 Pendleton Street
Columbia, SC 29201

Dear Governor Haley,

I am in receipt of your letter, dated August 18, 2015, regarding your concern with the recent reports of unethical practices at Planned Parenthood facilities. In your letter, you request that our Agency use its regulatory authority to promptly investigate whether the abortion clinics operating in our state are complying with South Carolina law.

Accordingly, we are immediately initiating an investigation of the three clinics that provide abortion services. We expect to have a report of our investigation to you by September 15, 2015. If you have any questions in the interim, please do not hesitate to contact me.

Best regards,

Catherine E. Heigel

Catherine E. Heigel

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RECEIVED

AUG 25 2015

Catherine E. Heigel

ALAN WILSON
ATTORNEY GENERAL

August 20, 2015

Ms. Catherine Heigel, Director
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Director Heigel,

This office is aware that Governor Haley has requested the Department of Health and Environmental Control to conduct an investigation of the Planned Parenthood abortion clinics in South Carolina. As soon as you have completed the investigation, we would appreciate a copy of any findings so that we may review them to determine whether or not a criminal inquiry is warranted under South Carolina law.

Additionally, because these clinics may have received Medicaid reimbursements, I have directed Senior Assistant Deputy Attorney General Bill Gambrell with our Medicaid Fraud Control Unit to determine whether or not Medicaid fraud may have occurred.

Thank you for your prompt attention and DHEC's investigation of this matter. Please let me know if I or this office may be of any assistance.

Sincerely,

Alan Wilson

Alan Wilson

cc:
Nikki R. Haley, Governor
Mark Keel, Chief, State Law Enforcement Division

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PROMOTE PROTECT PROSPER
Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

August 26, 2015

The Honorable Alan Wilson
Office of the Attorney General
Post Office Box 11549
Columbia, SC 29211-1549

Dear Attorney General Wilson:

I received your letter of August 20, 2015, requesting a copy of any findings from the Department's investigation into the Planned Parenthood abortion clinics in South Carolina. We anticipate our investigation will be completed before the end of September, and we will provide you a copy of the final report. Should you need any additional information or assistance in the meantime, please do not hesitate to contact my office.

Sincerely,

Catherine E. Heigel

Catherine E. Heigel

Cc: The Honorable Nikki R. Haley, Governor
The Honorable Mark Keel, Chief, State Law Enforcement Division

7

- Patient Medical Records Review;
- Staff Records Review;
- Facility Walkthrough;
- Documentation Review; and
- Infectious Waste Generator Review.

In addition to conducting each inspection with checklists, the inspectors will verify other DHEC statutory and regulatory requirements concerning the Women's Right to Know Act (WRTKA) and Vital Records reporting requirements.

The Centers for Medicare and Medicaid Services (CMS) guidelines specify that inspectors select at least 20 patient records to review at ambulatory surgical centers with a monthly case volume exceeding 50. For any ambulatory surgical center that have a lower monthly volume, the inspectors select at least 10 patient records to review. DHEC staff contacted other states including North Carolina (20+), Georgia (10), Arizona (no specific number given), South Dakota (20), Delaware (no set methodology), Michigan (no set methodology), and Indiana (10% or no less than 30) and found no consistent method for sampling. To ensure proper sampling, DHEC inspectors will select a minimum of 50 patient records to review at each abortion clinic, which exceeds CMS guidelines as well as the sample sizes purportedly used by surrounding states.

V. COMPREHENSIVE INVESTIGATION:

In addition to the general inspections, the inspectors will conduct a comprehensive investigation at each abortion clinic facility to review the policies and procedures in the scope of any unlawful practices related to the sale of products of conception. For the purposes of this investigation, products of conception includes fetuses, fetal parts (e.g., legs, arms), fetal organs, and fetal tissues (including blood). The investigation will be primarily comprised of the following interview questions to be directed at the facility administrator and staff:

A. Facility Policies and Practices
   1. Has the facility ever sold fetal parts or tissue?
   2. Has the facility ever received anything of value for the transfer of fetal parts or tissue?
   3. Does the facility donate fetal parts or tissue for medical research?
   4. Does the facility donate fetal parts or tissue for any other purpose?
   5. Within the past five years, has the facility ever donated fetal parts or tissue for medical research
   6. Within the past five years, has the facility ever donated fetal parts or tissue for any other purpose?
   7. Describe (or please provide a summary) in detail of the process followed for the products of conception from the time of removal from the mother's body until they leave the facility.
   8. What is the facility's practice if a mother desires to have the products of conception interred or cremated? Is the mother's request documented anywhere?

9. What is the facility's practice if the products of conception are donated for medical research? Is the donation documented anywhere?
10. What is the facility's practice if a patient requests the donation of products of conception?
11. Is a patient's request to donate products of conception noted in the medical record?
12. If the facility donates products of conception, does the facility request and receive the consent of the patient and where is that document?
13. If the facility donates products of conception, how many donations were made from January 1, 2015 to July 31, 2015?
14. If the facility donates products of conception, has the facility received any payment for shipping or handling? Has the facility or any member of the facility staff received anything of value from the recipient or representative of the recipient?
15. If the facility has participated in tissue donation of any type, please provide the records of tissue donation.
16. Please provide the facility's policy for tissue disposal.
17. Where are the products of conception held while awaiting disposal?
18. What company does the facility utilize for disposal of the products of conception?
19. Please provide a copy of the contract for infectious waste disposal.
20. Does the infectious waste company provide the facility with a receipt or any documentation with weight per content, description of contents, and total weight upon pickup? If so, please provide a copy of any records since January 2010.
21. Does the infectious waste company provide the facility with a financial receipt and summary of services provided? If so, please provide a copy.
22. Are there other procedures performed in this facility or building that would require disposal of tissue? If so, where is that tissue disposed? Is there separation of tissue disposal for abortion clinic and general office? Where is the disposal from the general office documented?

B. Reporting Requirements

1. How many abortions (medical and surgical) were performed at the facility for the following months in 2015? "Medical abortion" involves the use of medications rather than a surgical procedure to induce an abortion, as defined by the American Congress of Obstetricians and Gynecologists (ACOG).

Month	Method of Abortion	
January 2015	Medical_____	Surgical _____
February 2015	Medical_____	Surgical _____
March 2015	Medical_____	Surgical _____
April 2015	Medical_____	Surgical _____
May 2015	Medical_____	Surgical _____
June 2015	Medical_____	Surgical _____
July 2015	Medical_____	Surgical _____

2. Did the facility submit a report to DHEC of each abortion performed during the time period of January 1, 2015 through July 31, 2015? Does the facility have a copy of those reports?
3. For a medical abortion, when does the facility submit the required report to DHEC? (e.g., when the medication is administered, when the products of conceptions are expelled)
4. If you do not have any copies of the abortion reporting forms submitted to DHEC, does the facility have an independent record of having made those reports?
5. Does the facility have a written policy and/or procedure for making those reports? (e.g., who sends them, how soon after the procedure they are sent)
6. Did any fetal deaths occur in the facility from January 1, 2015 to July 31, 2015? "Fetal death" is defined by Regulation 61-12 to mean, "[d]eath prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extract, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles."
7. If fetal deaths did occur, were these fetal deaths reported to DHEC?

C. Medical Records

1. Describe the evaluation process of the attending physician's description of gross appearance of tissue removed.
2. Does the attending physician document the gross appearance of tissue removed? (e.g., medical record, waste log)
3. Does the facility document the weight of the products of conception in the medical record? If so, where?

D. Personnel

1. Describe how staff are trained with respect to tissue disposal.
   a. Is there a Standard Operating Procedure (SOP)? If so, please provide a copy.
   b. Is there documentation of the training for staff members? If so, please provide an example.
2. Describe how staff are trained with respect to infection control.
   a. Is there a SOP? If so, please provide a copy.
   b. Is there documentation of the training for staff members? If so, please provide an example.
3. Describe how staff are trained with respect to patient confidentiality.
   a. Is there a SOP? If so, please provide a copy.
   b. Is there documentation of the training for staff members? If so, please provide an example.
4. Please provide a current professional license for each licensed staff member.
5. Please provide a copy of the medical license for each physician performing procedures in the facility.
6. What type of training and experience do the physicians performing abortions have?

Furthermore, DHEC inspectors will transcribe all responses to the interviews questions as well as review a representative sample size of patient records as referenced above to further determine compliance or violation of state laws and regulations. Depending on the answers provided during the questioning, DHEC inspectors will consult with central office staff or counsel as needed.

VI. POST-INVESTIGATION/INSPECTION:

DHEC's Bureau of Health Facilities Licensing and Bureau of Land and Waste Management will issue inspection and investigation reports to the abortion clinics to reflect their findings. If any statutory or regulatory violations were cited in the reports, the facilities will be required to submit a plan of correction to DHEC within 15 days to the Bureau of Health Facilities Licensing and within 30 days to the Bureau of Land and Waste Management. Plans of corrections must then be reviewed and approved by DHEC. DHEC will provide the Governor's Office with all applicable reports as they become available.

DHEC

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Patient Medical Records Review
Abortion Clinic
Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	R. 61-12	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID
Lab test: pregnancy test if +, urinalysis, Hematocrit or hemoglobin, Rh factor	304.B [II]						
Lab reports	304.E [II]						
A face sheet with name, address, telephone number, SSN, DOB, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency	401.A.1 [II]						
Signed consent	401.A.2 [II]						
Date of initial examination	401.A.3 [II]						
Date of abortion	401.A.4 [II]						
Referring & attending physician's names and phone	401.A.5 [II]						
History and Physical within 15 days of procedures (including medications and estimated gestational age)	401.A.6-7 [II]						
Results of diagnostic tests and/or examinations, e.g., X-ray, electrocardiography, clinical laboratory, pathology, consultations, ultrasound (See Section 301.C.2 gestational age equal to or more than 14 weeks)	401.A.8 [II]						

Inspection Items	R. 61-12	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID
Pre-op diagnosis	401.A.9 [II]						
Counselor's notes	401.A.10 [II]						
Doctor's orders	401.A.11 [II]						
Complete record of abortion procedure to include: a. Vital signs b. Name of procedure performed; c. Anesthetic agent utilized; d. Name of attending physician performing the procedure; e. Names of clinical assistants in attendance, f. Signature of physician performing the procedure.	401.A.12 [II]						
Nurses' notes	401.A.13 [II]						
Progress notes to include post-anesthesia note if general anesthesia used	401.A.14 [II]						
Attending physician's description of gross appearance of tissue removed	401.A.15 [II]						
Final diagnosis	401.A.16 [II]						
Patient's condition on discharge	401.A.17 [II]						
Post-op orders & follow-up care	401.A.18 [II]						
Documented verification that patient was given the Woman's Right-to-Know Act material	401.A.19 [II]						

Copy of court order if unemancipated minor or mentally incompetent	401.A.20 [II]						
Medical record completed and signed within 72 hours	401.B [II]						
Abortion/fetal death report completed within 7 days	403.A.1 [II]						

Notes:

Instructions for DHEC Form 1671
Review of Abortion Clinic Patient Medical Records

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Cinics.

Explanation: This form is used by inspectors during an inspection at the facility to assist in gathering documents and to ensure that all the documents gathered have been reviewed for compliance with the applicable regulation.

Instructions:

1. **Facility:** Enter the name of the licensed facility being inspected.
2. **Date:** Enter date on which the inspection is being conducted.
3. **Patient ID:** Enter the patient identifier for the patient recorded begin reviewed. (e.g., their medical record number)
4. **Inspection Items:** Each row identifies the documents to be reviewed and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

Office Mechanics and Filing: This is an administrative reference file that is not at the executive level. In accordance with retention schedule 12-307, this form shall be destroyed immediately as soon as the final inspection report Form is completed.

DHEC

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Staff Records Review
Abortion Clinic
Bureau of Health Facilities Licensing

Facility:

Date:

Inspection Items	R. 61-12	Staff ID	Staff ID	Staff ID	Staff ID	Staff ID	Staff ID
Date of Hire	204 [II]						
Application	204.A [II]						
Background Check	204.A [II]						
Date of Physical	204.A [I]						
Date of PPD	204.B [II]						
Date of first patient contact	204.B [II]						
CPR / ACLS	204.C [II]						
Orientation	204.E [II]						
In-service Training	204.F [II]						
Infection Control (universal precautions/blood borne pathogens)	204.F.1 [II]						
Fire protection (use of extinguishers, evacuation)	204.F.2 [II]						
Patient Confidentiality	204.F.3 [II]						
Licensing regulations	204.F.4 [II]						
Job Description	204.G [II]						
MD licensed and qualified, if applicable	205.C.1 [I]						

Notes:

Instructions for DHEC Form 1673
Review of Abortion Clinic Staff Records

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Clinics.

Explanation: This form is used by inspectors at the facility to assist them in gathering documents on individual staff to ensure that documents being maintained by the facility are done in accordance with the applicable regulation.

Instructions

1. Facility: Enter the name of the licensed facility being inspected.
2. Date: Enter date on which the inspection is being conducted.
3. Employee ID: Enter the employee identifier for the employee records being reviewed (e.g., employee initials or date of hire).
4. Inspection Items: Each row identifies the documents to be reviewed and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

DHEC

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Facility Walk Through
Abortion Clinic
Bureau of Health Facilities Licensing

Facility:

Date:

Inspection Items	R. 61-12	Notes
License posted conspicuously	102.B [III]	
RN on duty if patients in facility	205.D.2 [II]	
Adequate supply of Women's Right to Know Act material	208 [I]	
Patient rights posted conspicuously	209.B [II]	
Emergency cart (drawers, list of contents)	303.A.1[I]	
Meds storage area (refrigerator with thermometer, narcotics); meds within expiration dates	303.C [II]	
Records of controlled substances	303.F [II]	
Poisonous substances labeled and stored separately	303.G [II]	
Lab supplies within expiration dates	304.G [II]	
Appropriate number of recovery beds/recliners	306.A [II]	
Oxygen	306.B [I]	
Suction	306.C [I]	
Resuscitation equipment (minimum resuscitation bags and airways)	306.D [I]	
Sterile suturing equipment/supplies	306.G [II]	
Containers with covers for soiled linen/waste materials	306.I [II]	
Medical records filing area secure	402 [II]	
Evacuation plan posted in appropriate locations	502.A [I]	
Facility maintenance (good repair, wooden surfaces sealed)	503.A [II]	
Sharps system utilized, covered	601 [II]	
Sterile supplies/equipment not mixed with un-sterile; stored dust-proof,	602.B [II]	

moisture-free, properly labeled			
Sterilization equip - documentation of each load run; biological test run daily - results logged; internal and external chemical indicators; calibration at least annually	602.C[II]		
Date of expiration or event-related for sterile supplies	602.D [II]		
Adequate supply and storage of clean linen or disposable material	603[II]		
General housekeeping	604.A[II]		
Cleaning materials stored safely; harmful agents locked	604.B[II]		
Refuse and waste (Collection, storage and disposal)	605[II]		
Outside areas free of rubbish, grass, accumulations of water, ice, etc.	606[II]		
Fire extinguishers (inspected monthly)	701.D.1 [I]		
Corridors free from obstruction	701.G[I]		
Gases (containers stored/secured properly)	703 [I]		
Telephones available (one per floor - not a pay phone)	806.C [III]		
Paper towels and soap in restrooms	807.D.1 [III]		
Audible signal system in patient toilet/bath	807.D.2 [III]		
Minimum temperature of 72 degrees Fahrenheit and a maximum temperature of 76 degrees Fahrenheit in patient areas	807.L.1 [III]		
Hot water temperature 100-125 F	808.A[II]		
Emergency lighting	809.A [I]		
Notes:			

Instructions for DHEC Form 1645
Abortion Clinic Walk-through

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Clinics.

Explanation: This form is used by inspectors during an inspection at the facility to ensure that during the facility walk-though to ensure compliance with the applicable regulation.

Instructions:

1. Facility: Enter the name of the licensed facility being inspected.
2. Date: Enter date on which the inspection is being conducted.
3. Inspection Items: Each row identifies the areas that should be inspecting during the facility walk-through and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

Office Mechanics and Filing: This is an administrative reference file that is not at the executive level. In accordance with retention schedule 12-307, this form shall be destroyed immediately as soon as the final inspection report Form is completed.

DHEC

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Documentation Review
Abortion Clinic
Bureau of Health Facilities Licensing

Facility:

Date:

Inspection Items	R. 61-12	Notes
Operational policies and procedures for: 1. Purpose, scope and quality of services 2. Compliance with fed, state & local laws 3. Personnel 4. Person responsible for operation/maintenance 5. Annual review 6. Quality Improvement 7. Patient rights and grievance procedures 8. Safety & maintenance 9. Incident reporting 10. Consent	201.B [II]	
Individual appointed to act in absence of administrator	202[II]	
Current memorandums of agreement and credentialing documentation	203.B	
Current copy of Regulation 61-12	203.C [III]	
Annual heating, ventilation, and air conditioning inspection report.	203.E [II]	
Person designated as TB coordinator	204.B.8 [II]	
Personnel (including health) records for _____ employees, including at least one new employee, and employee who is ACLS qualified	204.H [II]	
Quarterly clinical staff meeting minutes for past year	205.B [II]	
Physician(s) Licensed in SC and qualified (training & experience)	205.C.1 [I]	
Agreement with board certified Ob-Gyn physician who has admitting privileges at a local hospital	205.C.2 [I]	
Staff attendance records for the past six months (RN on duty during all procedures)	205.D.2 [II]	
Adequate supply of Women's Right to Know Act material	208 [I]	
Patient care policies & procedures: A. Admission criteria B. Physician & nurse responsibilities	301 [II]	

C. Pre-op to include H&P, spec exams, lab procedures/ultrasound requirements D. Abortion procedure to include IV's, fluids, analgesia/anesthesia, tissue exam/disposal E. Post-op care/recovery room/emergency care F. Education of patient/family G. Follow-up to include post-op visit H. Mgt/referral of high risk patients I. Transfer of patients J. Infection control K. Registration of fetal death or death certificates, if applicable			
Emergency cart (drawers, list of contents)	303.A.1 [III]		
Reference source, e.g., Physicians Desk Reference	303.A.2 [II]		
Controlled substance registration, if applicable.	303.E.1 [II]		
Documentation of admitting privileges of all physicians or documented arrangement with hospital(s) to receive emergency transfers of patients.	305.A [I]		
Documentation informing local EMS of location of clinic and nature of medical problems resulting from abortions.	305.C [I]		
Consultation arrangements	307 [II]		
Written quality improvement plan, specifying the responsible coordinating individual	308.A [II]		
Documented quarterly review of a minimum of 5% of medical records per quarter, with not less than 5 records reviewed.	308.D [II]		
QI program reviewed annually with deficiencies included.	308.H [II]		
Medical records for _____ patients, to include _____ minors, and all patients > 14 weeks from the first day of the last menstrual period	401		
Records of incidents, accidents and emergencies	403.B [II]		
Safety policies and procedures for equipment, gases, liquids, drugs, supplies, and services	501.A [II]		
Preventative maintenance records of patient monitoring equipment, if applicable. Equipment must be tested at least annually.	503.B [II]		
Contract with nearest fire department, of outside fire-protected area	701.A [I]		
Record of fire drills held every 3 months, including names of participating staff	701.F [I]		

Instructions for DHEC Form 1666
Review of Abortion Clinic Documentation

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Clinics.

Explanation: This form is used by inspectors during an inspection at the facility to assist in gathering documents and to ensure that all the documents gathered have been reviewed for compliance with the applicable regulation.

Instructions:

1. Facility: Enter the name of the licensed facility being inspected.
2. Date: Enter date on which the inspection is being conducted.
3. Inspection Items: Each row identifies the documents to be reviewed and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

Office Mechanics and Filing: This is an administrative reference file that is not at the executive level. In accordance with retention schedule 12-307, this form shall be destroyed immediately as soon as the final inspection report Form is completed.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

Date of Inspection:_____

A. General Information:

1. Generator Name: **PLANNED PARENTHOOD SOUTH ATLANTIC** Registration Number: **SC40-0333G**

2. Address: **2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478**

3. Contact Person: **EMILY ADAMS** Phone Number: **803-256-2600**

4. If the information above changed, were we notified within 30 days? Yes No N/A (R.61-105 (F)(2))
5. Does the facility have a designated infection control committee and a written waste stream protocol? Yes No N/A (R.61-105 (F)(5))

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? Yes No N/A (R.61-105 (I)(1))
2. Containers Properly Labeled?
   a. a. Universal biohazard symbol? Yes No N/A (R.61-105 (J)(2)(a))
   b. b. Department issued number? Yes No N/A (R.61-105 (J)(2)(b))
   c. c. Date the container storage began? Yes No N/A (R.61-105 (J)(2)(d))
3. Infectious waste properly segregated from solid waste? Yes No N/A (R.61-105 (H))
4. Disinfection of surfaces in contact with infectious waste prior to reuse? Yes No N/A (R.61-105 (L)(1))

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes No N/A (R.61-105 (K)(1)(a))
2. Waste protected from weather conditions? Yes No N/A (R.61-105 (K)(1)(b))
3. Waste stored to prevent release? Yes No N/A (R.61-105 (K)(1)(c))
4. Outdoor storage area locked? Yes No N/A (R.61-105 (K)(2))
5. Authorized personnel only area? Yes No N/A (R.61-105 (K)(3))
6. Labeled with biohazard symbol? Yes No N/A (R.61-105 (K)(4))
7. Waste odorless and under storage time limit? Yes No N/A (R.61-105 (K)(5)(a))

D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release? Yes No N/A (R.61-105 (F)(6)(g))
2. Is the waste properly treated prior to disposal? Yes No N/A (R.61-105 (F)(6)(h))
3. Records maintained for 2 years? Yes No N/A (R.61-105 (AA)(2)&(3))
4. Weight record obtained within 50 days of shipment? Yes No N/A (R.61-105 (F)(6)(j))
5. Waste picked up at facility? Yes No N/A (R.61-105 (N)(2))
6. Is it properly manifested with the name and registration number of the generator? Yes No N/A (R.61-105 (M)(1)(b))
   a. Number of containers and volume or weight? Yes No N/A (R.61-105 (M)(1)(e&f))
   b. Name of transporter? Yes No N/A (R.61-105 (M)(1)(j))
7. Is the transporter registered with the Department? Yes No N/A (R.61-105 (F)(6)(i))
   If no, please note name, address, contact person, and phone number for the transporter.
8. Does the facility treat waste on site? Yes No N/A (R.61-105 (X)(2))

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

Inspector:

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

General Information:

1. Generator Name: **PLANNED PARENTHOOD SOUTH ATLANTIC** Registration Number: **SC40-0333G**
2. Address: **2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478**

Date of Inspection: _____

8

ABORTION CLINIC INVESTIGATION PROCESS SUMMARY

I. SCOPE:

Pursuant to Governor Haley's request dated August 18, 2015, DHEC initiated an investigation into the state's three licensed abortion clinics, including Planned Parenthood of South Atlantic in Columbia. In addition to performing an investigation focused on the concerns raised by Governor Haley, DHEC conducted a comprehensive general inspection of the abortion clinics to determine compliance with state laws and regulations. Inspectors from DHEC's Bureau of Health Facilities Licensing and Bureau of Land and Waste Management conducted joint inspections and investigations to ensure an agency-wide review of the policies, procedures, and practices at the state's three licensed abortion clinics.

II. TIMELINE:

8/28/2015: Submitted abortion clinic investigation project plan to Director Heigel for approval.
8/31/2015 – 9/1/2015: Conducted on-site inspection and investigation of Planned Parenthood of South Atlantic.
9/2/2015: Conducted on-site inspection and investigation of Greenville Women's Clinic.
9/3/2015 – 9/4/2015: Conducted on-site inspection and investigation of Charleston Women's Medical Center.
9/4/2015 – 9/9/2015: Reviewed facility inspection and investigation data collected and compiled reports.
9/9/2015 – 9/10/2015: Analyzed facility inspection and investigation data and finalized comprehensive inspection and investigation reports and drafted administrative orders as applicable.
9/11/2015: Sent investigation and inspection reports and administrative orders, as applicable, to facilities via email and U.S. Mail, and provided copies to the Governor.

III. DHEC STAFF INVESTIGATORS:

A. Bureau of Health Facilities Licensing
   1. Michell Hatcher (Lead), Nurse Inspector
   2. Janice McFadden, Nurse Inspector
   3. Charlene Bell, Field Manager

B. Bureau of Land and Waste Management
   1. Leslie Yasinsac, Inspector
   2. Crispulo Isiminger, Inspector

IV. GENERAL INSPECTION:

Using established inspection protocols and checklists for abortion clinic inspections, inspectors from DHEC's Bureau of Health Facilities Licensing and Bureau of Land and Waste Management conducted a joint general inspection. The inspectors used the attached abortion clinic inspection checklists:

ABORTION CLINIC INVESTIGATION PROCESS SUMMARY

- Patient Medical Records Review;
- Staff Records Review;
- Facility Walkthrough;
- Documentation Review; and
- Infectious Waste Generator Review.

In addition to conducting each inspection with checklists, the inspectors verified other DHEC statutory and regulatory requirements concerning the Woman's Right to Know Act (WRTKA) and Vital Records reporting requirements.

The Centers for Medicare and Medicaid Services (CMS) guidelines specify that inspectors select at least 20 patient records to review at ambulatory surgical centers with a monthly case volume exceeding 50. For any ambulatory surgical center that has a lower monthly volume, the inspectors select at least 10 patient records to review. DHEC staff contacted other states to see what number of records they review, including North Carolina (20+), Georgia (10), Arizona (no specific number given), South Dakota (20), Delaware (no set methodology), Michigan (no set methodology), and Indiana (10% or no less than 30) and found no consistent method for sampling. To ensure proper sampling, DHEC inspectors selected 50 patient records to review at each abortion clinic (25 during the inspection and 25 during the investigation, as explained more fully below), which exceeds CMS guidelines as well as the sample sizes purportedly used by surrounding states.

V. COMPREHENSIVE INVESTIGATION:

In addition to the general inspections, the inspectors conducted a comprehensive investigation at each abortion clinic facility to review the policies and procedures in the scope of any unlawful practices related to the sale of products of conception. For the purposes of this investigation, products of conception includes fetuses, fetal parts (e.g., legs, arms), fetal organs, and fetal tissues (including blood). The inspectors asked the following interview questions, directed at the facility administrator and staff:

A. Facility Policies and Practices
   1. Has the facility ever sold fetal parts or tissue?
   2. Has the facility ever received anything of value for the transfer of fetal parts or tissue?
   3. Does the facility donate fetal parts or tissue for medical research?
   4. Does the facility donate fetal parts or tissue for any other purpose?
   5. Within the past five years, has the facility ever donated fetal parts or tissue for medical research?
   6. Within the past five years, has the facility ever donated fetal parts or tissue for any other purpose?
   7. Describe (or please provide a summary) in detail of the process followed for the products of conception from the time of removal from the mother's body until they leave the facility.

ABORTION CLINIC INVESTIGATION PROCESS SUMMARY

8. What is the facility's practice if a mother desires to have the products of conception interred or cremated? Is the mother's request documented anywhere?
9. What is the facility's practice if the products of conception are donated for medical research? Is the donation documented anywhere?
10. What is the facility's practice if a patient or patient representative requests the donation of products of conception?
11. Is a patient's request to donate products of conception noted in the medical record?
12. If the facility donates products of conception, does the facility request and receive the consent of the patient and where is that document?
13. If the facility donates products of conception, how many donations were made from January 1, 2015 to July 31, 2015?
14. If the facility donates products of conception, has the facility received any payment for any related expensed, including but not limited to shipping or handling? Has the facility or any member of the facility staff received anything of value from the recipient or representative of the recipient?
15. If the facility has participated in tissue donation of any type, please provide the records of tissue donation.
16. Please provide the facility's policy, if any, for disposal of pathological waste and disposal of products of conception, if not covered in detail in the infectious waste management protocol.
17. Provide the facility's policy for tissue disposal.
18. Where are the products of conception held while awaiting disposal?
19. Where are the products of conception collected that are intended to be managed as infectious waste? Where are they stored while awaiting transport and treatment?
20. What company does the facility utilize for transport and treatment of the products of conception?
21. Provide a copy of the contract for infectious waste disposal.
22. Does the facility, in any way, maintain a description of the waste generated including the weight? If so, please provide any documentation since January 2010.
23. Does the infectious waste company provide the facility with a financial receipt and summary of services provided? If so, provide a copy.
24. Are there other procedures performed in this facility or building that would require disposal of pathological waste? If so, how is that pathological waste managed (including collection, storage, transport, treatment, and disposal)? Where is the transport, treatment, and disposal of the general pathological waste documented?

ABORTION CLINIC INVESTIGATION PROCESS SUMMARY

B. Reporting Requirements

1. How many abortions (medical and surgical) were performed at the facility for the following months in 2015? "Medical abortion" involves the use of medications rather than a surgical procedure to induce an abortion, as defined by the American Congress of Obstetricians and Gynecologists (ACOG).

Month	Method of Abortion	
January 2015	Medical_____	Surgical _____
February 2015	Medical_____	Surgical _____
March 2015	Medical_____	Surgical _____
April 2015	Medical_____	Surgical _____
May 2015	Medical_____	Surgical _____
June 2015	Medical_____	Surgical _____
July 2015	Medical_____	Surgical _____

2. Did the facility submit a report to DHEC of each abortion performed during the time period of January 1, 2015 through July 31, 2015? Does the facility have a copy of those reports?
3. For a medical abortion, when does the facility submit the required report to DHEC? (e.g., when the medication is administered, when the products of conceptions are expelled)
4. If you do not have any copies of the abortion reporting forms submitted to DHEC, does the facility have an independent record of having made those reports?
5. Does the facility have a written policy and/or procedure for making those reports? (e.g., who sends them, how soon after the procedure they are sent)
6. Did any fetal deaths occur in the facility from January 1, 2015 to July 31, 2015? "Fetal death" is defined by Regulation 61-12 to mean, "[d]eath prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extract, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles."
7. If fetal deaths did occur, were these fetal deaths reported to DHEC?

C. Medical Records

1. Describe the evaluation process of the attending physician's description of gross appearance of tissue removed.
2. Does the attending physician document the gross appearance of tissue removed? (e.g., medical record, waste log)
3. Does the facility document the weight of the products of conception in the medical record? If so, where?

D. Personnel
   1. Describe how staff are trained with respect to tissue disposal.
      a. Is there a Standard Operating Procedure (SOP)? If so, please provide a copy.
      b. Is there documentation of the training for staff members? If so, please provide an example.
   2. Describe how staff are trained with respect to infection control.
      a. Is there a SOP? If so, please provide a copy.
      b. Is there documentation of the training for staff members? If so, please provide an example.
   3. Describe how staff are trained with respect to patient confidentiality.
      a. Is there a SOP? If so, please provide a copy.
      b. Is there documentation of the training for staff members? If so, please provide an example.
   4. Please provide a current professional license for each licensed staff member.
   5. Please provide a copy of the medical license for each physician performing procedures in the facility.
   6. What type of training and experience do the physicians performing abortions have?

DHEC inspectors took detailed notes regarding all responses to the interviews questions and reviewed patient records, as referenced above, to further determine compliance or violation of state laws and regulations. One facility provided written responses to the questions.

VI. POST-INVESTIGATION/INSPECTION:

On September 11, 2015, DHEC's Bureau of Health Facilities Licensing issued inspection reports and investigation reports to all three abortion clinics, and issued administrative orders to two of the abortion clinics. Specifically:

- The agency issued an Administrative Order of Suspension for Planned Parenthood of South Atlantic in Columbia, S.C., due to violations of state laws and regulations. The 21 cited violations included: non-compliance with the Woman's Right to Know Act, incomplete medical and employee records, expired medications, improper infectious waste disposal practices, and failure to report abortions to DHEC Vital Statistics in a timely manner. The DHEC order becomes final on September 28, 2015, and will result in closure of the facility unless review by the DHEC Board is requested or the facility meets the terms of the order.
- The agency issued an Administrative Order of Suspension for Greenville Woman's Clinic due to violations of state laws and regulations. The six cited violations included: non-compliance with the Woman's Right to Know Act, incomplete medical record documentation, and improper infectious waste disposal practices. The DHEC order becomes final on September 28, 2015, and will result in closure of the facility unless review by the DHEC Board is requested or the facility meets the terms of the order.

ABORTION CLINIC INVESTIGATION PROCESS SUMMARY

- The agency issued a Report of Visit to the Charleston Women's Medical Center, which notifies the facility of four minor violations (e.g., documentation errors) that need to be corrected. The facility will be required to submit a plan of correction to the agency within 15 days of the Report of Visit.

Also on September 11, 2015, DHEC's Bureau of Land and Waste Management issued inspection reports and notices of alleged violations to all three abortion clinics regarding infectious waste issues, and also issued notices of alleged violations to two infectious waste transporters. Staff has scheduled enforcement conferences with each of the facilities, as well as the two transporters, to take place September 28 and 29, 2015.

All Bureau of Health Facilities and Licensing inspection and investigation reports and administrative orders, and all Bureau of Land and Waste Management inspection reports and notices of alleged violations, were delivered by email and U.S. Mail to the facilities on September 11, 2015. Copies of the documents were also provided to the Governor on that date.

DHEC

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Patient Medical Records Review
Abortion Clinic
Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	R. 61-12	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID
Lab test: pregnancy test if +, urinalysis, Hematocrit or hemoglobin, Rh factor	304.B [II]						
Lab reports	304.E [II]						
A face sheet with name, address, telephone number, SSN, DOB, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency	401.A.1 [II]						
Signed consent	401.A.2 [II]						
Date of initial examination	401.A.3 [II]						
Date of abortion	401.A.4 [II]						
Referring & attending physician's names and phone	401.A.5 [II]						
History and Physical within 15 days of procedures (including medications and estimated gestational age)	401.A.6-7 [II]						
Results of diagnostic tests and/or examinations, e.g., X-ray, electrocardiography, clinical laboratory, pathology, consultations, ultrasound (See Section 301.C.2 gestational age equal to or more than 14 weeks)	401.A.8 [II]						

Inspection Items	R. 61-12	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID
Pre-op diagnosis	401.A.9 [II]						
Counselor's notes	401.A.10 [II]						
Doctor's orders	401.A.11 [II]						
Complete record of abortion procedure to include: a. Vital signs b. Name of procedure performed; c. Anesthetic agent utilized; d. Name of attending physician performing the procedure; e. Names of clinical assistants in attendance, f. Signature of physician performing the procedure.	401.A.12 [II]						
Nurses' notes	401.A.13 [II]						
Progress notes to include post-anesthesia note if general anesthesia used	401.A.14 [II]						
Attending physician's description of gross appearance of tissue removed	401.A.15 [II]						
Final diagnosis	401.A.16 [II]						
Patient's condition on discharge	401.A.17 [II]						
Post-op orders & follow-up care	401.A.18 [II]						
Documented verification that patient was given the Woman's Right-to-Know Act material	401.A.19 [II]						

Copy of court order if unemancipated minor or mentally incompetent	401.A.20 [II]						
Medical record completed and signed within 72 hours	401.B [II]						
Abortion/fetal death report completed within 7 days	403.A.1 [II]						

Notes:

Instructions for DHEC Form 1671
Review of Abortion Clinic Patient Medical Records

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Clinics.

Explanation: This form is used by inspectors during an inspection at the facility to assist in gathering documents and to ensure that all the documents gathered have been reviewed for compliance with the applicable regulation.

Instructions:

1. Facility: Enter the name of the licensed facility being inspected.
2. Date: Enter date on which the inspection is being conducted.
3. Patient ID: Enter the patient identifier for the patient recorded begin reviewed. (e.g., their medical record number)
4. Inspection Items: Each row identifies the documents to be reviewed and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

Office Mechanics and Filing: This is an administrative reference file that is not at the executive level. In accordance with retention schedule 12-307, this form shall be destroyed immediately as soon as the final inspection report Form is completed.

DHEC
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Staff Records Review
Abortion Clinic
Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	R. 61-12	Staff ID	Staff ID	Staff ID	Staff ID	Staff ID	Staff ID
Date of Hire	204 [II]						
Application	204.A [II]						
Background Check	204.A [II]						
Date of Physical	204.A [I]						
Date of PPD	204.B [II]						
Date of first patient contact	204.B [II]						
CPR / ACLS	204.C [II]						
Orientation	204.E [II]						
In-service Training	204.F [II]						
Infection Control (universal precautions/blood borne pathogens)	204.F.1 [II]						
Fire protection (use of extinguishers, evacuation)	204.F.2 [II]						
Patient Confidentiality	204.F.3 [II]						
Licensing regulations	204.F.4 [II]						
Job Description	204.G [II]						
MD licensed and qualified, if applicable	205.C.1 [I]						

Notes:

Instructions for DHEC Form 1673
Review of Abortion Clinic Staff Records

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Clinics.

Explanation: This form is used by inspectors at the facility to assist them in gathering documents on individual staff to ensure that documents being maintained by the facility are done in accordance with the applicable regulation.

Instructions

1. Facility: Enter the name of the licensed facility being inspected.
2. Date: Enter date on which the inspection is being conducted.
3. Employee ID: Enter the employee identifier for the employee records being reviewed (e.g., employee initials or date of hire).
4. Inspection Items: Each row identifies the documents to be reviewed and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

DHEC
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Facility Walk Through
Abortion Clinic
Bureau of Health Facilities Licensing

Facility:

Date:

Inspection Items	R. 61-12	Notes
License posted conspicuously	102.B [III]	
RN on duty if patients in facility	205.D.2 [II]	
Adequate supply of Women's Right to Know Act material	208 [I]	
Patient rights posted conspicuously	209.B [II]	
Emergency cart (drawers, list of contents)	303.A.1[I]	
Meds storage area (refrigerator with thermometer, narcotics); meds within expiration dates	303.C [II]	
Records of controlled substances	303.F [II]	
Poisonous substances labeled and stored separately	303.G [II]	
Lab supplies within expiration dates	304.G [II]	
Appropriate number of recovery beds/recliners	306.A [II]	
Oxygen	306.B [I]	
Suction	306.C [I]	
Resuscitation equipment (minimum resuscitation bags and airways)	306.D [I]	
Sterile suturing equipment/supplies	306.G [II]	
Containers with covers for soiled linen/waste materials	306.I [II]	
Medical records filing area secure	402 [II]	
Evacuation plan posted in appropriate locations	502.A [I]	
Facility maintenance (good repair, wooden surfaces sealed)	503.A [II]	
Sharps system utilized, covered	601 [II]	
Sterile supplies/equipment not mixed with un-sterile; stored dust-proof,	602.B [II]	

moisture-free, properly labeled			
Sterilization equip - documentation of each load run; biological test run daily - results logged; internal and external chemical indicators; calibration at least annually	602.C[II]		
Date of expiration or event-related for sterile supplies	602.D [II]		
Adequate supply and storage of clean linen or disposable material	603[II]		
General housekeeping	604.A[II]		
Cleaning materials stored safely; harmful agents locked	604.B[II]		
Refuse and waste (Collection, storage and disposal)	605[II]		
Outside areas free of rubbish, grass, accumulations of water, ice, etc.	606[II]		
Fire extinguishers (inspected monthly)	701.D.1 [I]		
Corridors free from obstruction	701.G[I]		
Gases (containers stored/secured properly)	703 [I]		
Telephones available (one per floor - not a pay phone)	806.C [III]		
Paper towels and soap in restrooms	807.D.1 [III]		
Audible signal system in patient toilet/bath	807.D.2 [III]		
Minimum temperature of 72 degrees Fahrenheit and a maximum temperature of 76 degrees Fahrenheit in patient areas	807.L.1 [III]		
Hot water temperature 100-125 F	808.A[II]		
Emergency lighting	809.A [I]		
Notes:			

Instructions for DHEC Form 1645
Abortion Clinic Walk-through

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Clinics.

Explanation: This form is used by inspectors during an inspection at the facility to ensure that during the facility walk-though to ensure compliance with the applicable regulation.

Instructions:

1. Facility: Enter the name of the licensed facility being inspected.
2. Date: Enter date on which the inspection is being conducted.
3. Inspection Items: Each row identifies the areas that should be inspecting during the facility walk-through and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

Office Mechanics and Filing: This is an administrative reference file that is not at the executive level. In accordance with retention schedule 12-307, this form shall be destroyed immediately as soon as the final inspection report Form is completed.

DHEC
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Documentation Review
Abortion Clinic
Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	R. 61-12	Notes
Operational policies and procedures for: 1. Purpose, scope and quality of services 2. Compliance with fed, state & local laws 3. Personnel 4. Person responsible for operation/maintenance 5. Annual review 6. Quality Improvement 7. Patient rights and grievance procedures 8. Safety & maintenance 9. Incident reporting 10. Consent	201.B [II]	
Individual appointed to act in absence of administrator	202[II]	
Current memorandums of agreement and credentialing documentation	203.B	
Current copy of Regulation 61-12	203.C [III]	
Annual heating, ventilation, and air conditioning inspection report.	203.E [II]	
Person designated as TB coordinator	204.B.8 [II]	
Personnel (including health) records for _____ employees, including at least one new employee, and employee who is ACLS qualified	204.H [II]	
Quarterly clinical staff meeting minutes for past year	205.B [II]	
Physician(s) Licensed in SC and qualified (training & experience)	205.C.1 [I]	
Agreement with board certified Ob-Gyn physician who has admitting privileges at a local hospital	205.C.2 [I]	
Staff attendance records for the past six months (RN on duty during all procedures)	205.D.2 [II]	
Adequate supply of Women's Right to Know Act material	208 [I]	
Patient care policies & procedures: A. Admission criteria B. Physician & nurse responsibilities	301 [II]	

[Retention Schedule 12-307]

C. Pre-op to include H&P, spec exams, lab procedures/ultrasound requirements D. Abortion procedure to include IV's, fluids, analgesia/anesthesia, tissue exam/disposal E. Post-op care/recovery room/emergency care F. Education of patient/family G. Follow-up to include post-op visit H. Mgt/referral of high risk patients I. Transfer of patients J. Infection control K. Registration of fetal death or death certificates, if applicable		
Emergency cart (drawers, list of contents)	303.A.1 [III]	
Reference source, e.g., Physicians Desk Reference	303.A.2 [II]	
Controlled substance registration, if applicable.	303.E.1 [II]	
Documentation of admitting privileges of all physicians or documented arrangement with hospital(s) to receive emergency transfers of patients.	305.A [I]	
Documentation informing local EMS of location of clinic and nature of medical problems resulting from abortions.	305.C [I]	
Consultation arrangements	307 [II]	
Written quality improvement plan, specifying the responsible coordinating individual	308.A [II]	
Documented quarterly review of a minimum of 5% of medical records per quarter, with not less than 5 records reviewed.	308.D [II]	
QI program reviewed annually with deficiencies included.	308.H [II]	
Medical records for _____ patients, to include _____ minors, and all patients > 14 weeks from the first day of the last menstrual period	401	
Records of incidents, accidents and emergencies	403.B [II]	
Safety policies and procedures for equipment, gases, liquids, drugs, supplies, and services	501.A [II]	
Preventative maintenance records of patient monitoring equipment, if applicable. Equipment must be tested at least annually.	503.B [II]	
Contract with nearest fire department, of outside fire-protected area	701.A [I]	
Record of fire drills held every 3 months, including names of participating staff	701.F [I]	

Instructions for DHEC Form 1666
Review of Abortion Clinic Documentation

Purpose: This is an internal form used by health licensing inspectors to gather information pertaining to facility staff to determine compliance with DHEC Regulations R61-12 Standards for Licensing Abortion Clinics.

Explanation: This form is used by inspectors during an inspection at the facility to assist in gathering documents and to ensure that all the documents gathered have been reviewed for compliance with the applicable regulation.

Instructions:

1. Facility: Enter the name of the licensed facility being inspected.
2. Date: Enter date on which the inspection is being conducted.
3. Inspection Items: Each row identifies the documents to be reviewed and the section of the regulation covering the standards pertaining to that documentation. Use the form as a checklist to ensure that you have reviewed all of the documents necessary to complete this portion of your inspection.

Office Mechanics and Filing: This is an administrative reference file that is not at the executive level. In accordance with retention schedule 12-307, this form shall be destroyed immediately as soon as the final inspection report Form is completed.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management

Infectious Waste Generator Inspection Report

Date of Inspection:_____

A. General Information:

1. Generator Name: **TRIDENT MEDICAL CENTER** Registration Number: **SC10-0258G**
2. Address: **9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104**
3. Contact Person: **NICHOLAS HUNT, DIRECTOR ENV SERVICES** Phone Number: **843-847-4100**
4. If registration information changed, were we notified within 30 days? Yes No N/A (R.61-105 (F)(2))
5. Does the facility have a designated infection control committee and a written waste stream protocol? Yes No N/A (R.61-105 (F)(5))

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? Yes No N/A (R.61-105 (I)(1))
2. Containers Properly Labeled?
   a. a. Universal biohazard symbol? Yes No N/A (R.61-105 (J)(2)(a))
   b. b. Department issued number? Yes No N/A (R.61-105 (J)(2)(b))
   c. c. Date the container storage began? Yes No N/A (R.61-105 (J)(2)(d))
3. Infectious waste properly segregated from solid waste? Yes No N/A (R.61-105 (H))
4. Disinfection of surfaces in contact with infectious waste prior to reuse? Yes No N/A (R.61-105 (L)(1))

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes No N/A (R.61-105 (K)(1)(a))
2. Waste protected from weather conditions? Yes No N/A (R.61-105 (K)(1)(b))
3. Waste stored to prevent release? Yes No N/A (R.61-105 (K)(1)(c))
4. Outdoor storage area locked? Yes No N/A (R.61-105 (K)(2))
5. Authorized personnel only area? Yes No N/A (R.61-105 (K)(3))
6. Labeled with biohazard symbol? Yes No N/A (R.61-105 (K)(4))
7. Waste odorless and under storage time limit? Yes No N/A (R.61-105 (K)(5)(a))

D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release? Yes No N/A (R.61-105 (F)(6)(g))
2. Is the waste properly treated prior to disposal? Yes No N/A (R.61-105 (F)(6)(h))
3. Records maintained for 2 years? Yes No N/A (R.61-105 (AA)(2)&(3))
4. Weight record obtained within 50 days of shipment? Yes No N/A (R.61-105 (F)(6)(j))
5. Waste picked up at facility? Yes No N/A (R.61-105 (N)(2))
6. Is it properly manifested with the name and registration number of the generator? Yes No N/A (R.61-105 (M)(1)(b))
   a. Number of containers and volume or weight? Yes No N/A (R.61-105 (M)(1)(e&f))
   b. Name and registration number of transporter? Yes No N/A (R.61-105 (M)(1)(j))
7. Is the transporter registered with the Department? Yes No N/A (R.61-105 (F)(6)(i))
   If no, please note name, address, contact person, and phone number for the transporter.
8. Does the facility treat waste on site? Yes No N/A (R.61-105 (X)(2))
9. Does waste generated include products of conception? Yes No N/A (R.61-105 (T)(9))

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

Inspector:

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

General Information:

1. Generator Name: **TRIDENT MEDICAL CENTER** Registration Number: **SC10-0258G**

2. Address: **9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104**

Date of Inspection:_____

Location Information		Audit Information	
License Number:	AB-0002	**Audit Form:**	Abortion Clinic ROV 20140627
Mail Stop:	HL- Abortion Clinic	**Audit Type:**	L01 Routine
Location Name:	PLANNED PARENTHOOD OF SOUTH ATLANTIC	**Start Date:**	Monday, August 31, 2015
Address 1:	2712 MIDDLEBURG DR STE 107	**Stop Date:**	Tuesday, September 01, 2015
City/State/Postal Code:	COLUMBIA , SC , 29204-2478 , Richland	**Auditor:**	Michell Hatcher
Phone 1:	803-256-4908	**Contact Name:**	SANDIE BOWERS
Email:	STEPHANIE.BROWN@PPHSINC.ORG		

Bureau of Health Facilities Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME:_____

TITLE:_____

SIGNATURE:_____

DATE:_____

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

POC REQUIRED

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below: *The Plan of Correction is due 15 days upon receipt of the Report of Visit.*	
INSPECTION INFORMATION	
Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
What Date Did the Auditor Arrive at the Facility?	31 Aug 2015
What Time Did the Auditor Arrive at the Facility?	10:30:42 AM
Facility Administrator:	Emily Adams
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Stephanie Addison, Director of Nursing & Sandi Bowers, Health Center Manager
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? *Charlene Bell and Janice McFadden, RN*	YES
AC REGULATION PARTS I-VII 61-12	
204.A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee. (Class III Violation) *Background information was not documented in the record or otherwise available for review for Staff A and Staff B.*	OUT
204.C. All professional and allied health professional staff members shall be currently certified with American Red Cross or American Heart Association CPR and capable of recognizing symptoms of distress. A professional or allied health professional staff member who is legally qualified to perform advanced cardiac life support must be present while patients are undergoing abortion procedures/ recovery in the facility. (Class I Violation) [[Provider-Wide Exception PWE012-01 .... If the scope and content of an adult cardiopulmonary resuscitation (CPR) training course is equivalent to that offered by the American Red Cross or American Heart Association, training from that source (as evidenced by certificate) which is approved by the Department, will meet the intent of the standards and is acceptable in lieu of American Red Cross or American Heart	OUT

Association adult CPR training. Currently, only the National Safety Council adult CPR training has been approved by the Department as an equivalent to the American Red Cross or American Heart Association adult CPR training.]] *Documentation of training in cardiopulmonary resuscitation (CPR)/advance cardiac life support (ACLS) was not available for review for Staff A, B, and C.*	
204.E. Each facility shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures, to include, as a minimum, fire safety and other safety measures, medical emergencies, and infection control. (Class III Violation) *Documentation of orientation was not in the record or otherwise available for review for Staff A, B, and C.*	OUT
204.F.1. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as handwashing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members; (Class III Violation) *Documentation of infection control was not in the record or otherwise available for review for Staff B and C.*	OUT
204.F.2. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires: (Class III Violation) *Documentation of training in fire protection was not in the record or otherwise available for review for Staff A, B, and C.*	OUT
204.F.3. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Confidentiality of patient information and records, and protecting patient rights; (Class III Violation) *Documentation of training in confidentiality of patient information and records, and protecting patient rights was not in the record or otherwise available for review for Staff C.*	OUT
204.F.4. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Licensing regulations. (Class III Violation) *Documentation of training in licensing regulations was not in the record or otherwise available for review for Staff C.*	OUT
204.G.1. Written job descriptions that adequately describe the duties of every position shall be maintained. (Class III Violation) *Documentation of a job description was not in the record or otherwise available for review for Staff A and B.*	OUT
	OUT

208. Clinics must comply with the Woman's Right to Know Act, Section 44-41-310 et seq., of the S.C. Code of Laws, 1976, as amended, and maintain an adequate supply of current printed material from the Department which has not been altered in content. (Class I Violation) *In 5 of 25 medical records reviewed, the record documented that an abortion was performed sooner than sixty (60) minutes following completion of the ultrasound. See Section 44-41-330 (A) (1).* *A)Ultrasound was conducted at 10:07 am and the procedure was conducted at 10:56 am. B) Ultrasound was conducted at 11:38 am and procedure was conducted at 12:24 pm. C)Ultrasound was conducted at 10:26 am and procedure was conducted at 11:08 am. D)Ultrasound was conducted at 12:39 pm and procedure was conducted at 1:09 pm. E)Ultrasound was conducted at 12:20 pm and procedure was conducted at 1:13 pm.*	
301.K. Abortion clinics shall not serve patients whose needs exceed the resources and/or capabilities of the clinic. The facility shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients, to include but not limited to: Registration of fetal death or death certificates, when applicable. (Class II Violation) *A policy regarding registration of fetal death or death certificates was not available for review. Facility staff stated the facility does not have a policy related to Registration of fetal death or death certificates.*	OUT
303.A.1. Emergency Kit or Emergency Drugs. Each facility shall maintain an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of patients. This kit or medicine shall be stored in such a manner as to prohibit its access by unauthorized personnel. A listing of contents by drawer or shelf shall be placed on the cabinet or emergency cart to allow quick retrieval. Contents shall correspond with the inventory list. Drugs and equipment must be available within the facility to treat, as a minimum, the following conditions: a. Cardiac arrest; b. Seizure; c. Asthmatic attack; d. Allergic reaction; e. Narcotic toxicity; f. Hypovolemic shock; g. Vasovagal shock. (Class I Violation) *A content list for the emergency cart was not available at the time of the inspection.*	OUT
303.C. Medicine Storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to +-3 degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. (Class II Violation) *The following medications had expired and were observed in patient care areas and the pharmacy. Methylergonovine 0.2mg bottle (12 tablets in each bottle) in the locked cabinet in the Pharmacy- Expired 06/15 (9 sealed bottles); RhoGam in refrigerator in Clinician's office (2 Boxes with 5 syringes each)Expired 08/August/2015; Influenza Virus Vaccine in refrigerator in Clinician's office (1 vial)Expired 06/2015; Lactated Ringers IV fluid in Emergency cart located in Recovery room (2- 1000 ml bag)Expired 10/14.*	OUT
304.H. Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department R.61-105, Infectious Waste Management Regulations. All	OUT

contaminated dressings and/or similar waste shall be properly disposed of in accordance with R.61-105. (Class II Violation) *Manifest sheets dated October 17, 2015, October 31, 2015, December 5,2015 and December 12, 2015 were stamped " steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	
401.A.1. The record shall include as a minimum the following information: A face sheet with patient identification data, to include but not be limited to: name, address, telephone number, social security number, date of birth, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency; (Class II Violation) *In 8 of 8 medical records for minors reviewed, the record did not document the names of the mother and/or father.*	OUT
401.A.12. The record shall include as a minimum the following information: Complete record of abortion procedure to include: a. Vital signs, i.e., temperature, pulse, respiration, and blood pressure, prior to and following the procedure; b. Name of procedure performed; c. Anesthetic agent utilized; d. Name of attending physician performing the procedure; e. Names of clinical assistants in attendance, to include other physicians, physician's assistants, anesthetists, nurses, or specially -trained technicians; f. Signature of physician performing the procedure. (Class II Violation) *In 25 of 25 medical records reviewed, the record did not document the names of clinical assistants in attendance of abortion procedures. Staff revised the electronic documentation during the inspection to add the field for persons in attendance during the procedure.*	OUT w/ COS
602.B. Sterile supplies and equipment shall not be mixed with unsterile supplies, and shall be stored in dust-proof and moisture-free units. They shall be properly labeled. (Class II Violation) *At the time of inspection sterile supplies were observed stored mixed with non-sterile supplies, including exam gloves, under the work cabinet in the procedure room located closest to the waiting room.*	OUT
605.D. All waste meeting the definition of "infectious waste" as defined in Regulation 61-105 must be managed according to the requirements of that regulation. (Class II Violation) *Manifest sheets dated October 17, 2015, October 31, 2015, December 5,2015 and December 12, 2015 were stamped " steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	OUT
AC REGULATION PARTS VIII-X 61-12	
808.A. Water Supply. Water shall be obtained from a community water system and shall be distributed to conveniently located taps and fixtures throughout the facility and shall be adequate in volume and pressure for all purposes including fire fighting. Patient and staff handwashing lavatories shall be supplied with hot water that shall be thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit. (Class II Violation) *The water temperature at handwash sink fixtures measured greater than 125 Degrees Fahrenheit as follows: at the staff hand washing lavatory in the procedure room located closest to the waiting room (133.6 degrees F); staff hand washing lavatory in the Recovery room (133.4 degrees F.); and patient restroom in Recovery area (131.3 degrees F.).*	OUT

Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' (The names of facility/activity staff members are NOT considered CONFIDENTIAL. If required for the audit, list the names of staff members in the citation.) [redacted]	YES

Auditor Signature: Michell Hatcher
No Signature Available

Representative Signature:
No Signature Available

Location Information		Audit Information	
License Number:	AB-0002	**Audit Form:**	Abortion Clinic ROV 20150827
Mail Stop:	HL- Abortion Clinic	**Audit Type:**	L07 Investigation
Location Name:	PLANNED PARENTHOOD OF SOUTH ATLANTIC	**Start Date:**	Monday, August 31, 2015
Address 1:	2712 MIDDLEBURG DR STE 107	**Stop Date:**	Tuesday, September 01, 2015
City/State/Postal Code:	COLUMBIA , SC , 29204-2478 , Richland	**Auditor:**	Michell Hatcher
Phone 1:	803-256-4908	**Contact Name:**	
Email:	AMANDA.OHIRA@PPSAT.ORG		

Bureau of Health Facilities Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME:_____

TITLE:_____

SIGNATURE:_____

DATE:_____

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

POC REQUIRED

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below: *Plan of Correction is due within 15 days of receipt of this report.*	

INSPECTION INFORMATION	
Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Investigation
Section Team Log Number: *M08054-15*	Section Team Log Number
Reason for Investigation: *The South Carolina Department of Health and Environmental Control conducted this investigation in accordance with the August 18, 2015 request by Governor Nikki Haley.*	Reason for Investigation:
What is the Source:	Other
Date Agency (DHEC) Notified: *August 18, 2015*	Date Agency (DHEC) Notified:
Detailed Results of this Investigation: *The South Carolina Department of Health and Environmental Control's Bureau of Health Facilities Licensing and Bureau of Land and Waste Management conducted a joint investigation in accordance with the August 18, 2015 request by Governor Nikki Haley. The Department made an unannounced visit to Planned Parenthood South Atlantic in Columbia for Investigation M08054-15 to determine compliance with state laws and regulations. Department personnel interviewed facility staff regarding, but not limited to, facility operational and patient care policies and procedures, memoranda of agreement, agreement with a board certified OB-GYN physician with admitting privileges at a local hospital, and consultation agreements. Department personnel also reviewed staff personnel files relating to professional licensure, orientation, in-service training, infection control, patient confidentiality, job descriptions, and 25 patient medical records. A walk through of the facility was also conducted pertinent to the collection, processing, storage, and disposal of tissue. During the walk through with Bureau of Land and Waste Management inspectors a medium size tan-colored cardboard box with red behest's markings was observed sitting in the corner on the floor in the POC (products of conception) room. The lid of the box was folded over, but not sealed. Upon opening the lid of the box, inspectors observed a red biohazard plastic bag lining the box. Inside of the red biohazard plastic bag solid waste was observed to include blue paper disposable gowns and an additional smaller red plastic biohazard bag. The smaller red biohazard bag was opened and the inspectors observed soiled gauze sponges tubing and other paper solid waste. No tissue was observed in the red biohazard bag that was inside the cardboard box. The inspector then asked if there was any other place that the products of conception were collected and/or stored while awaiting pick-up for disposal. The facility staff said , "Yes, in the POC room in the freezer". The inspectors then followed the facility staff in the POC room and opened the upright freezer which had a biohazard sticker in the top right corner. Inside the freezer were several metal shelves lined with blue disposable pads. One shelf had a large red biohazard plastic bag that was tied with numerous (in excess of 20)smaller red plastic bags. The facility reports that individual products of conception are placed in a smaller red biohazard bag after examination by the physician and placed in the large bag in the freezer. The large bag was not contained in any type of container. Inspectors asked the staff what*	Detailed Results

would be the next step for the tissue in the freezer and the facility reports that on the morning of scheduled waste pick up the large red biohazard bag would be placed in the cardboard box in the Biohazard room where it would then be sealed and labeled with facility generator information sticker, and that a manifest form would be started. The manifest form would them be signed by the facility staff who released it to the transporter and the transporter personnel at the time of pick-up. The facility staff reported that they do not weight the waste to be disposed before it leaves the facility, but the waste is weighed upon receipt to the disposal location and a copy of the completed manifest sheet was returned to the facility. Violations of Health Facilities Licensing standards were cited as a result of this investigation.	
Is this an Unlicensed Facility/Activity?	NO
Has the Initial QI Review Been Completed?	
What Date Did the Auditor Arrive at the Facility?	31 Aug 2015
What Time Did the Auditor Arrive at the Facility?	9:35:30 AM
Facility Administrator:	Emily Adams
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Sandie Bowers, Health Center Manager and Stephanie Addison, Director of Nursing.
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? *Janice McFaddin, RN, DHEC Bureau of Health Facilities Licensing and Charlene Bell, Field Manager, DHEC Bureau of Health Facilities Licensing.*	YES
AC REGULATION PARTS I-VII 61-12	
204.H. A personnel file shall be maintained for each employee and for each volunteer. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's orientation, in-service education, appropriate licensure, if applicable, and TB skin testing. (Class III Violation) *The job description for staff member A was not current with Section 302. A. of this regulation. The Appendix A of the job description stated , in part, "...per surgical abortion procedure between 16.0 and 19.6 weeks".*	OUT
301.D.4. Abortion clinics shall not serve patients whose needs exceed the resources and/or capabilities of the clinic. The facility shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients, to include but not limited to: The actual abortion procedure, to include the use of: Tissue examination/disposal. (Class II Violation) *The facility did not adhere to its Infection Prevention Manual which included a policy specific to South Carolina generator requirements. Chapter 3 of the manual stated, in part, "...weigh waste prior to sending off site for disposal." Staff was asked if the Facility's infectious waste was weighed prior to the waste leaving the facility and the staff responded, "No. We do not weigh the waste at the facility.'*	OUT
	OUT

304.H. Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department R.61-105, Infectious Waste Management Regulations. All contaminated dressings and/or similar waste shall be properly disposed of in accordance with R.61-105. (Class II Violation) *Manifest sheets dated October 17, 2015, October 31, 2015, December 5,2015 and December 12, 2015 were stamped "steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	
401.A.1. The record shall include as a minimum the following information: A face sheet with patient identification data, to include but not be limited to: name, address, telephone number, social security number, date of birth, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency; (Class II Violation) *In one (1) of one (1)medical records reviewed for minors, the name of the father was not documented in the record.*	OUT
401.A.12. The record shall include as a minimum the following information: Complete record of abortion procedure to include: a. Vital signs, i.e., temperature, pulse, respiration, and blood pressure, prior to and following the procedure; b. Name of procedure performed; c. Anesthetic agent utilized; d. Name of attending physician performing the procedure; e. Names of clinical assistants in attendance, to include other physicians, physician's assistants, anesthetists, nurses, or specially-trained technicians; f. Signature of physician performing the procedure. (Class II Violation) *In (25) of (25) medical records reviewed for this investigation, the names of clinical assistants in attendance during abortion procedures were not documented in the record . Staff revised the electronic documentation during the investigation to add a field for persons in attendance during the procedure.*	OUT w/ COS
403.A.1. The following shall be reported to Vital Records and Public Health Statistics of this Department: Any abortion performed, to be reported by the performing physician on the standard form for reporting abortions, within seven days after the abortion is performed; (Class II Violation) *In 4 of 25 medical records reviewed, the record document that the abortion procedure were reported to the Department's Office of Vital Records at time intervals ranging from 13 to 33 days after the abortion procedures were performed and not within 7 days of the procedure as required.*	OUT
605.D. All waste meeting the definition of "infectious waste" as defined in Regulation 61-105 must be managed according to the requirements of that regulation. (Class II Violation) *Manifest sheets dated October 17, 2015, October 31, 2015, December 5,2015 and December 12, 2015 were stamped " steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	OUT
OTHER VIOLATIONS/STATUTES	
The following violation of the regulation was cited during this inspection as being Out of Compliance.	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client,	YES

resident, participant, or staff you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.'

[redacted]

Auditor Signature: Michell Hatcher
No Signature Available

Representative Signature:
No Signature Available

D H E C
PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

September 11, 2015

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

CERTIFIED MAIL
ELECTRONIC RECEIPT REQUESTED
91 7199 9991 7033 6612 9698

Dear Ms. Black:

Please find enclosed the Department's Administrative Order, executed September 11, 2015. This Administrative Order represents a final staff determination regarding the Department's enforcement action against Planned Parenthood of South Atlantic.

Also, enclosed are instructions regarding the process should you elect to submit a Request for Final Review (RFR) by the S.C. Board of Health and Environmental Control.

Should you have questions, please contact me at (803) 545-4370.

Sincerely,

Gwen C. Thompson

Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing

Enclosures: Administrative Order, executed September 11, 2015
Appeal Guidelines

CC: Shelly Bezanson Kelly, DHEC
Eva C. Johnson, DHEC
Ashley C. Biggers, DHEC
Emily Adams, Administrator

CERTIFICATE OF SERVICE

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on September 11, 2015, served upon the necessary parties the Department's certified letter and contents **(91 7199 9991 7033 6612 9698)**, dated September 11, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

Additional copies were mailed to the following address:

Emily Adams, Administrator
Planned Parenthood of South Atlantic
2712 Middleburg Drive, STE 107
Columbia, S.C. 29204-2478

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:

Shelley M. Collins
DHEC Employee

Columbia, South Carolina

September 11, 2015
Date

Sworn to before me this 11
Day of September, 2015
Katrina S Davis
Katrina S Davis
NOTARY PUBLIC for S.C.
My Commission Expires: 3/23/19

Embossed Hereon is My
State of South Carolina Notary Public Seal
My Commission Expires March 23, 2019
Katrina S Davis

STATE OF SOUTH CAROLINA
THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE:
Planned Parenthood South Atlantic, Licensee
Planned Parenthood of South Atlantic
2712 Middleburg Drive, Suite 107
Columbia, S.C. 29204-4908

ADMINISTRATIVE ORDER

Planned Parenthood of South Atlantic ("Planned Parenthood" or "the Facility") is an abortion clinic licensed by the South Carolina Department of Health and Environmental Control ("DHEC" or "the Department") pursuant to the *State Certification of Need and Health Facility Licensure Act* ("the Act"), S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.*, and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2011). The Department visited Planned Parenthood of South Atlantic on August 31, 2015, to conduct a general inspection and complaint investigation. Based upon the violations cited and taking into consideration the severity of the violations, the Department has determined it appropriate to suspend the license of Planned Parenthood of South Atlantic and impose a civil monetary penalty.

FINDINGS OF FACT

1. Planned Parenthood South Atlantic is the licensee of Planned Parenthood of South Atlantic, an abortion clinic located in Columbia, South Carolina.

2. On August 31, 2015, Department representatives conducted a general inspection and a complaint investigation. As a result of the inspections, the Department representatives cited the following violations of Regulation 61-12:

	Section	Description of violation
1.	204.A	Documentation of personal background information for 2 staff members was not available for review.
2.	204.C	The Facility did not have documentation of training/certification in cardiopulmonary resuscitation (CPR) for 3 staff members.
3.	204.E	The Facility did not have documentation of orientation for 3 staff members.
4.	204.F.1	The Facility did not have documentation of training in infection control for 2 staff members.
5.	204.F.2	The Facility did not have documentation of training in fire protection for 3 staff members.
6.	204.F.3	The Facility did not have documentation of training in patient confidentiality for a staff member.
7.	204.F.4	The Facility did not have documentation of training in licensing regulations for a staff member.
8.	204.G.1	The Facility did not have a job description for 2 staff members.
9.	204.H	The job description documented in the personnel file of a Facility physician was not in accordance with the requirements of § 302.A, Regulation 61-12, *Standards for Licensing Abortion Clinics*, which states, in part, "Abortions performed in abortion clinics shall be

		performed only on patients who are within 18 weeks from the first day of their last menstrual period. Those beyond 18 weeks shall be performed in a hospital. Specifically, Appendix A of the job description documented, in part, "...per surgical abortion procedure between 16.0 and 19.6 weeks."
10.	208	The Facility did not comply with a provision of the Woman's Right to Know Act, specifically S.C. Code Ann. § 44-41-330(A)(1). In 5 of 25 medical records reviewed, the record documented that an abortion procedure was performed sooner that 60 minutes following completion of the ultrasound.
11.	301.D.4	The Facility did not adhere to and follow the provisions for tissue examination and disposal in its Infection Prevention Manual, which in Chapter 3 included a policy specific to South Carolina generator requirements and which stated, in part, "...weigh waste prior to sending off site for disposal." When asked if the Facility's infectious waste was weighed prior to it leaving the Facility, staff stated, "No. We do not weigh the waste at the Facility."
12.	301.K	The Facility did not have a written policy and procedure regarding registration of fetal death or death certificates.
13.	303.A.1	The Facility's emergency drug cart did not have a listing of the contents on the cart.
14.	303.C	Expired medications were stored in the Facility's patient care areas and pharmacy., e.g., Methylergonovine 0.2 mg expired 6/15/15 (9 bottles with 12 tablets per bottle); RhoGam expired 8/8/15 (2 boxes with 5 syringes per box); Influenza Virus Vaccine expired 6/2015 (1 vial); Lactated Ringers IV fluid expired 10/2014 (2-1000 ml bags).
15.	304.H	Products of conception resulting from abortion procedures were not managed and properly disposed of by incineration in accordance with Regulation 61-105, *South Carolina Infectious Waste Management. See* 8 S.C. Code Ann. Regs. 61-105 § T.9 (2012)
16.	401.A.1	A) For 25 records of clients reviewed during the general inspection, 8 of whom were minors, 8 of the minors' records either did not include the name of the minor's mother or did not include the name of the minor's father. B) For 25 records of clients reviewed during the investigation, 1 of whom was a minor, the minor's record did not include the name of the minor's father.
17.	401.A.12.e	A) In 25 of 25 client records review during the general inspection, the records did not document the names of clinical assistants in attendance during the abortion procedure. B) In 25 of 25 client records review during the investigation, the records did not document the names of clinical assistants in attendance during the abortion procedure.
18.	403.A.1	A) In 4 of 5 records reviewed, the record documented that the abortion procedures were reported to the Department's Office of Vital Records at time intervals ranging from 13 to 33 days after the abortion procedures were performed and not within 7 days of the procedure as required. B) In 1 of 5 records review, the record did not document that the abortion procedure was reported to the Department's Office of Vital Records.
19.	602.B	Sterile gloves were stored and mixed with non-sterile supplies, including non-sterile examination gloves, in the work cabinet of the procedure room nearest to the waiting room.
20.	605.D	Waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was not managed and properly disposed of by incineration in accordance with the requirements of Regulation 61-105. Manifest dated 10/17/14, 10/31/14. 12/5/14 and 12/12/14 were stamped "steam sterilized."

21.	808.A	The water temperature measured in excess of 125 degrees Fahrenheit when tested at the following hand sink fixtures: A) At the staff hand washing sink in the procedure room nearest the waiting room (133.6 degrees F). B) At the staff hand washing sink in the recovery room (133.4 degrees F). C) At the patient bathroom sink in the recovery area (131.3 degrees F).

3. As a result of the above, the Department determined that suspension of the license of Planned Parenthood of South Atlantic and the imposition of a civil monetary penalty is appropriate at this time.

CONCLUSIONS OF LAW

1. The Department is the agency of the State of South Carolina responsible for licensing abortion facilities pursuant to the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.* (2002), and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2012).

2. An abortion facility may not be operated in South Carolina without first obtaining a license from the Department. S.C. Code § 44-7-260(A)(4) (2002), S.C. Code Ann. § 44-41-75(A) (2002), and 3 S.C. Code Ann. Regs. 61-12 § 102.A (2012).

3. The Department is authorized to make inspections and investigations as considered necessary. S.C. Code Ann. § 44-7-150(1) (2002) and 3 S.C. Code Ann. Regs. 61-12 § 102.F.1 (2012).

4. The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violation of the Act or departmental regulations. S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014); *see also 3* S.C. Code Ann. Regs. 61-12 § 103 (2012).

5. Abortion clinics shall obtain and verify information on applications for employment from all employees as to the personal background of the employee. 3 S.C. Code Ann. Regs. 61-12 § 204.A.

6. Abortion clinics shall ensure that all staff members are currently certified in CPR by the American Red Cross or American Heart Association. *Id.* § 204.C.

7. Abortion clinics shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures. *Id.* § 204.E.

8. Abortion clinics shall plan and provide inservice training in infection control to all employees and volunteers. *Id.* § 204.F.1.

9. Abortion clinics shall plan and provide inservice training in fire protection to all employees and volunteers. *Id.* § 204.F.2.

10. Abortion clinics shall plan and provide inservice training in confidentiality of patient information and records, and protecting patient rights to all employees and volunteers. *Id.* § 204.F.3.

11. Abortion clinics shall plan and provide inservice training in licensing regulations to all employees and volunteers. *Id.* § 204.F.4.

12. Abortion clinics shall maintain written job descriptions that adequately describe the duties of every position. *Id.* § 204.G.1.

13. Abortion clinics shall maintain a personnel file for each employee and volunteer that accurately documents a current job description that reflects the individual's responsibilities and work assignments. *Id.* § 204.H.

14. Abortion clinics shall comply with the Woman's Right to Know Act, S.C. Code Ann. § 44-41-310, *et seq*. *Id.* § 208.

15. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include tissue examination/disposal. *Id.* § 301.D.4.

16. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include registration of fetal death or death certificates. *Id.* § 301.K.

17. Abortion clinics shall place a listing of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. *Id.* § 303.A.1.

18. Abortion clinics shall ensure that medicines and drugs maintained and used in the Facility shall not be expired. *Id.* § 303.C.

19. Abortion clinics shall ensure that products of conception resulting from abortion procedures are managed in accordance with requirements for pathological waste pursuant to Regulation 61-105, *South Carolina Infectious Waste Management*. *Id.* § 304.H.

20. Abortion clinics shall ensure that patients' records include the father's and mother's names when the patient is a minor. *Id.* § 401.A.1.

21. Abortion clinics shall ensure that patients' records include the names of clinical assistants in attendance when abortion procedures are performed. *Id.* § 401.A.12.e.

22. Abortion clinics shall ensure that any abortion performed is reported to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure. *Id.* § 403.A.1.

23. Abortion clinics shall ensure that sterile equipment and supplies are not mixed with unsterile supplies. *Id.* § 602.B.

24. Abortion clinics shall ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, is managed in accordance with Regulation 61-105. *Id.* § 605.D.

25. Abortion clinics shall ensure that patient and staff handwashing lavatories supplied with hot water are thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit. *Id.* § 808.

26. Based upon the foregoing findings of fact, the Department finds that the Facility violated Regulation 61-12 as follows:

a. The Facility violated Section 204.A on August 31, 2015, by failing to have documentation of personal background information for 2 staff members. Violation of Section 204.A is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

b. The Facility violated Section 204.C on August 31, 2015, by failing to have documentation of training/certification in CPR for 3 staff members. Violation of Section 204.C is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

c. The Facility violated Section 204.E on August 31, 2015, by failing to have documentation of orientation for 3 staff members. Violation of Section 204.E is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

d. The Facility violated Section 204.F.1 on August 31, 2015, by failing to have documentation of training in infection control for 2 staff members. Violation of Section 204.F.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

e. The Facility violated Section 204.F.2 on August 31, 2015, by failing to have documentation of training in fire protection for 3 staff members. Violation of Section 204.F.2 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

f. The Facility violated Section 204.F.3 on August 31, 2015, by failing to have documentation of training in confidentiality of patient information and records, and protecting patient rights for a staff member. Violation of Section 204.F.3 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

g. The Facility violated Section 204.F.4 on August 31, 2015, by failing to have documentation of training in licensing regulations for a staff member. Violation of Section 204.F.4 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

h. The Facility violated Section 204.G.1 on August 31, 2015, by failing to have documentation of job descriptions for 2 staff members. Violation of Section 204.G.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

i. The Facility violated Section 204.H on August 31, 2015, by failing to have a current job description for a staff member that was in accordance with Section 302.A. Regulation 61-12, *Standards for Licensing Abortion Clinics*. Violation of Section 204.H is a Class II penalty and carries a penalty range of

$100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

j. The Facility violated Section 208 on August 31, 2015, by failing on five occasions to comply with Section 44-41-330(A)(1) of the Woman's Right to Know Act. Violation of Section 208 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $1,000 monetary penalty for this violation.

k. The Facility violated Section 301.D.4 on August 31, 2015, by failing to adhere to its written patient care policies and procedures with respect to tissue examination/disposal. Violation of Section 301.D.4 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

l. The Facility violated Section 301.K on August 31, 2015, by failing to have a written procedure and policy regarding registration of fetal death or death certificate. Violation of Section 301.K is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

m. The Facility violated Section 303.A.1 on August 31, 2015, by failing to have a listing of the of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. Violation of Section 303.A.1 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

n. The Facility violated Section 303.C on August 31, 2015, by failing to ensure that medications and drugs maintained in the Facility were not expired. Violation of Section 303.C is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

o. The Facility violated Section 304.H on August 31, 2015, by failing to ensure that products of conception resulting from abortion procedures were managed and properly disposed of by incineration in accordance with Section T.9 of Regulation 61-105, *South Carolina Infectious Waste Management*. Violation of Section 304.H is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

p. The Facility violated Section 401.A.1 on August 31, 2015, by failing to document the names of the father and/or mother in the medical record of minors. Violation of Section 401.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

q. The Facility violated Section 401.A.12.e on August 31, 2015, by failing to document in medical records the names of clinical assistants in attendance during abortion procedures. Violation of Section 401.A.12 is a Class III penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

r. The Facility violated Section 403.A.1 on August 31, 2015, by failing to report abortion procedures performed to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure being performed. Violation of Section 403.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

s. The Facility violated Section 602.B on August 31, 2015, by failing to ensure that sterile supplies and equipment were not mixed with unsterile supplies. Violation of Section 602.B is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

t. The Facility violated Section 605.D on August 31, 2015, by failing to ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was managed in accordance with Regulation 61-105. Violation of Section 605.D is a Class III penalty.

u. The Facility violated Section 808.A on August 31, 2015, by failing to ensure that patient and staff handwashing lavatories supplied with hot water were maintained at a temperature between 100 and 125 degrees Fahrenheit. Violation of Section 808.A is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

27. In consideration of the above, the Department determined that the following discipline is warranted at this time.

NOW, THEREFORE IT IS ORDERED THAT, pursuant to S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014) and 3 S.C. Code Ann. Regs. 61-12 § 103 (2011):

1. The license of Planned Parenthood of South Atlantic is hereby suspended until further notice from the Department, which will be contingent upon the facility complying with the conditions set forth below.

2. The Department assesses a $7,500 monetary penalty against Planned Parenthood of South Atlantic for the above noted violations. Payment of the $7,500 assessed monetary penalty is due within 30 days of execution of this Administrative Order by certified check or money order payable to the S.C. Department of Health and Environmental Control. Payment shall be sent to the following address:

Attention: Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, S.C. 29201

If payment is late for any reason not otherwise approved by the Department, the Department may assess additional monetary penalties and/or initiate additional enforcement action against Planned Parenthood of South Atlantic, up to and including revocation of the Facility's license to operate as an abortion clinic.

3. The Department will lift the suspension upon the following conditions:

a) Planned Parenthood's payment of the imposed monetary penalty.

b) Planned Parenthood's timely submission of a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the date of those action in

regard to the violations contained in the Department's reports of visits for the August 31, 2015 general inspection and August 31, 2015 investigation.

c) Planned Parenthood providing to the Department evidence of Planned Parenthood's training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Women's Right To Know Act, S.C. Code Ann. §§ 44-41-310, *et seq.*, and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

4. Planned Parenthood shall ensure that all files and records are maintained and preserved as required by Regulation 61-12.

IT IS SO ORDERED.

THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Shelly Bezanson Kelly
Director of Health Regulation

9-11-15
Date

Gwen C. Thompson
Bureau Chief for Health Facilities Licensing

9/11/15
Date

Reviewed by:

Ashley Biggers, Esquire
Chief Counsel for Health Regulation

9-11-15
Date

South Carolina Board of Health and Environmental Control

Guide to Board Review

Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars ($100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
   - The grounds for amending, modifying, or rescinding the staff decision;
   - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
   - the relief requested;
   - a copy of the decision for which review is requested; and
   - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:
   South Carolina Board of Health and Environmental Control
   Attention: Clerk of the Board
   2600 Bull Street
   Columbia, South Carolina 29201
   Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.
NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference. The Conference will be publically noticed and should:
   - include the place, date and time of the Conference;
   - state the presentation times allowed in the Conference;
   - state evidence may be presented at the Conference;
   - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
   - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
   - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
     - Type of decision (permit, enforcement, etc.) and description of the program.
     - Parties
     - Description of facility/site
     - Applicable statutes and regulations
     - Decision and materials relied upon in the administrative record to support the staff decision.
   - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
   - Rebuttal by Department staff [15 minutes]
   - Rebuttal by Requestor(s) [10 minutes]

   Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council.. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

Location Information		Audit Information	
License Number:	AB-0001	**Audit Form:**	Abortion Clinic ROV 20150827
Mail Stop:	HL- Abortion Clinic	**Audit Type:**	L01 Routine
Location Name:	GREENVILLE WOMEN'S CLINIC	**Start Date:**	Wednesday, September 02, 2015
Address 1:	1142 GROVE RD	**Stop Date:**	Wednesday, September 02, 2015
City/State/Postal Code:	GREENVILLE , SC , 29605-4692 , Greenville	**Auditor:**	Michell Hatcher
Phone 1:	864-232-1584	**Contact Name:**	
Email:	KATHY.ADAMS99@YAHOO.COM		

Bureau of Health Facilities Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME:_____

TITLE:_____

SIGNATURE:_____

DATE:_____

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

POC REQUIRED

Plan of Correction is due 15 days from receipt of this report.	
INSPECTION INFORMATION	
Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
What Date Did the Auditor Arrive at the Facility?	2 Sep 2015
What Time Did the Auditor Arrive at the Facility?	9:00:18 AM
Facility Administrator:	Kathy Adams
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Kathy Adams, Administrator
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? *Janice McFaddin, Charlene Bell, Leslie Yasinsac, Crispulo Isiminger*	YES
AC REGULATION PARTS I-VII 61-12	
208. Clinics must comply with the Woman's Right to Know Act, Section 44-41-310 et seq., of the S.C. Code of Laws, 1976, as amended, and maintain an adequate supply of current printed material from the Department which has not been altered in content. (Class I Violation) *In 1 of 25 medical records reviewed, the record documented that an abortion was performed sooner than 60 minutes following completion of the ultrasound. See section 44-41-330 (A)(1). A) The ultrasound was conducted at 1:16 pm and the procedure was conducted 1:50 pm.*	OUT
303.A.1. Emergency Kit or Emergency Drugs. Each facility shall maintain an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of patients. This kit or medicine shall be stored in such a manner as to prohibit its access by unauthorized personnel. A listing of contents by drawer or shelf shall be placed on the cabinet or emergency cart to allow quick retrieval. Contents shall correspond with the inventory list. Drugs and equipment must be available within the facility to treat, as a minimum, the following conditions: a. Cardiac arrest; b. Seizure; c. Asthmatic attack; d. Allergic reaction; e. Narcotic toxicity; f. Hypovolemic shock; g. Vasovagal shock. (Class I Violation) *The contents of the emergency drug kit did not correspond with the kit's inventory list, as follows:* *A) One (1) Flumazenil available - Two (2)Flumazenil on list B) One (1) Venteline (Albuteral) available - Two (2) Venteline (Albuteral) on list C) Four (4) Epinepherine available - Five (5) Epinepherine on list D) Five (5) Benadryl Amp - No Benerdryl Amp on list*	OUT
304.H. Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department R.61-105, Infectious Waste Management Regulations. All	OUT

contaminated dressings and/or similar waste shall be properly disposed of in accordance with R.61-105. (Class II Violation) *Manifest for 2012, 2013, 2014, and 2015 were stamped " steam sterilized." The Facility did not ensure that infectious waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	
401.A.1. The record shall include as a minimum the following information: A face sheet with patient identification data, to include but not be limited to: name, address, telephone number, social security number, date of birth, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency; (Class II Violation) *In 8 of 12 medical records reviewed for minors, the name of the father was not documented in the record.*	OUT
403.A.1. The following shall be reported to Vital Records and Public Health Statistics of this Department: Any abortion performed, to be reported by the performing physician on the standard form for reporting abortions, within seven days after the abortion is performed; (Class II Violation) *In 1 of 25 patient medical records reviewed, the record documented that the abortion procedure was reported to the Department's Office of Vital Records 13 days after the abortion procedure was performed and not within 7 days of the procedure as required.*	OUT
605.D. All waste meeting the definition of "infectious waste" as defined in Regulation 61-105 must be managed according to the requirements of that regulation. (Class II Violation) *Manifest sheets for 2012, 2013, 2014, and 2015 were stamped " steam sterilized." The Facility did not ensure the infectious waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, participant, or staff you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' [redacted]	YES

Auditor Signature: Michell Hatcher
No Signature Available

Representative Signature:
No Signature Available

Location Information		Audit Information	
License Number:	AB-0001	**Audit Form:**	Abortion Clinic ROV 20150827
Mail Stop:	HL- Abortion Clinic	**Audit Type:**	L07 Investigation
Location Name:	GREENVILLE WOMEN'S CLINIC	**Start Date:**	Wednesday, September 02, 2015
Address 1:	1142 GROVE RD	**Stop Date:**	Wednesday, September 02, 2015
City/State/Postal Code:	GREENVILLE , SC , 29605-4692 , Greenville	**Auditor:**	Michell Hatcher
Phone 1:	864-232-1584	**Contact Name:**	
Email:	KATHY.ADAMS99@YAHOO.COM		

Bureau of Health Facilities Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME:_____

TITLE:_____

SIGNATURE:_____

DATE:_____

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

POC REQUIRED

Plan of Correction is due 15 days upon receipt of the Report of Visit.	
INSPECTION INFORMATION	
Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Investigation
Section Team Log Number: *M08053-15*	Section Team Log Number
Reason for Investigation: *The South Carolina Department of Health and Environmental Control conducted*	Reason for Investigation:
What is the Source:	Other
Date Agency (DHEC) Notified: *August 18, 2015*	Date Agency (DHEC) Notified:
Detailed Results of this Investigation: *The South Carolina Department of Health and Environmental Control's Bureau of Health Facilities Licensing and Bureau of Land and Waste Management conducted a joint investigation in accordance with the August 18, 2015 request by Governor Nikki Haley. The Department made an unannounced visit to Greenville Womens Center for Investigation M08053-15 to determine compliance with state laws and regulations. Department personnel interviewed facility staff regarding, but not limited to, facility operational and patient care policies and procedures, memoranda of agreement, agreement with a board certified OB-GYN physician with admitting privileges at a local hospital, and consultation agreements. Department personnel also reviewed staff personnel files relating to professional licensure, orientation, in-service training, infection control, patient confidentiality, job descriptions, and 25 patient medical records. A walk through of the facility was also conducted pertinent to the collection, processing, storage, and disposal of tissue. During the walk through with Bureau of Land and Waste Management inspectors observed a small plastic red biohazard container with biohazard markings on the outside of the container in the freezer portion of the refrigerator in the sterilization room. Facility staff reports the products of conception are collected in this red biohazard container and held until placed in storage for waste pick up. Violations of Health Facilities Licensing standards were cited as a result of this investigation.*	Detailed Results
Is this an Unlicensed Facility/Activity?	NO
Has the Initial QI Review Been Completed?	NO
What Date Did the Auditor Arrive at the Facility?	2 Sep 2015
What Time Did the Auditor Arrive at the Facility?	9:00:57 AM
Facility Administrator:	Kathy Adams
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Kathy Adams
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? *Janice McFaddin, RN, DHEC, Charlene Bell, Field Manager, DHEC, Leslie Yasin, Leslie Yasinac, DHEC, Chrispilo Isiminger, DHEC*	YES

AC REGULATION PARTS I-VII 61-12	
304.H. Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department R.61-105, Infectious Waste Management Regulations. All contaminated dressings and/or similar waste shall be properly disposed of in accordance with R.61-105. (Class II Violation) *Manifest sheets for the following dates: 2012, 2013, 2014, and ,2015 were reviewed and observed to be stamped as steam sterilized. Documentation reviewed does not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	OUT
605.D. All waste meeting the definition of "infectious waste" as defined in Regulation 61-105 must be managed according to the requirements of that regulation. (Class II Violation) *Manifest sheets for the following dates: 2012, 2013, 2014, and ,2015 were reviewed and observed to be stamped as steam sterilized. Documentation reviewed does not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.*	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, participant, or staff you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.'	NO

Auditor Signature: Michell Hatcher
No Signature Available

Representative Signature:
No Signature Available

D H E C

PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director

Promoting and protecting the health of the public and the environment

September 11, 2015

Thomas W. Campbell, Jr., MD, President
Greenville Women's Clinic
1142 Grove Road
Greenville, S.C. 27605-4692

CERTIFIED MAIL
ELECTRONIC RECEIPT REQUESTED
91 7199 9991 7033 6612 9704

Dear Dr. Campbell:

Please find enclosed the Department's Administrative Order, executed September 11, 2015. This Administrative Order represents a final staff determination regarding the Department's enforcement action against Greenville Women's Clinic.

Also, enclosed are instructions regarding the process should you elect to submit a Request for Final Review (RFR) by the S.C. Board of Health and Environmental Control.

Should you have questions, please contact me at (803) 545-4370.

Sincerely,

Gwen C. Thompson

Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing

Enclosures: Administrative Order, executed September 11, 2015
Appeal Guidelines

CC: Shelly Bezanson Kelly, DHEC
Eva C. Johnson, DHEC
Ashley C. Biggers, DHEC
Kathy B. Adams, Administrator

CERTIFICATE OF SERVICE

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on September 11, 2015, served upon the necessary parties the Department's certified letter and contents **(91 7199 9991 7033 6612 9704)**, dated September 11, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Thomas W. Campbell, Jr. MD, President
Greenville Women's Clinic, P.A.
1142 Grove Road
Greenville, S.C. 29605-4692

Additional copies were mailed to the following address:

Kathy B. Adams, Administrator
Greenville Women's Clinic, P.A.
1142 Grove Road
Greenville, S.C. 29605-4692

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:

Sheila M. Collins
DHEC Employee

Columbia, South Carolina

September 11, 2015
Date

Sworn to before me this 11
Day of September, 2015
Katrina S Davis
Katrina S Davis
NOTARY PUBLIC for S.C.
My Commission Expires: 3/23/19

Embossed Hereon is My
State of South Carolina Notary Public Seal
My Commission Expires March 23, 2019
Katrina S Davis

STATE OF SOUTH CAROLINA
THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE:
Greenville Women's Clinic, P.A., Licensee
Greenville Women's Clinic
1142 Grove Road
Greenville, S.C. 29605-4692

ADMINISTRATIVE ORDER

Greenville Women's Clinic ("the Facility") is an abortion clinic licensed by the South Carolina Department of Health and Environmental Control ("DHEC" or "the Department") pursuant to the *State Certification of Need and Health Facility Licensure Act* ("the Act"), S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.*, and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2011). The Department visited Greenville Women's Clinic on September 2, 2015, to conduct a general inspection and complaint investigation. Based upon the violations cited and taking into consideration the severity of the violations, the Department has determined it appropriate to suspend the license of Greenville Women's Clinic and impose a civil monetary penalty.

FINDINGS OF FACT

1. Greenville Women's Clinic, P.A. is the licensee of Greenville Women's Clinic, an abortion clinic located in Greenville, South Carolina.

2. On September 2, 2015, Department representatives conducted a general inspection and a complaint investigation. As a result of the inspections, the Department representatives cited the following violations of Regulation 61-12:

	Section	Description of violation
1.	208	In 1 of 25 medical records reviewed, the record documented than an abortion was performed sooner than 60 minutes following completion of the ultrasound.
2.	303.A.1	The following drugs in the emergency kit did not correspond to the contents listed on the kit's inventory list: 1-Flumazenil available, 2-Flumazenil listed; 1- Ventekine (Albuterol) available, 2- Venteline (Albuterol) listed; 4-Epinepherine available, 5-Epinepherine listed; 5-Benadryl Ampules available, 0-Benadryl Ampules listed.
3.	304.H	Products of conception resulting from abortion procedures were not managed and properly disposed of by incineration in accordance with Regulation 61-105, *South Carolina Infectious Waste Management. See* 8 S.C. Code Ann. Regs. 61-105 § T.9 (2012) Manifest sheets for the years of 2012, 2013, 2014 and 2015 were documented, by stamp, "steam sterilized."
4.	401.A.1	For25 records of clients reviewed during the general inspection, 12 of whom were minors, 8 of the minors' records did not include the names of the minor's father.
5.	403.A.1	In 1 of 25 records review, the record did not document that the abortion procedure was reported to the Department's Office of Vital Records.
6.	605.D	Waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was not managed and properly disposed of by incineration in accordance with the requirements of Regulation 61-105. Manifest

		dated 10/17/14, 10/31/14. 12/5/14 and 12/12/14 were stamped "steam sterilized."

3. As a result of the above, the Department determined that suspension of the license of Greenville Women's Clinic and the imposition of a civil monetary penalty is appropriate at this time.

CONCLUSIONS OF LAW

1. The Department is the agency of the State of South Carolina responsible for licensing abortion facilities pursuant to the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.* (2002), and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2011).

2. An abortion facility may not be operated in South Carolina without first obtaining a license from the Department. S.C. Code § 44-7-260(A)(4) (2002), S.C. Code Ann. § 44-41-75(A) (2002), and 3 S.C. Code Ann. Regs. 61-12 § 102.A (2011).

3. The Department is authorized to make inspections and investigations as considered necessary. S.C. Code Ann. § 44-7-150(1) (2002) and 3 S.C. Code Ann. Regs. 61-12 § 102.F.1 (2011).

4. The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violation of the Act or departmental regulations. S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014); *see also 3* S.C. Code Ann. Regs. 61-12 § 103 (2011).

5. Abortion clinics shall comply with the Woman's Right to Know Act, S.C. Code Ann. §§ 44-41-310, *et seq*. *Id.* § 208.

6. Abortion clinics shall place a listing of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. *Id.* § 303.A.1.

7. Abortion clinics shall ensure that products of conception resulting from abortion procedures are managed in accordance with requirements for pathological waste pursuant to Regulation 61-105, *South Carolina Infectious Waste Management*. *Id.* § 304.H.

8. Abortion clinics shall ensure that patients' records include the father's and mother's names when the patient is a minor. *Id.* § 401.A.1.

9. Abortion clinics shall ensure that any abortion performed is reported to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure. *Id.* § 403.A.1.

10. Abortion clinics shall ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, is managed in accordance with Regulation 61-105. *Id.* § 605.D.

11. Based upon the foregoing findings of fact, the Department finds that the Facility violated Regulation 61-12 as follows:

a. The Facility violated Section 208 on September 2, 2015, by failing on one occasion to comply with Section 44-41-330(A)(1) of the Woman's Right to Know Act. Violation of Section 208 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $1,000 monetary penalty for this violation.

b. The Facility violated Section 303.A.1 on September 2, by failing to have a listing of the contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. Violation of Section 303.A.1 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

c. The Facility violated Section 304.H on September 2, 2015, by failing to ensure that products of conception resulting from abortion procedures were managed and properly disposed of by incineration in accordance with Section T.9 of Regulation 61-105, *South Carolina Infectious Waste Management*. Violation of Section 304.H is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

d. The Facility violated Section 401.A.1 on September 2, 2015, by failing to document both parent names in the medical record of minors. Violation of Section 401.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

e. The Facility violated Section 403.A.1 on September 2, 2015, by failing to report abortion procedures performed to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure being performed. Violation of Section 403.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

f. The Facility violated Section 605.D on September 2, 2015, by failing to ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was managed in accordance with Regulation 61-105. Violation of Section 605.D is a Class III penalty.

12. In consideration of the above, the Department determined that the following discipline is warranted at this time.

NOW, THEREFORE IT IS ORDERED THAT, pursuant to S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014) and 3 S.C. Code Ann. Regs. 61-12 § 103 (2011):

1. The license of Greenville Women's Clinic is hereby suspended until further notice from the Department, which will be contingent upon the facility complying with the conditions set forth below.

2. The Department assesses a $2,750 monetary penalty against Greenville Women's Clinic for the above noted violations. Payment of the $2,750 assessed monetary penalty is due within 30 days of execution of this Administrative Order by certified check or money order payable to the S.C. Department of Health and Environmental Control. Payment shall be sent to the following address:

Attention: Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, S.C. 29201

If payment is late for any reason not otherwise approved by the Department, the Department may assess additional monetary penalties and/or initiate additional enforcement action against Greenville Women's Clinic, up to and including revocation of the Facility's license to operate as an abortion clinic.

3. The Department will lift the suspension upon the following conditions:

a) Greenville Women's Clinic's payment of the imposed monetary penalty.

b) Greenville Women's Clinic's timely submission of a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the date of those action in regard to the violations contained in the Department's reports of visits for the September 2, 2015, general inspection and September 2, 2015 investigation.

c) Greenville Women's Clinic providing to the Department evidence of Greenville Women's Clinic's training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Woman's Right To Know Act, S.C. Code Ann. §§ 44-41-310, *et seq.*, and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

4. Greenville Women's Clinic shall ensure that all files and records are maintained and preserved as required by Regulation 61-12.

IT IS SO ORDERED.

THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Shelly Bezanson Kelly
Director of Health Regulation

9-11-15
Date

Gwen C. Thompson
Gwen C. Thompson
Bureau Chief for Health Facilities Licensing

9/11/15
Date

Reviewed by:

Ashley Biggers
Ashley Biggers, Esquire
Chief Counsel for Health Regulation

9-11-15
Date

South Carolina Board of Health and Environmental Control

Guide to Board Review

Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars ($100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
   - The grounds for amending, modifying, or rescinding the staff decision;
   - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
   - the relief requested;
   - a copy of the decision for which review is requested; and
   - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:

   South Carolina Board of Health and Environmental Control
   Attention: Clerk of the Board
   2600 Bull Street
   Columbia, South Carolina 29201

   Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.
NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference. The Conference will be publically noticed and should:
   - include the place, date and time of the Conference;
   - state the presentation times allowed in the Conference;
   - state evidence may be presented at the Conference;
   - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
   - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
   - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
     - Type of decision (permit, enforcement, etc.) and description of the program.
     - Parties
     - Description of facility/site
     - Applicable statutes and regulations
     - Decision and materials relied upon in the administrative record to support the staff decision.
   - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
   - Rebuttal by Department staff [15 minutes]
   - Rebuttal by Requestor(s) [10 minutes]

   Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council.. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

Location Information		Audit Information	
License Number:	AB-0005	**Audit Form:**	Abortion Clinic ROV 20150827
Mail Stop:	HL- Abortion Clinic	**Audit Type:**	L01 Routine
Location Name:	CHARLESTON WOMEN'S MEDICAL CENTER	**Start Date:**	Thursday, September 03, 2015
Address 1:	1312 ASHLEY RIVER RD	**Stop Date:**	Friday, September 04, 2015
City/State/Postal Code:	CHARLESTON , SC , 29407-5365 , Charleston	**Auditor:**	Michell Hatcher
Phone 1:	843-571-5161	**Contact Name:**	
Email:	JANICECWMC@AOL.COM		

Bureau of Health Facilities Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME:_____

TITLE:_____

SIGNATURE:_____

DATE:_____

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

POC REQUIRED

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below: *Plan of correction required within 15 days of receipt of this report.*	
INSPECTION INFORMATION	
Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
What Date Did the Auditor Arrive at the Facility?	3 Sep 2015
What Time Did the Auditor Arrive at the Facility?	8:30:45 AM
Facility Administrator:	Leisa Boyle
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Sabrina Draytron and Janice Nichols
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? *Janice Mcfaddin, RN (DHEC) and Charlene Bell, Field Manager (DHEC), Crispulo Isiminger, Leslie Yasinsac*	YES
AC REGULATION PARTS I-VII 61-12	
302.B. Clinics performing abortions beyond 14 weeks from the first day of the last menstrual period must meet the requirements of Section 309. (Class I Violation) ***White blood counts were not available in the medical records for 3 of 3 medical records reviewed for patients 14 weeks gestation or higher.Staff members A and B report the facility does not obtain a white blood count or determine the blood type for patients 14 weeks gestation or higher. (See 309. D .1.)***	OUT
303.F. Records. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered. (Class II Violation) ***A record of the accounting of all medications administered from the facility's stock supply of controlled substances was not available for review. The controlled medicines were locked in the physician's office and staff members did not have access to the office.***	OUT
304.B.3. Prior to the procedure, laboratory tests shall include a recognized urine pregnancy test unless the physician identifies fetal heart beats or fetal movements on physical examination. If positive, the following additional tests are required: Determination of Rh factor (including the Du variant when the patient is Rh negative); Rh (D) immune globulin (human) shall be administered, prior to discharge, to patients who are determined to be Rh negative. (Class II Violation) ***Determination of Rh factor was not documented in the record or otherwise available for review 21 of 25 medical records reviewed.***	OUT
309.D. Clinics which perform abortions beyond 14 weeks from the first day of the last menstrual cycle shall, in addition to those requirements in all other sections of	OUT

this regulation, have the following in place: Laboratory tests/procedures shall include: 1. White blood count and determination of blood type; 2. Sickle cell, when indicated; 3. Ultrasonogram. (Class I Violation)

Staff members A and B stated to the inspectors that the facility does not obtain a white blood count for patients who are beyond 14 weeks since from the first day of the last menstrual cycle. White blood counts were not documented in the record or otherwise available for 3 of 3 medical records reviewed for patients beyond 14 weeks since the last menstrual cycle.

Retention

PROTECTED INFORMATION

Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, participant, or staff you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO'

[redacted] YES

Auditor Signature: Michell Hatcher

No Signature Available

Representative Signature:

No Signature Available

Location Information		Audit Information	
License Number:	AB-0005	**Audit Form:**	Abortion Clinic ROV 20150827
Mail Stop:	HL- Abortion Clinic	**Audit Type:**	L07 Investigation
Location Name:	CHARLESTON WOMEN'S MEDICAL CENTER	**Start Date:**	Thursday, September 03, 2015
Address 1:	1312 ASHLEY RIVER RD	**Stop Date:**	Friday, September 04, 2015
City/State/Postal Code:	CHARLESTON , SC , 29407-5365 , Charleston	**Auditor:**	Michell Hatcher
Phone 1:	843-571-5161	**Contact Name:**	
Email:	JANICECWMC@AOL.COM		

Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708 REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.	Report Notice

INSPECTION INFORMATION	
Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Investigation
Section Team Log Number: *M08052-15*	Section Team Log Number
Reason for Investigation: *The South Carolina Department of Health and Environmental Control conducted this investigation in accordance with the August 18, 2015 request by Governor Nikki Haley.*	
What is the Source:	Other

Date Agency (DHEC) Notified: *August 18, 2015*	Date Agency (DHEC) Notified:
Detailed Results of this Investigation: *The South Carolina Department of Health and Environmental Control's Bureau of Health Facilities Licensing and Bureau of Land and Waste Management conducted a joint investigation in accordance with August 18, 2015 request by Governor Nikki Haley. The Department made an unannounced visit to Charleston Women's Medical Center for Investigation M08052-15 to determine compliance with state laws and regulations. Department personnel interviewed facility staff regarding, but not limited to, facility operational and patient care policies and procedures, memoranda of agreement, agreement with a board certified OB-GYN physician with admitting privileges at a local hospital, and consultation agreements. Department personnel also reviewed staff personnel files relating to professional licensure, orientation, in-service training, infection control, patient confidentiality, job descriptions, and 25 patient medical records. A walk through of the facility was also conducted pertinent to the collection, processing, storage, and disposal of tissue. During the walk through a red biohazard container was observed in the sterilization room, however, there were no contents in the container. The container was labeled with biohazard markings on the outside of the container. Facility staff reports the products of conception are collected in this red biohazard container in the individual bags and held until placed in storage for pick up. There were no violations cited during this investigation.*	Detailed Results
Is this an Unlicensed Facility/Activity?	NO
Has the Initial QI Review Been Completed?	NO
What Date Did the Auditor Arrive at the Facility?	3 Sep 2015
What Time Did the Auditor Arrive at the Facility?	8:30:28 AM
Facility Administrator:	Lisa Boyle
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Sabrina Drayton, Patient Care Tech
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? *Janice McFaddin, Charlene Bell, Leslie Yasinsac, Crispulo Isminger*	YES
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, participant, or staff you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.'	

Auditor Signature: Michell Hatcher
No Signature Available

Representative Signature:
No Signature Available

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

A. General Information: Date of Inspection: 8/31/15

1. Generator Name: **PLANNED PARENTHOOD SOUTH ATLANTIC** Registration Number: **SC40-0333G**
2. Address: **2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478**
3. Contact Person: [redacted] Phone Number: [redacted]
4. If the information above changed, were we notified within 30 days? N/A
5. Does the facility have a designated infection control committee and a written waste stream protocol? No (R.61-105 (F)(5))

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? No (R.61-105 (I)(3))
2. Containers Properly Labeled?
   a. a. Universal biohazard symbol? Yes
   b. b. Department issued number? Yes
   c. c. Date the container storage began? N/A
3. Infectious waste properly segregated from solid waste? No (R.61-105 (H))
4. Disinfection of surfaces in contact with infectious waste prior to reuse? Yes

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes
2. Waste protected from weather conditions? Yes
3. Waste stored to prevent release? Yes
4. Outdoor storage area locked? N/A
5. Authorized personnel only area? Yes
6. Labeled with biohazard symbol? Yes
7. Waste odorless and under storage time limit? Yes

D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release? Yes
2. Is the waste properly treated prior to disposal? Yes
3. Records maintained for 2 years? No (R.61-105 (AA)(3))
4. Weight record obtained within 50 days of shipment? No (R.61-105 (F)(6)(j))
5. Waste picked up at facility? Yes
6. Is it properly manifested with the name and registration number of the generator?
   a. Number of containers and volume or weight? No (R.61-105 (M)(1)(b))
   b. Registration number of transporter? No (R.61-105 (M)(1)(f))
7. Is the transporter registered with the Department? No (R.61-105 (M)(1)(j))
   If no, please note name, address, contact person, and phone number for the transporter.
8. Does the facility treat waste on site? Yes
9. Are products of conception treated properly? No (R.1-105 (T)(9))

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

As part of an investigation called for by Governor Haley on August 18, 2015, [redacted] and I inspected this facility, along with DHEC Health Licensing staff ([redacted], and [redacted]). We completed an Infectious Waste Program inspection using our standard checklist and were available while the Health Licensing staff read the investigative questions and noted the facility's answers. The facility's administrator, and listed infectious waste contact, was at a meeting in

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

Charlotte and was on speaker phone with other Planned Parenthood management helping to answer the investigative questions. We spoke with [redacted]. In reviewing the infectious waste protocol, it was noted that they did not address the requirement to label stored boxes with the date of closure or label closed boxes with the generator registration number before transport. The box being filled had already been labeled with the generator's registration number. The facility did not have any stored boxes at the time of the inspection. They did have collected waste (in an untied bag in a cardboard box, which is not a violation, as long as the bag and box are not full, which they were not) and I looked through the top layer of the waste. There were items in this container (a paper lab coat, etc.) that are not regulated infectious waste, violating the requirement to segregate infectious waste from solid waste. There was pathological waste collected in a biohazard bag in a refrigerator. According to R. 61-105, Section I(3), waste should always be 'placed, stored and maintained' in a rigid or semi-rigid container. The refrigerator is not considered a container. The refrigerator is disinfected before reuse. From the refrigerator, the waste is carried to the biohazard box for further packaging and transport. When the waste is picked up by the transporter, a manifest is left that must include everything required in R.61-105, Section M(1)(a)-(l). Five (5) manifests did not include the generator registration number, the transporter registration number, or the weight or volume of the waste pick-up. For the same five (5) pick-ups, there was no record of weight or treatment. For twenty-three (23) pick-ups, the record of treatment indicates that the waste was steam sterilized, which is a violation of R.61-105, Section T(9) if any products of conception were included. For all waste picked up by MedSharps, there was a record of treatment, although it certified that the waste "was treated in accordance with 25 TAC 1.136 (relating to Approved Methods of Treatment and Disposition)." After research, it was determined that Texas Administrative Code (TAC), does allow for steam sterilization of products of conception in some cases. MedSharps picked up all waste generated at the facility from January 2015-July 2015.

Inspector: [redacted] and [redacted]

Door to storage area, properly labeled.

Infectious waste collected, no putrescence.

South Carolina Department of Health and Environment Control
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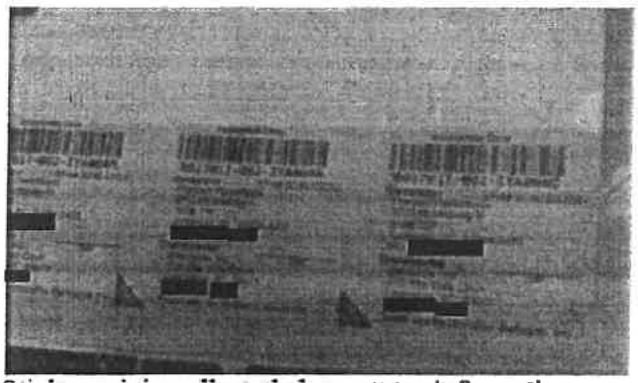
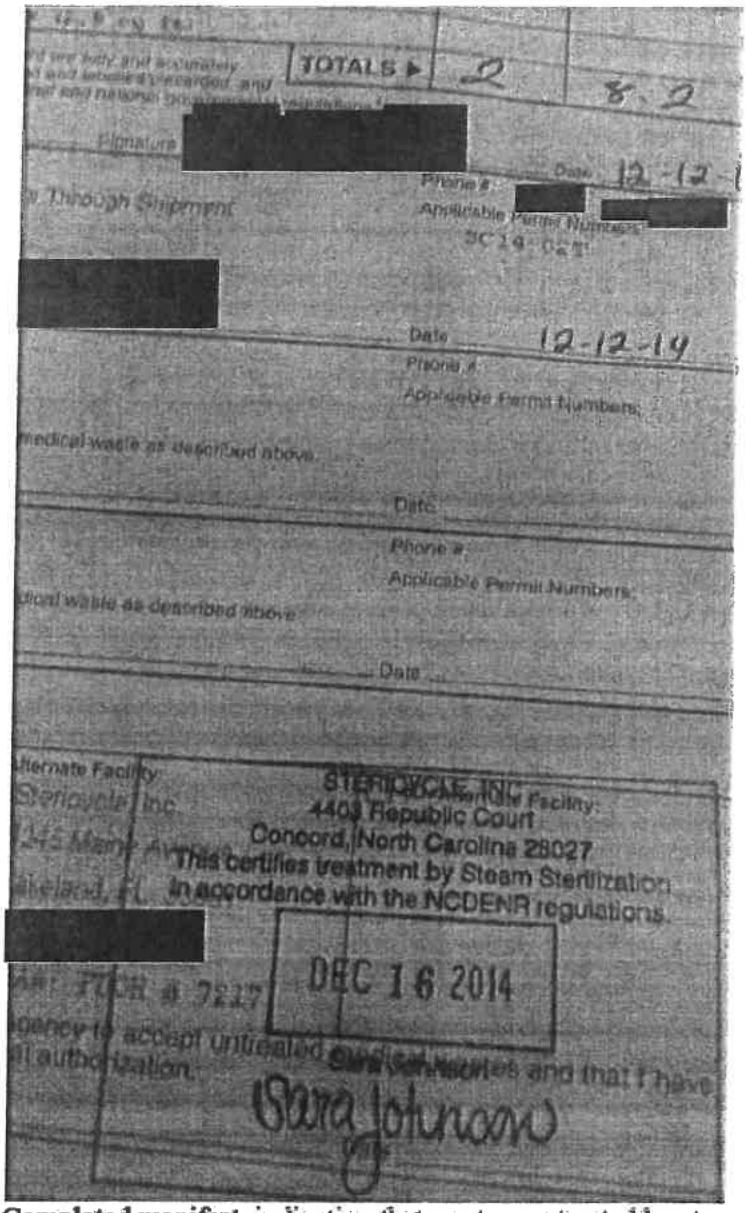
Infectious Waste Generator Inspection Report



Stickers giving all needed generator information.



Completed manifest, indicating that waste was treated by steam sterilization.

South Carolina Department of Health and Environment Control
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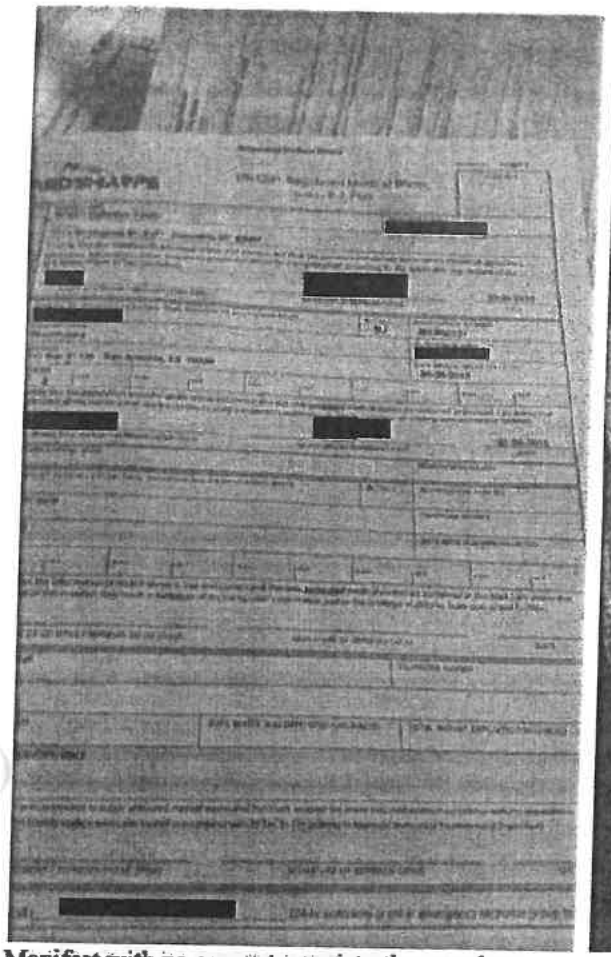
Division of Waste Management
Infectious Waste Generator Inspection Report



Manifest with no generator registration number, no transporter registration number, no record of treatment, and no weight or volume.

Bag of collected waste, including gowns and other solid waste.

Bag stored in refrgerator.

STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: PLANNED PARENTHOOD SOUTH ATLANTIC
SC40-0333G
RICHLAND COUNTY

NOTICE OF ALLEGED VIOLATION/NOTICE OF ENFORCEMENT CONFERENCE

PLANNED PARENTHOOD SOUTH ATLANTIC (PLANNED PARENTHOOD) IS HEREBY NOTIFIED that an enforcement conference has been scheduled for Monday, September 28, 2015, at 2:00 pm in the offices of the Bureau of Land and Waste Management, Room 1380, Sims Aycock Building, 2600 Bull Street, Columbia, South Carolina. Representatives of Planned Parenthood have the opportunity to be present at this conference to discuss the alleged violations of the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) cited herein.

Representatives of Planned Parenthood may be accompanied at the conference by legal and/or technical counsel. The possibility of a Consent Order may be discussed.

This Notice is based upon the following findings of the South Carolina Department of Health and Environmental Control (Department):

11. On August 31, 2015, representatives of the Department conducted an inspection of Planned Parenthood to determine compliance with the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002). During the inspection, the Department observed and documented violations of the SCIWMR. These violations are discussed in the following paragraphs of this section.

12. The written infectious waste protocol developed by Planned Parenthood did not address how containers of infectious waste would be labeled with the generator's registration number and date of storage prior to being shipped offsite.

13. The Department observed one (1) collection box of infectious waste that contained items (i.e. paper lab coat, gowns) that are not regulated infectious waste.

14. The Department observed one (1) biohazard bag of pathological waste being stored in the refrigerator. The bag was not packed in a rigid or semi-rigid, leak resistant container.

15. The following deficiencies were noted during the records review:

a. Five (5) manifests for five different infectious waste shipments did not include the generator's registration number, the transporter's registration number, and the weight or volume for the waste shipped offsite;
b. Planned Parenthood did not have a record of treatment for the five (5) shipments of infectious waste mentioned in item 5a;
c. According to the records of treatment on file, twenty-three shipments of infectious waste were shipped offsite from Planned Parenthood and were treated by steam sterilization. Planned Parenthood is a generator of products of conception and does not segregate its waste prior to being shipped offsite; and,
d. The records of treatment to review for the infectious waste transported offsite by MedSharps between January 2015 and July 2015 did not include the method of treatment.

From the above findings, the Department alleges that Planned Parenthood has violated South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) as follows:

10. §44-93-140, in that Planned Parenthood, after the promulgation of regulations, generated and stored infectious wastes in this State without complying with the procedures described in such regulations;

11. R.61-105.F(5), in that Planned Parenthood, as a generator of infectious waste, failed to have a written protocol to manage the infectious waste stream from generation until offered for transport;

12. R.61-105.F(6)(j), in that Planned Parenthood, as a generator of infectious waste, failed to obtain and record accurate weight of waste within fifty (50) days of shipment. Unabsorbed liquid waste produced during the embalming process is exempt from this requirement;

13. R.61-105.H, in that Planned Parenthood, as a generator of infectious waste, failed to segregate infectious waste from solid waste as close to the point of generation as practical to avoid commingling of the waste. If infectious waste is put in the same container as other waste, or if solid waste is put into a container labeled as infectious waste, the entire contents of the container shall be managed as infectious waste unless hazardous and/or radioactive material regulations apply, then the most stringent regulations apply as outlined in Section E (2) (a), (b), and (c);

14. R.61-105.I (3), in that Planned Parenthood, as a generator of infectious waste, failed to ensure that all other types of infectious waste are placed, stored, and maintained before

and during transport in a rigid or semirigid, leak resistant container which is impervious to moisture;

15. R.61-105.M (1)(b), in that Planned Parenthood, as a generator of infectious waste who offers for transport, infectious waste for offsite treatment, storage, or disposal, failed to prepare manifests using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility, failed to include the Department identification number;

16. R.61-105.M (1)(f), in that Planned Parenthood, as a generator of infectious waste who offers for transport, infectious waste for offsite treatment, storage, or disposal, failed to prepare manifests using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility, failed to include the weight or volume (accurate to within ten (10) percent);

17. R.61-105.M (1)(j), in that Planned Parenthood, as a generator of infectious who offers for transport, infectious waste for offsite treatment, storage, or disposal, failed to prepare manifests using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility, failed to include the name of the transporter who receives the waste from the generator or subsequent transporter and that transporter's Department issued transporter registration number;

18. R.61-105.T (9), in that Planned Parenthood, as a generator of infectious waste, failed to ensure products of conception are incinerated, cremated, interred, or donated for medical research; and,

19. R.61-105.AA(3), in that Planned Parenthood, as a generator of infectious waste, failed to ensure the waste is no longer infectious because of treatment, then the generator or permitted facility shall maintain a record of the treatment for two (2) years afterward to include the date and type of treatment, amount of waste treated, and the individual operating the treatment. Records for onsite treatment shall be maintained by the generator for a minimum of two (2) years in a location easily accessible to the Department and shall be provided to the Department upon request. Records may be maintained in paper form or electronically.

PLANNED PARENTHOOD SOUTH ATLANTIC IS FURTHER NOTIFIED that failure to attend the scheduled enforcement conference may result in the issuance of an Administrative Order without your consent. Such an Order may contain the above findings and may impose monetary penalties.

This Notice is made pursuant to South Carolina Infectious Waste Management Act §44-93-130, which authorizes the Department to issue Orders and assess monetary penalties.

September 11, 2015

Lorria H. Caswell

Lorria H. Caswell
Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

Date of Inspection: 9/2/15

A. General Information:

1. Generator Name: **GREENVILLE WOMEN'S CLINIC PA** Registration Number: **SC23-0410G**
2. Address: **1142 GROVE RD GREENVILLE, SC 29605-4692**
3. Contact Person: [redacted] Phone Number: [redacted]
4. If the information above changed, were we notified within 30 days? Yes
5. Does the facility have a designated infection control committee and a written waste stream protocol? No (R.61-105 (F)(5))

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? Yes
2. Containers Properly Labeled?
   a. a. Universal biohazard symbol? Yes
   b. b. Department issued number? Yes
   c. c. Date the container storage began? Yes
3. Infectious waste properly segregated from solid waste? Yes
4. Disinfection of surfaces in contact with infectious waste prior to reuse? No (R.61-105 (L)(1))

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes
2. Waste protected from weather conditions? Yes
3. Waste stored to prevent release? Yes
4. Outdoor storage area locked? N/A
5. Authorized personnel only area? Yes
6. Labeled with biohazard symbol? Yes
7. Waste odorless and under storage time limit? Yes

D. Infectious Waste Disposal:

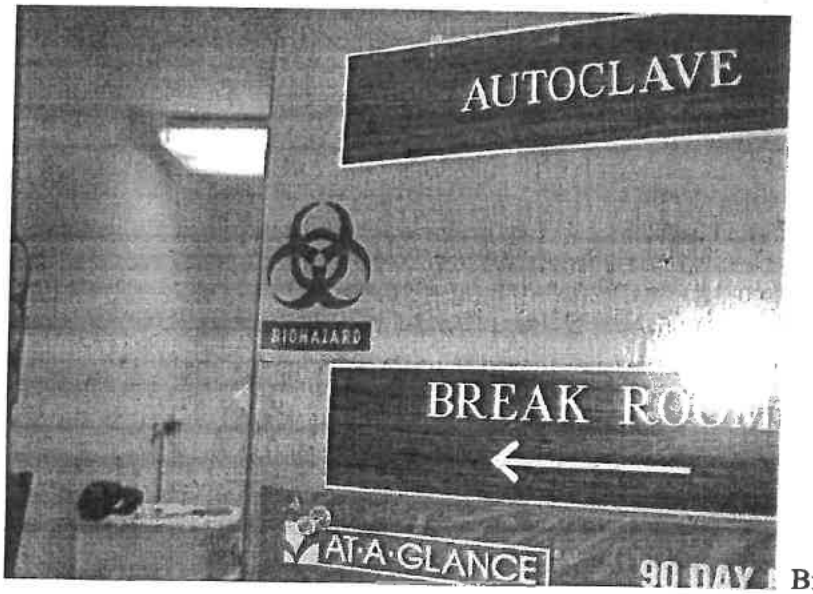
1. Is the waste managed to prevent exposure or release? Yes
2. Is the waste properly treated prior to disposal? Yes
3. Records maintained for 2 years? Yes
4. Weight record obtained within 50 days of shipment? Yes
5. Waste picked up at facility? Yes
6. Is it properly manifested with the name and registration number of the generator? Yes
   a. Number of containers and volume or weight? Yes
   b. Name and registration number of transporter? Yes
7. Is the transporter registered with the Department? Yes
   If no, please note name, address, contact person, and phone number for the transporter.
8. Does the facility treat waste on site? No
9. Are products of conception treated properly? No (R.61-105 (T)(9))

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

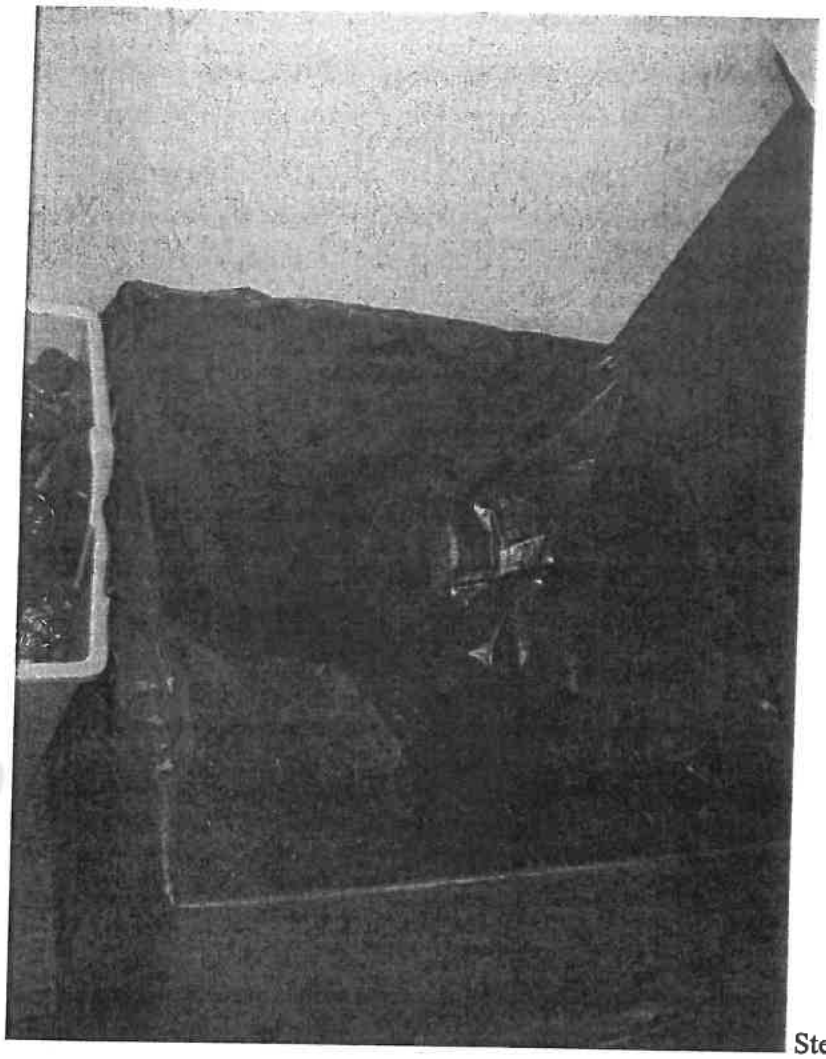
As part of an investigation called for by Governor Haley on August 18, 2015, [redacted] and I inspected the Greenville Women's Clinic PA on 9/2/15, along with DHEC Health Licensing staff [redacted], [redacted], and [redacted]. We completed the Infectious Waste Program inspection using our inspection report form located in the EFIS system. The facility's representative, [redacted], answered the investigative questions asked by the Health Licensing staff who also noted the representative's answers. In reviewing the

facility's infectious waste protocol, it was noted that they did not address the requirement to label stored boxes when sealed with the date of closure and generator registration number. According to regulation 61-105 F(5) "This committee must develop or adopt a written protocol to manage the infectious waste stream from generation until offered for transport." The facility representative, [redacted], who is responsible for the handling of the infectious waste, explained that the boxes are sealed and dated on Mondays before pickup and that they have not had a full box in storage before the Monday pickup date. The treatment stamp on the Stericycle waste manifests indicate that the waste is being treated by steam sterilization. The weight records from Stericycle, on the other hand, indicate that the waste is being treated by incineration. It was confirmed by Stericycle that at least two pick-ups, March 17, 2014 and October 20, 2014, were steam sterilized. All the rest were incinerated. Regulation 61-105 T(9) states that "Products of conception must be incinerated, cremated, interred, or donated for medical research." Stericycle picks up waste every Monday. The clinic's contract with Stericycle indicates that waste should be incinerated. During the physical and performance part of the inspection of the storage area, [redacted] explained that the products of conception are stored in a freezer, which is locked and labeled with the biohazard label. The infectious waste in the freezer is placed in a red bag placed inside a small biohazard container. Once the waste is ready for transport, the container and its contents are placed inside the larger Stericycle box located in the adjacent autoclave room before pick up. (The autoclave in this room is not used for treating waste.) [redacted] stated that the freezer is disinfected each time it is emptied. It was observed that the facility was using a small reusable biohazard container in the autoclave room. [redacted] explained that once the container was full, [redacted] would remove the contents and place it inside the Stericycle box. [redacted] stated that [redacted] would place another red bag inside the reusable container, but did not disinfect it prior to reuse. Regulation 61-105 L(1) Any material or surface which comes in contact with infectious waste must be disinfected prior to reuse.

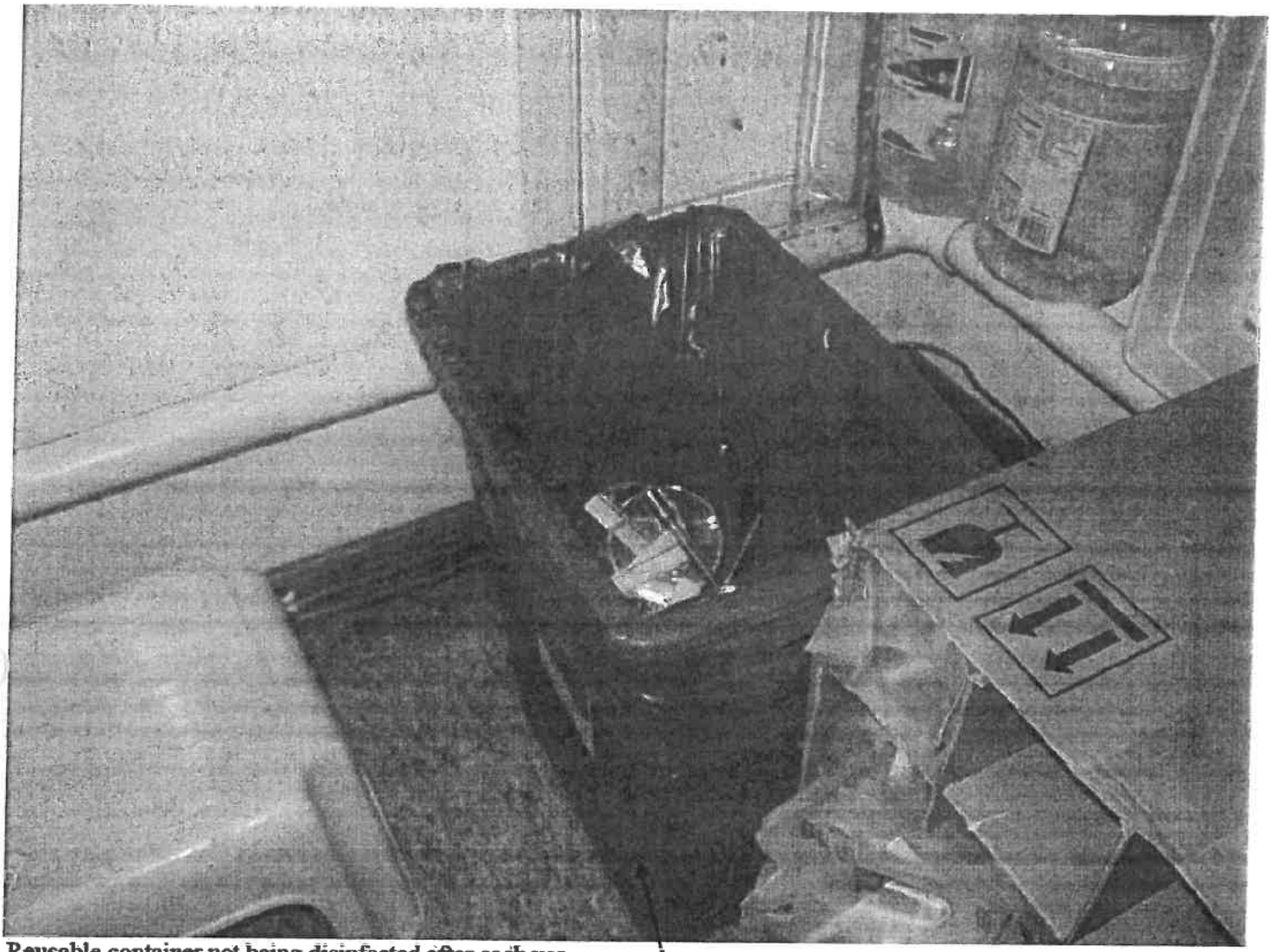
Inspector: [redacted]



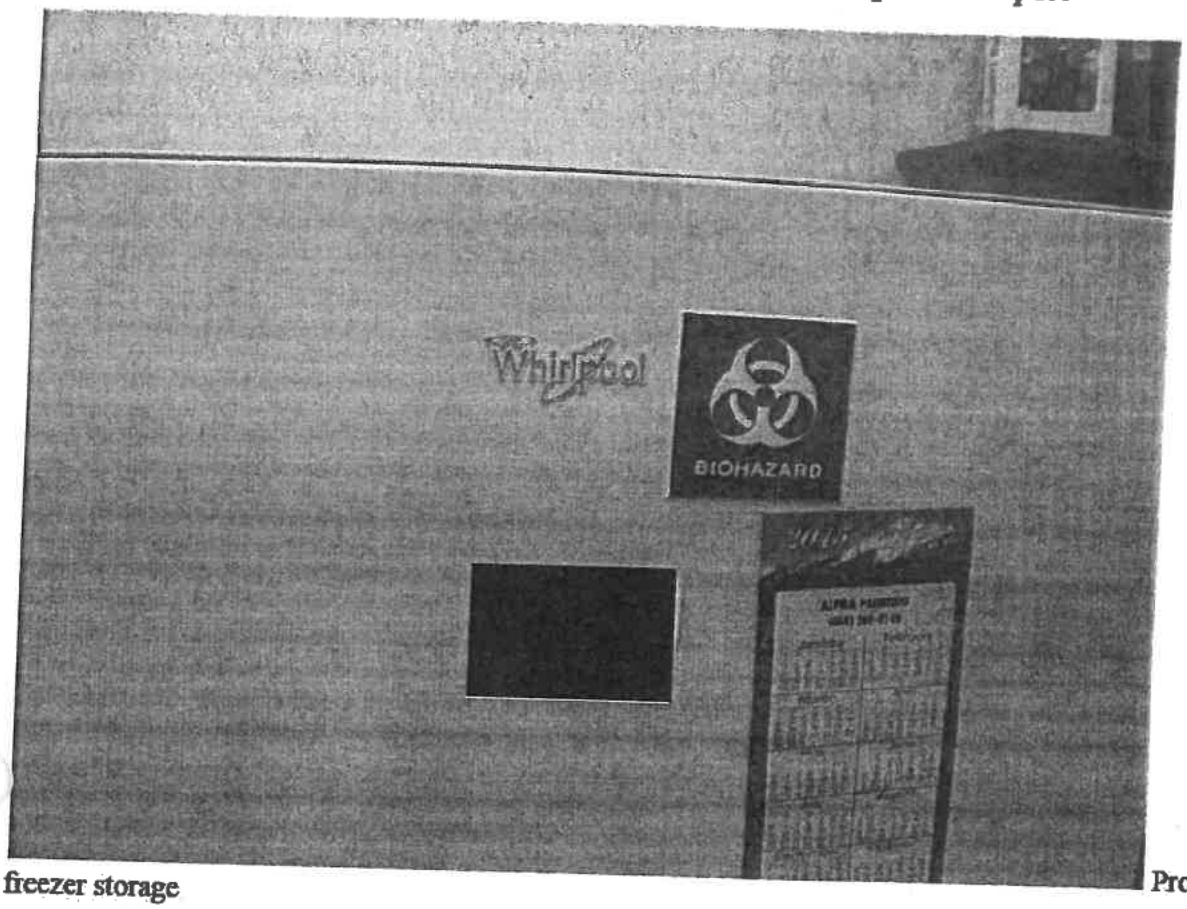
Biohazard sign for the storage room



Stericycle waste box

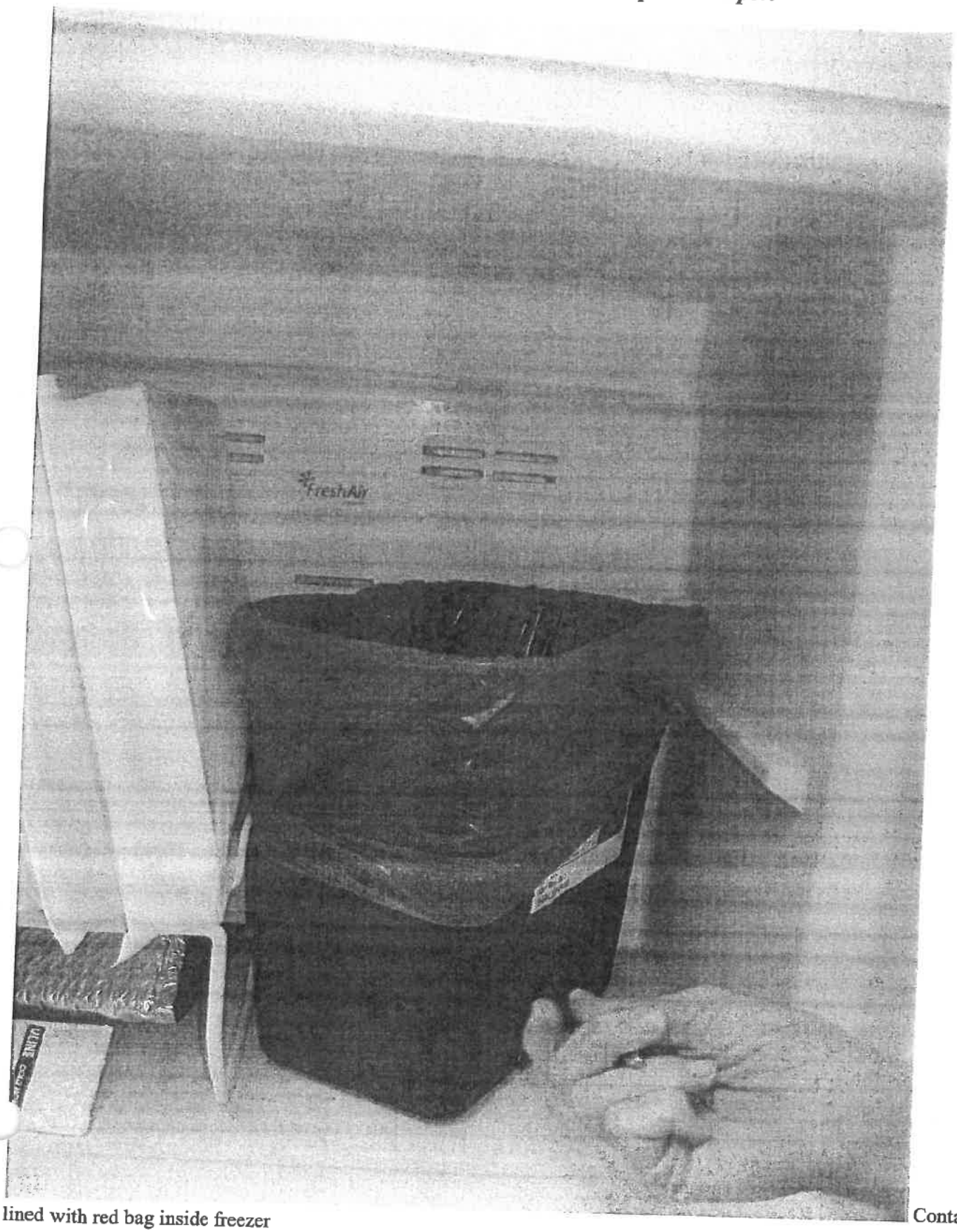


Reusable container not being disinfected after each use.



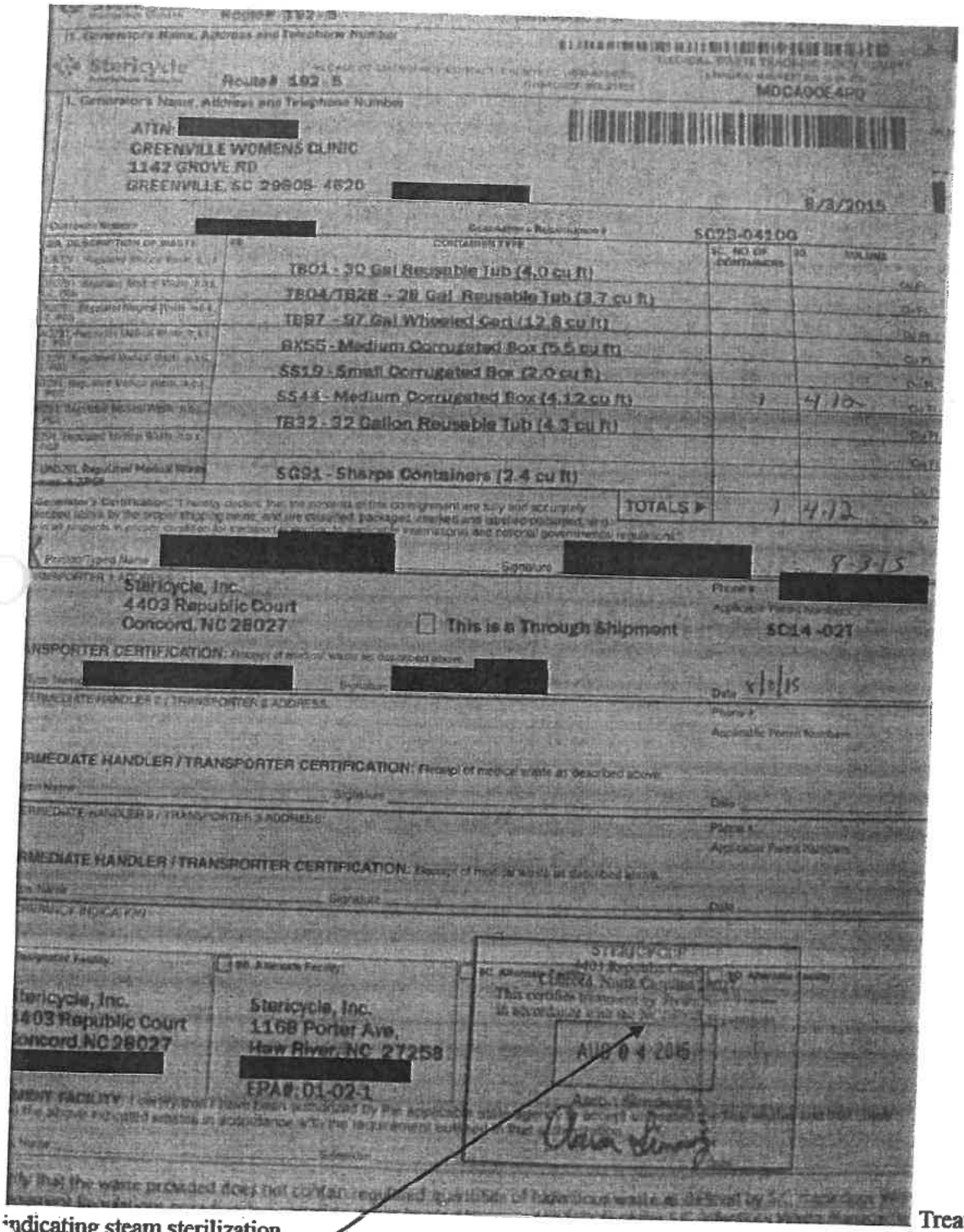
freezer storage

Product of conception



Container lined with red bag inside freezer

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report



Treatment stamp indicating steam sterilization

STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: GREENVILLE WOMEN'S CLINIC PA
SC23-0410G
GREENVILLE COUNTY

NOTICE OF ALLEGED VIOLATION/NOTICE OF ENFORCEMENT CONFERENCE

GREENVILLE WOMEN'S CLINIC PA (GREENVILLE WOMEN'S) IS HEREBY NOTIFIED that an enforcement conference has been scheduled for Monday, September 28, 2015, at 10:00am in the offices of the Bureau of Land and Waste Management, Room 1380, Sims Aycock Building, 2600 Bull Street, Columbia, South Carolina. Representatives of Greenville Women's have the opportunity to be present at this conference to discuss the alleged violations of the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) cited herein.

Representatives of Greenville Women's may be accompanied at the conference by legal and/or technical counsel. The possibility of a Consent Order may be discussed.

This Notice is based upon the following findings of the South Carolina Department of Health and Environmental Control (Department):

5. On September 2, 2015, representatives of the Department conducted an inspection of Greenville Women's to determine compliance with the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002). During the inspection, the Department observed and documented violations of the SCIWMR. These violations are discussed in the following paragraphs of this section.

6. The written infectious waste protocol developed by Greenville Women's did not address how containers of infectious waste would be labeled with the facility's registration number and date of storage, or pick up, if not stored, prior to being shipped offsite. The facility has submitted an updated protocol dated September 1, 2015 that includes dating the boxes.

7. The Department observed a small reusable biohazard container in the autoclave room. The facility representative responsible for handling infectious waste stated to the Department that when the bag is full, it is removed and packed in a Stericycle box. The facility representative also stated that another bag is placed in the reusable biohazard

container but it is not disinfected prior to replacement. Greenville Women's failed to disinfect the container prior to reuse.

8. Greenville Women's is a generator of products of conception and does not segregate its waste prior to being shipped offsite. According to Manifests dated March 17, 2014, October 20, 2014, and July 20, 2015, Stericycle picked up infectious waste from Greenville Women's for treatment and disposal. The treatment stamp placed on these manifests by Stericycle and the container detail provided by Stericycle indicated that the wastes were treated by steam sterilization.

From the above findings, the Department alleges that Greenville Women's has violated South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) as follows:

3. §44-93-140, in that Greenville Women's, after the promulgation of regulations, generated and stored infectious wastes in this State without complying with the procedures described in such regulations;

4. R.61-105.F (5), in that Greenville Women's, as a generator of infectious waste, failed to have a written protocol to manage the infectious waste stream from generation until offered for transport;

5. R.61-105.I(9), in that Greenville Women's, as a generator of infectious waste, failed to ensure that reusable containers are properly disinfected after each use as outlined in Section L of this regulation; and,

6. R.61-105.T(9), in that Greenville Women's, as a generator of infectious waste, failed to ensure that products of conception be incinerated, cremated, interred, or donated for medical research.

GREENVILLE WOMEN'S CLINIC PA IS FURTHER NOTIFIED that failure to attend the scheduled enforcement conference may result in the issuance of an Administrative Order without your consent. Such an Order may contain the above findings and may impose monetary penalties.

This Notice is made pursuant to South Carolina Infectious Waste Management Act §44-93-130, which authorizes the Department to issue Orders and assess monetary penalties.

September 11, 2015

Lorria H. Caswell
Lorria H. Caswell
Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

A. General Information: Date of Inspection: **9/3/15**

1. Generator Name: **CHARLESTON WOMEN'S MEDICAL CENTER** Registration Number: **SC10-0168G**
2. Address: **1312 ASHLEY RIVER RD CHARLESTON, SC 29407-5365**
3. Contact Person: [redacted] Phone Number: [redacted]
4. If the information above changed, were we notified within 30 days? No
5. Does the facility have a designated infection control committee and a written waste stream protocol? Yes (R.61-105 (F)(1)(g))

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? Yes
2. Containers Properly Labeled?
   a. a. Universal biohazard symbol? Yes
   b. b. Department issued number? N/A
   c. c. Date the container storage began? N/A
3. Infectious waste properly segregated from solid waste? Yes
4. Disinfection of surfaces in contact with infectious waste prior to reuse? Yes

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes
2. Waste protected from weather conditions? Yes
3. Waste stored to prevent release? Yes
4. Outdoor storage area locked? N/A
5. Authorized personnel only area? Yes
6. Labeled with biohazard symbol? Yes
7. Waste odorless and under storage time limit? Yes

D. Infectious Waste Disposal:

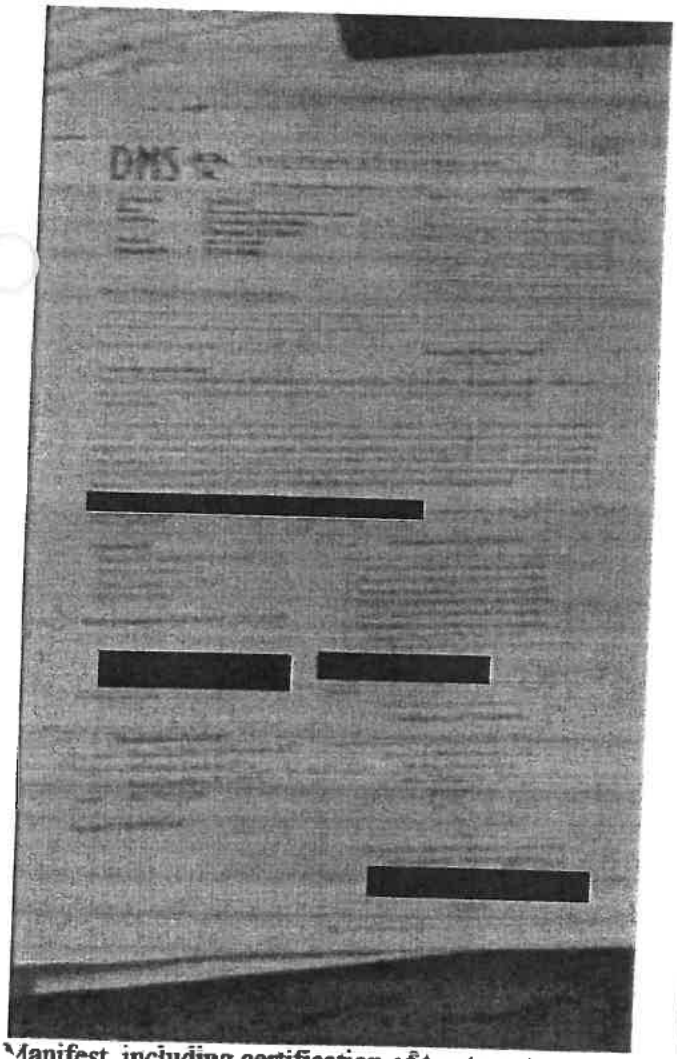
1. Is the waste managed to prevent exposure or release? Yes
2. Is the waste properly treated prior to disposal? Yes
3. Records maintained for 2 years? Yes
4. Weight record obtained within 50 days of shipment? Yes
5. Waste picked up at facility? Yes
6. Is it properly manifested with the name and registration number of the generator? Yes
   a. Number of containers and volume or weight? Yes
   b. Name of transporter? Yes
7. Is the transporter registered with the Department? Yes
   If no, please note name, address, contact person, and phone number for the transporter.
8. Does the facility treat waste on site? No
9. Are products of conception treated properly? Yes

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

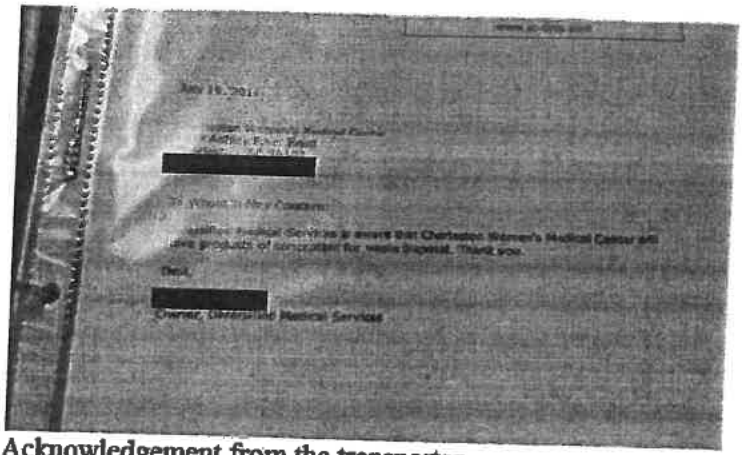
As part of an investigation called for by Governor Haley on August 18, 2015, [redacted] and [redacted] inspected this facility, along with DHEC Health Licensing staff ([redacted]). We completed an Infectious Waste Program inspection using our standard checklist and

were available while the Health Licensing staff read the investigative questions and noted the facility's answers. The facility's listed contact was out of the office. We spoke with [redacted]. Diversified Medical Services picks up the waste every 2 weeks and provided records documenting incineration for all infectious waste generated at the facility. Items reused are disinfected properly. Waste is stored in a manner to afford protection from adverse conditions and prevent access by patients. Records of treatment and weight records are obtained in a timely manner. Although the facility does keep weight records and notified the Department of the total amount of waste generated, the estimated amount of pathological waste generated each month was reported as zero. As products of conception fall into the definition of pathological waste, this is incorrect. [redacted] gave a verbal estimate of the amount of pathological waste generated and I updated the database with this information. I informed [redacted] that this needs to be updated if the weight of any category changes. All waste is treated before disposal. There was no waste stored at the time of the inspection.

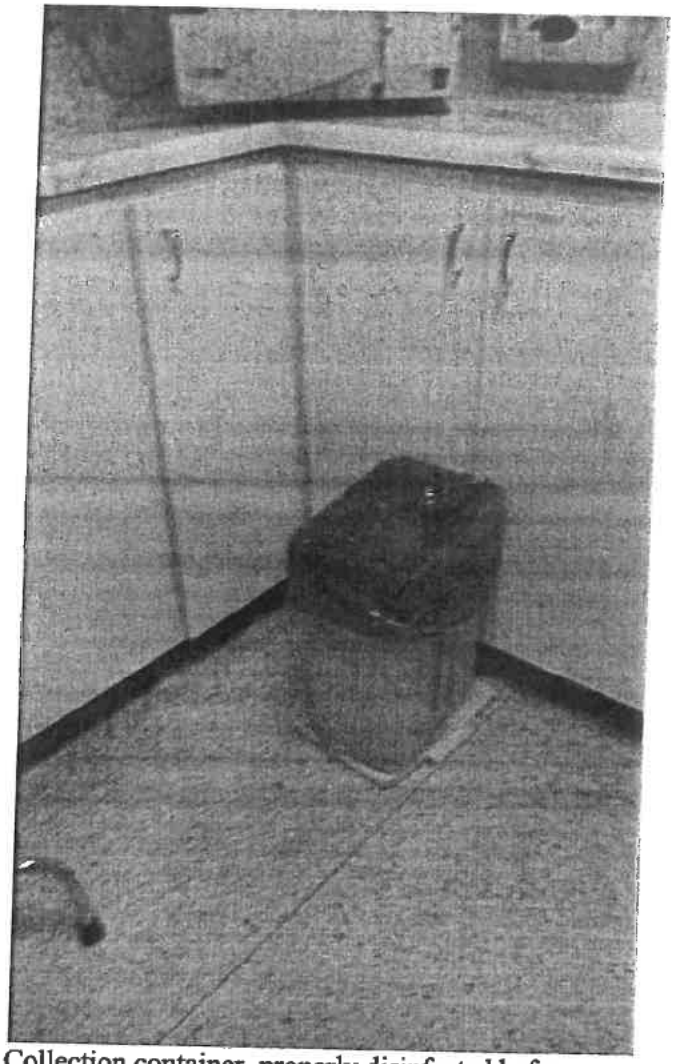
Inspector: [redacted]



Manifest, including certification of treatment.

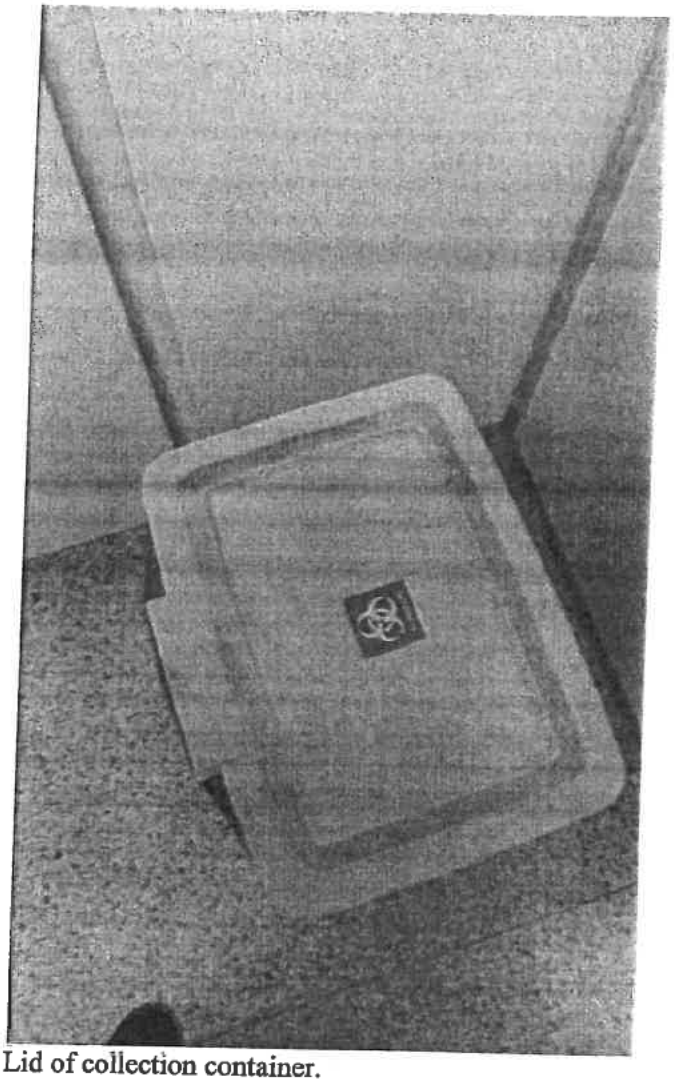


Acknowledgement from the transporter.

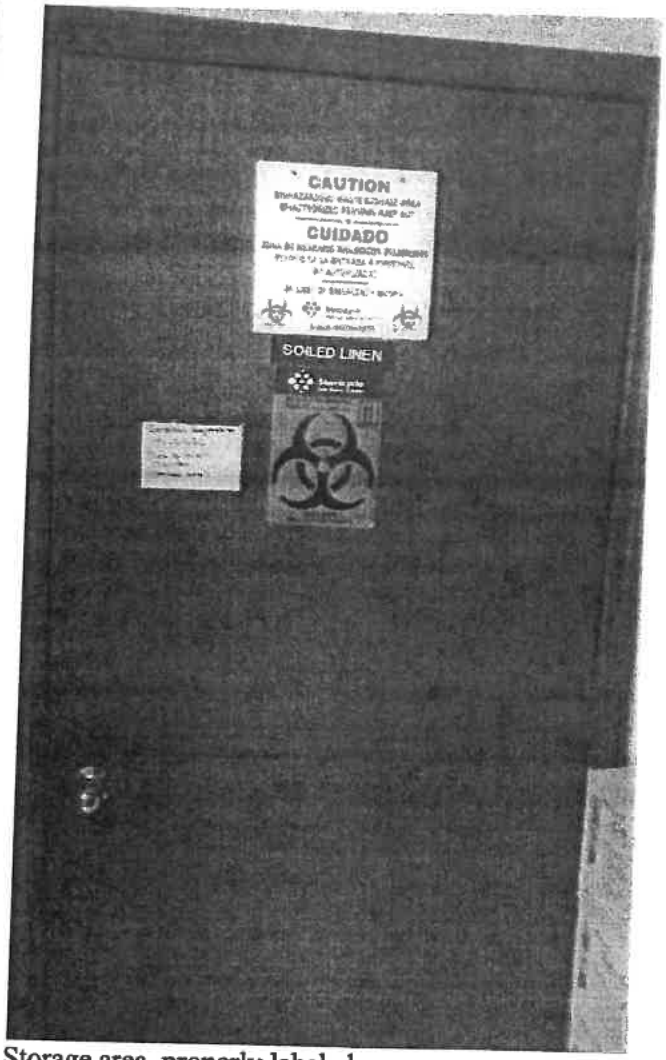


Collection container, properly disinfected before reuse. Labeled properly on lid.

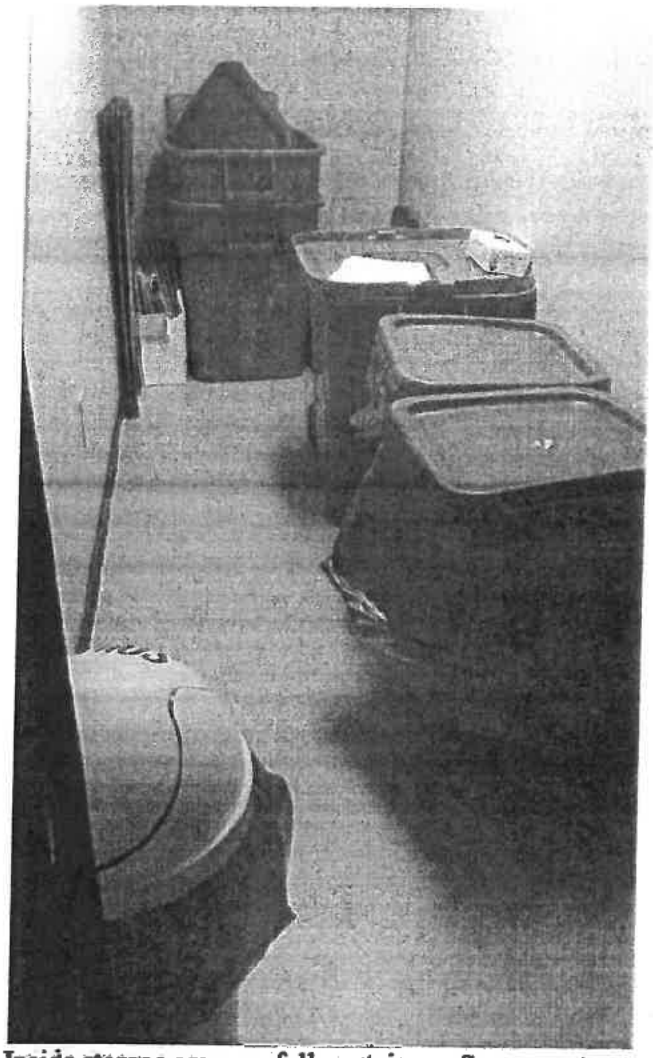
Waste consolidation log, showing waste is taken to Curtis Bay for incineration.



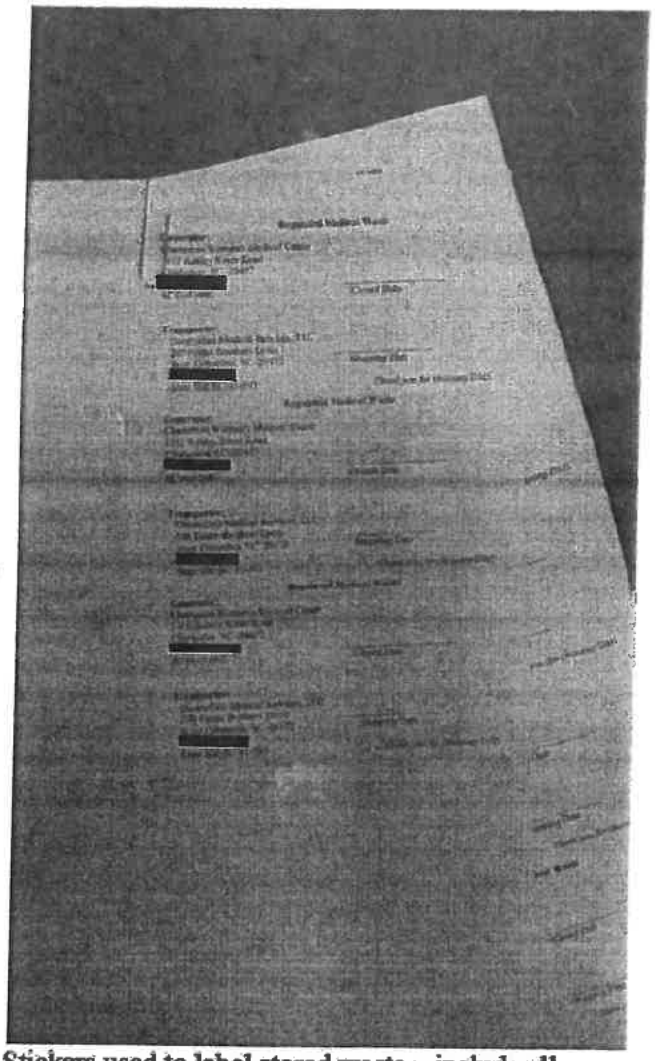
Lid of collection container.



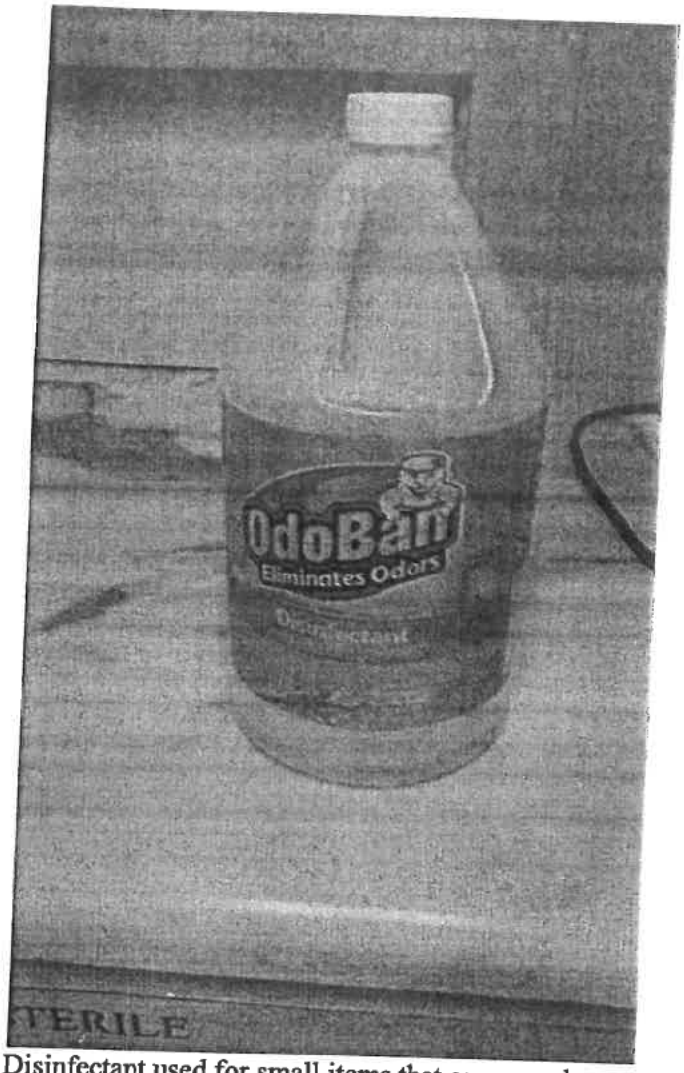
Storage area, properly labeled.



Inside storage area, no full containers. Some waste had been collected, no putrescence.



Stickers used to label stored waste – include all required information.



Disinfectant used for small items that are reused.

STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: CHARLESTON WOMEN'S MEDICAL CENTER
SC10-0168G
CHARLESTON COUNTY

NOTICE OF ALLEGED VIOLATION/NOTICE OF ENFORCEMENT CONFERENCE

CHARLESTON WOMEN'S MEDICAL CENTER (CHARLESTON WOMEN'S) IS HEREBY NOTIFIED that an enforcement conference has been scheduled for Monday, September 28, 2015, at 11:30am in the offices of the Bureau of Land and Waste Management, Room 1380, Sims Aycock Building, 2600 Bull Street, Columbia, South Carolina. Representatives of Charleston Women's have the opportunity to be present at this conference to discuss the alleged violations of the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) cited herein.

Representatives of Charleston Women's may be accompanied at the conference by legal and/or technical counsel. The possibility of a Consent Order may be discussed.

This Notice is based upon the following findings of the South Carolina Department of Health and Environmental Control (Department):

1. On February 14, 2013, Charleston Women's submitted to the Department its registration form and reported the estimated amount of pathological waste generated as zero.

2. On September 3, 2015, representatives of the Department conducted an inspection of Charleston Women's to determine compliance with the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002). During the inspection, the Department observed and documented violations of the SCIWMR. These violations are discussed in the following paragraphs of this section.

3. During the review of the waste management records, the estimated amount of pathological waste generated each month was reported as zero. Because products of conception fall into the pathological waste category, the reporting of zero for pathological waste generated is incorrect.

4. During the inspection, a facility representative stated to the Department that the facility generates an estimated amount of twenty (20) pounds per month of pathological waste, which includes products of conception.

From the above findings, the Department alleges that Charleston Women's has violated South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) as follows:

1. §44-93-140, in that Charleston Women's, after the promulgation of regulations, generated and stored infectious wastes in this State without complying with the procedures described in such regulations; and,

2. R.61-105.F (1)(g), in that Charleston Women's, as a generator of infectious waste, failed to notify the Department in writing of the categories and corresponding amount of infectious waste generated annually (estimated within plus or minus (+ or -) twenty (20) pounds).

CHARLESTON WOMEN'S MEDICAL CENTER IS FURTHER NOTIFIED that failure to attend the scheduled enforcement conference may result in the issuance of an Administrative Order without your consent. Such an Order may contain the above findings and may impose monetary penalties.

This Notice is made pursuant to South Carolina Infectious Waste Management Act §44-93-130, which authorizes the Department to issue Orders and assess monetary penalties.

September 11, 2015

Lorria H. Caswell

Lorria H. Caswell
Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: ECOMED SOLUTIONS DBA MEDSHARPS
SC19-01T
Out-of-State

NOTICE OF ALLEGED VIOLATION/NOTICE OF ENFORCEMENT CONFERENCE

ECOMED SOLUTIONS DBA MEDSHARPS (MEDSHARPS) IS HEREBY NOTIFIED that an enforcement conference has been scheduled for September 29, 2015 at 3:00pm in the offices of the Bureau of Land and Waste Management, Room 1380, Sims Aycock Building, 2600 Bull Street, Columbia, South Carolina. Representatives of Medsharps have the opportunity to be present at this conference to discuss the alleged violations of the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) cited herein.

Representatives of Medsharps may be accompanied at the conference by legal and/or technical counsel. The possibility of a Consent Order may be discussed.

This Notice is based upon the following findings of the South Carolina Department of Health and Environmental Control (Department):

9. MedSharps is an infectious waste transporter with operations located in Lafayette, Louisiana, and is registered in South Carolina. MedSharps is responsible for compliance with the applicable laws and regulations governing management of infectious waste it transports in South Carolina.

10. On August 31, 2015, representatives of the Department conducted an inspection of Planned Parenthood South Atlantic. During the records review, the Department noted that between January and July of 2015, MedSharps picked up all the infectious waste generated at the facility. During this timeframe, five (5) manifests did not include the generator registration number, the transporter registration number, or the weight or volume of the waste picked up for transport. Although all other manifests included a certification that the waste was treated, MedSharps did not provide a record of the method of treatment for any waste they transported.

From the above findings, the Department alleges that MedSharps has violated South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010)

promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) as follows:

7. §44-93-140, in that MedSharps, after the promulgation of regulations, transported and stored infectious wastes in this State without complying with the procedures described in such regulations;

8. R.61-105.R(1), in that MedSharps, as a transporter of infectious waste, accepted shipments of infectious waste which are not to be transported within South Carolina unless accompanied by an infectious waste manifest completed according to the instructions for the Department approved form and signed by the generator; and,

9. R.61-105.T(9), in that MedSharps, as a transporter of infectious waste, failed to ensure that products of conception be incinerated, cremated, interred, or donated for medical research.

MEDSHARPS IS FURTHER NOTIFIED that failure to attend the scheduled enforcement conference may result in the issuance of an Administrative Order without your consent. Such an Order may contain the above findings and may impose monetary penalties.

This Notice is made pursuant to South Carolina Infectious Waste Management Act §44-93-130, which authorizes the Department to issue Orders and assess monetary penalties.

September 11, 2015

Lorria H. Caswell
Lorria H. Caswell
Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: STERICYCLE, INC.
SC14-02T
LEXINGTON COUNTY

NOTICE OF ALLEGED VIOLATION/NOTICE OF ENFORCEMENT CONFERENCE

STERICYCLE, INC. (STERICYCLE) IS HEREBY NOTIFIED that an enforcement conference has been scheduled for September 29, 2015 at 1:30pm in the offices of the Bureau of Land and Waste Management, Room 1380, Sims Aycock Building, 2600 Bull Street, Columbia, South Carolina. Representatives of Stericycle have the opportunity to be present at this conference to discuss the alleged violations of the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) (SCIWMR), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) cited herein.

Representatives of Stericycle may be accompanied at the conference by legal and/or technical counsel. The possibility of a Consent Order may be discussed.

This Notice is based upon the following findings of the South Carolina Department of Health and Environmental Control (Department):

16. Stericycle is an infectious waste transporter with operations located in Lexington, South Carolina. Stericycle is responsible for compliance with the applicable laws and regulations requiring the proper management of that waste.

17. On August 31, 2015, representatives of the Department conducted an inspection of Planned Parenthood South Atlantic. During the records review, the Department noted that prior to January 2015, Stericycle was the transporter for that facility. Of shipments transported by Stericycle during that time frame, twenty-three (23) had records of treatment that indicated that the wastes were treated by steam sterilization.

18. On September 2, 2015, representatives of the Department conducted an inspection of Greenville Women's Clinic, PA. During the records review, the Department noted that manifests dated March 17, 2014, October 20, 2014, and July 20, 2015, indicate that Stericycle had picked up the infectious waste. The treatment stamp placed on these manifests by Stericycle and the container detail provided by Stericycle indicated that the wastes were treated by steam sterilization.

From the above findings, the Department alleges that Stericycle has violated South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2010) promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. §44-93-30 (2002) as follows:

20. §44-93-140, in that Stericycle, after the promulgation of regulations, transported and stored infectious wastes in this State without complying with the procedures described in such regulations; and,

21. R.61-105.T(9), in that Stericycle, as a transporter of infectious waste, failed to ensure that products of conception be incinerated, cremated, interred, or donated for medical research.

STERICYCLE IS FURTHER NOTIFIED that failure to attend the scheduled enforcement conference may result in the issuance of an Administrative Order without your consent. Such an Order may contain the above findings and may impose monetary penalties.

This Notice is made pursuant to South Carolina Infectious Waste Management Act §44-93-130, which authorizes the Department to issue Orders and assess monetary penalties.

September 11, 2015

Lorria H. Caswell
Lorria H. Caswell
Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

DHEC

PLAN OF CORRECTION

RECEIVED SEP 18 2015 HFLICENSING DHEC

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@DHEC.SC.GOV

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/2015	Today's Date: 9/14/2015	License Prefix: AB Suffix #: 001

Type of Inspection: *LOI ROUTINE*

Name of Facility/Activity: Greenville Womens Clinic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Kathy Adams E-mail: kathy.adams99@yahoo.com Phone: 864-232-1584

RESPONSE TO CITATIONS

9/3/2015 Completion Date (Actual or Expected)

Section: 208

Corrective Action: No procedures will be performed sooner that 60 minutes after the ultrasound done in the office on the day of the procedure.

Preventive Action: Policy and Procedure manual updated to indicate staff training in DHEC regulation Section 44-41-310 Womans Right to Know Act. Kathy Adams will conduct the training sessions. This is a requirement of all employees of Greenville Womens Clinic. It is the clinic's responsibility to confirm that at least 24 hours has passed between the time the woman accesses information pusuant to the Woman's Right To Know Act and the abortion procedure.

9/3/2015 Completion Date (Actual or Expected)

Section: 303.A.1

Corrective Action: All contents of emergency drug kit now corresponds with the inventory list

Preventive Action: Monthy monitoring of the contents will be conducted. A disposable lock will be put on cart and a log to list anyone who removes items from cart to sign and date and item removed. Dr. [redacted] will be in charge of the monitoring of the contents of the emergency drug kit. A listing of contents by drawer shall be placed on the cart to allow quick retrieval. Only authorized personnel will have access to the emergency drug cart.

9/3/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: Stericycle corrected the manifests to indicate "incinerate" They had been incorrectly stamped "steam sterilization".

Preventive Action: All manifests will be stamped correctly and inspected weekly when we get the manifest from Stericycle. Kathy Adams will be responsible for checking the manifest. All products of conception will be managed in accordance with requirements pursuant to Regulation 61-105. All infectious waste will be properly disposed in accordance with the said Regulation. Refer to section 605.D in regards to the infectious waste committee.

9/3/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: Any minors that are seen in the office will have mother and father's names both listed in the chart with proper identification and consent.

Preventive Action: Updated policy and procedure manual to include staff training in DHEC regulations re: minors to be done yearly by Kathy Adams. This is a requirement of all employees of Greenville Women's Clinic and will be emphasized with employee training each year.

9/3/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: All procedures will be reported within 7 days to Vital Records and Public Health Statistics.

Preventive Action: Staff training in DHEC regulation 61-12 to be done on yearly basis by Kathy Adams. Updated policy and procedures. A printed copy of the report is placed in the patient's chart and cross referenced with the number of procedures performed. Regulation 61-12 requires that all abortions be reported to Public Health Statistics and Information Services, within seven days of the procedure. This chart that was released one day late was an oversight on our part. We will improve in this area.

9/3/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: All reusable bio-hazard containers will be disinfected after each use and Stericycle has corrected all the manifests to indicate "incinerate"

Preventive Action: Staff training in DHEC Reg 61-105. Updated protocol for infectious waste and a member of the infectious waste committee will inspect all manifests to be sure they are stamped correctly. The infectious waste committee is Kathy Adams, [redacted] MD and [redacted] MD. The infectious waste committee will re-check monthly the weekly manifests and record in our monthly inspection manual.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☐ No ☐

Page Number (If you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was

Greenville *Women's* Clinic

1142 Grove Road Greenville, S.C 29605
Obstetrics and Gynecology
Office (864) 232-1584

RECEIVED
SEP 18 2015
HEALTH LIC.

Send to: DHEC	From: Kathy Gdam
Attention: Eva Johnson	Date:
Office location:	Office location:
Fax number: 1-803-545-4370 ~~4212~~	Fax number: (864) 232-1352

Total pages, including cover: 5

Comments:

The PHI (Protected Health Information) contained in this FAX/E-mail is HIGHLY- CONFIDENTIAL.
It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific health care services to this patient. Any other use is a violation of Federal Law (HIPPA) and will be reported as such. If you receive this fax in error, please call (864) 232-1584.

We have an in-servic training scheduled for 9/2015 at the offic

Thanks
Kathy

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING

2600 BULL STREET, COLUMBIA, SC, 29201

OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/2015	Today's Date: 9/14/2015	License Prefix: *AB* Suffix #: 001

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Greenville Womens Clinic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Kathy Adams E-mail: kathy.adams99@yahoo.com Phone: 864-232-1584

RESPONSE TO CITATIONS

9/3/2015 Completion Date (Actual or Expected)

Section: 208

Corrective Action: No procedures will be performed sooner that 60 minutes after the ultrasound done in the office on the day of the procedure.

Preventive Action: Policy and Procedure manual updated to indicate staff training in DHEC regulation Section 44-41-310 Womans Right to Know Act. Kathy Adams will conduct the training sessions. This is a requirement of all employees of Greenville Womens Clinic. It is the clinic's responsibility to confirm that at least 24 hours has passed between the time the woman accesses information pusuant to the Woman's Right To Know Act and the abortion procedure.

9/3/2015 Completion Date (Actual or Expected)

Section: 303.A.1

Corrective Action: All contents of emergency drug kit now corresponds with the inventory list

Preventive Action: Monthy monitoring of the contents will be conducted. A disposable lock will be put on cart and a log to list anyone who removes items from cart to sign and date and item removed. Dr. [redacted] Jr will be in charge of the monitoring of the contents of the emergency drug kit. A listing of contents by drawer shall be placed on the cart to allow quick retrieval. Only authorized personnel will have access to the emergency drug cart.

9/3/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: Stericycle corrected the manifests to indicate "incinerate" They had been incorrectly stamped "steam sterilization".

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9/3/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: Any minors that are seen in the office will have mother and father's names both listed in the chart with proper identification and consent.

Preventive Action: Updated policy and procedure manual to include staff training in DHEC regulations re: minors to be done yearly by Kathy Adams. This is a requirement of all employees of Greenville Women's Clinic and will be emphasized with employee training each year.

9/3/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: All procedures will be reported within 7 days to Vital Records and Public Health Statistics.

Preventive Action: Staff training in DHEC regulation 61-12 to be done on yearly basis by Kathy Adams. Updated policy and procedures. A printed copy of the report is placed in the patient's chart and cross referenced with the number of procedures performed. Regulation 61-12 requires that all abortions be reported to Public Health Statistics and Information Services, within seven days of the procedure. This chart that was released one day late was an oversight on our part. We will improve in this area.

9/3/2015 Completion Date (Actual or Expected)

Section: 605.D

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Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☐ No ☐

Page Number (if you answered Yes to the question above)

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INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

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4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was

Greenville Women's Clinic

1142 Grove Road Greenville, S.C 29605
Obstetrics and Gynecology
Office (864) 232-1584

RECEIVED
SEP 17 2015
HEALTH LIC.

Send to: Eva Johnson - DHEC	*From:* Kathy Adams
Attention:	*Date:* 9-16-15
Office location:	*Office location:*
Fax number: 803-545-4213	*Fax number:* (864) 232-1352

Total pages, including cover: 3

Comments:

The PHI (Protected Health Information) contained in this FAX/E-mail is HIGHLY- CONFIDENTIAL.
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DHEC

PLAN OF CORRECTION

RECEIVED
SEP 17 2015
HEALTH LIC.

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/2015	Today's Date: 9/14/2015	License Prefix: AB Suffix #: 001

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Greenville Womens Clinic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Kathy Adams E-mail: kathy.adams99@yahoo.com Phone: 864-232-1584

RESPONSE TO CITATIONS

9/3/2015 Completion Date (Actual or Expected)

Section: 208

Corrective Action: No procedures will be performed sooner that 60 minutes after the ultrasound done in the office on the day of the procedure.

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Section: 401.A.1

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9/3/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: All procedures will be reported within 7 days to Vital Records and Public Health Statistics.

Preventive Action: Staff training in DHEC regulation 61-12 to be done on yearly basis by Kathy Adams. Updated policy and procedures. A printed copy of the report is placed in the patient's chart and cross referenced with the number of procedures performed. Regulation 61-12 requires that all abortions be reported to Public Health Statistics and Information Services, within seven days of the procedure. This chart that was released one day late was an oversight on our part. We will improve in this area.

9/3/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: All reusable bio-hazard containers will be disinfected after each use and Stericycle has corrected all the manifests to indicate "incinerate"

Preventive Action: Staff training in DHEC Reg 61-105. Updated protocol for infectious waste and a member of the infectious waste committee will inspect all manifests to be sure they are stamped correctly. The infectious waste committee is Kathy Adams, [redacted] MD and [redacted], MD. The infectious waste committee will re-check monthly the weekly manifests and record in our monthly inspection manual.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☐ No ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was

Greenville Women's Clinic

1142 Grove Road Greenville, S.C 29605
Obstetrics and Gynecology
Office (864) 232-1584

RECEIVED
SEP 18 2015
HEALTH LIC.

Send to: DHEC	From: Kathy Adams
Attention: Michell Hatcher	Date: 9-18-15
Office location:	Office location:
Fax number: 1-803-545-4212	Fax number: (864) 232-1352

Total pages, including cover: 6

Comments:

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It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific health care services to this patient. Any other use is a violation of Federal Law (HIPPA) and will be reported as such. If you receive this fax in error, please call (864) 232-1584.

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SEP 18 2015
HEALTH LIC.

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/2015	Today's Date: 9/14/2015	License Prefix: AB Suffix #: 001

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Greenville Womens Clinic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Kathy Adams E-mail: kathy.adams99@yahoo.com Phone: 864-232-1584

RESPONSE TO CITATIONS

9/3/2015 Completion Date (Actual or Expected)

Section: 208

Corrective Action: No procedures will be performed sooner that 60 minutes after the ultrasound done in the office on the day of the procedure.

Preventive Action: Policy and Procedure manual updated to indicate staff training in DHEC regulation Section 44-41-310 Womans Right to Know Act. Kathy Adams will conduct the training sessions. This is a requirement of all employees of Greenville Womens Clinic. It is the clinic's responsibility to confirm that at least 24 hours has passed between the time the woman accesses information pusuant to the Woman's Right To Know Act and the abortion procedure.

9/3/2015 Completion Date (Actual or Expected)

Section: 303.A.1

Corrective Action: All contents of emergency drug kit now corresponds with the inventory list

Preventive Action: Monthy monitoring of the contents will be conducted. A disposable lock will be put on cart and a log to list anyone who removes items from cart to sign and date and item removed. Dr. [redacted] will be in charge of the monitoring of the contents of the emergency drug kit. A listing of contents by drawer shall be placed on the cart to allow quick retrieval. Only authorized personnel will have access to the emergency drug cart.

9/3/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: Stericycle corrected the manifests to indicate "incinerate" They had been incorrectly stamped "steam sterilization".

Preventive Action: All manifests will be stamped correctly and inspected weekly when we get the manifest from Stericycle. Kathy Adams will be responsible for checking the manifest. All products of conception will be managed in accordance with requirements pursuant to Regulation 61-105. All infectious waste will be properly disposed in accordance with the said Regulation. Refer to section 605.D in regards to the infectious waste committee.

9/3/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: Any minors that are seen in the office will have mother and father's names both listed in the chart with proper identification and consent.

Preventive Action: Updated policy and procedure manual to include staff training in DHEC regulations r. minors to be done yearly by Kathy Adams. This is a requirement of all employees of Greenville Women's Clinic and will be emphasized with employee training each year.

9/3/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: All procedures will be reported within 7 days to Vital Records and Public Health Statistics.

Preventive Action: Staff training in DHEC regulation 61-12 to be done on yearly basis by Kathy Adams. Updated policy and procedures. A printed copy of the report is placed in the patient's chart and cross referenced with the number of procedures performed. Regulation 61-12 requires that all abortions be reported to Public Health Statistics and Information Services, within seven days of the procedure. This chart that was released one day late was an oversight on our part. We will improve in this area.

9/3/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: All reusable bio-hazard containers will be disinfected after each use and Stericycle has corrected all the manifests to indicate "incinerate"

Preventive Action: Staff training in DHEC Reg 61-105. Updated protocol for infectious waste and a member of the infectious waste committee will inspect all manifests to be sure they are stamped correctly. The infectious waste committee is Kathy Adams, [redacted] MD and [redacted] MD. The infectious waste committee will re-check monthly the weekly manifests and record in our monthly inspection manual.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

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GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 3, 2015

Policy re: Training of employees of Greenville Womens' Clinic

On a yearly basis, all employees will be trained in the Facilities policies and procedures, the requirements of the Woman's Right To Know Act, and all inservice/training requirements to include infection control, fire protectection, confidentiality of patient information and records, and licensing regulations.

Fire Prevention Training - We use "Fire Preventin in Healthcare Facilities" by Safety Video Direct

Infection Control - The Infection Prevention Vido ToolKit by HCPRO

HIPAA compliance - HIPAA Compliane Program by Personnel Concepts Employer Knowledge Series

[redacted]

Kathy B. Adams

GREENVILLE Women's CLINIC
1142 GROVE ROAD
GREENVILLE, SC 29605 • (864) 232-1584

September 17, 2015

Policy & Procedures

Greenville Women's Clinic shall ensure that all files and records are maintained and preserved as required by Regulation 61/12.

[redacted]

Kathy B. Adams

Monthly

- Emergency Cart
- Check Generator and Emergency Lights
- Check Medicine Drawer and Control Drugs (Exp. Dates)
- Defibrillators
- Electrical Inspection (included with Safety Inspection)
- Fire Alarm and Fire Extinguisher Check Tag initialed
- General Housekeeping (Glove Test)
- Housekeeping Checklist / Cleaning Schedule
- Safety Meeting
- Expiration Dates-Lab, Rm1, Refrigerator in back
- Infection Waste Committee

Quarterly

(Jan. / April/ July/ Oct.)

- Chart Review (5 charts or 10%)
- Clinical Staff Meeting (minutes)
- Fire Drill

Annual

- Employee Training (June)
  Infection Control
  Fire Protection Training
  HIPPA Regulation Training
  Review of Regulations
- Woman's Right to know Act
- Infection Control (January)
- Form 300 (May)
- PPD Testing (March)
- CPR (April)
- Control Drugs Inventory (May)
- Suction Machines (June)
- Anesthesia Machines (June)
- Crime Stoppers (September)
- Policy and Procedure Review / Job Description (Oct.)
- Review of Complications and statistical summary (Oct.)

GREENVILLE Women's CLINIC

1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

RECEIVED
SEP 16 2015
HEALTH LIC.

September 16, 2015

Attention: Gwen C. Thompson, Chief

Bureau of Health Facilities Licensing

Ms. Thompson:

As of September 15, 2015, the Policies and Procedures at Greenville Women's Clinic have been updated to include yearly review of the licensing regulations and the Woman's Right To Know Act. We will also review the DHEC inspections with all of our employees.

[redacted]

Kathy B. Adams

Kathy B. Adams

GREENVILLE Women's CLINIC
1142 GROVE ROAD
GREENVILLE, SC 29605 • (864) 232-1584

September 17, 2015

Policy & Procedures

Greenville Women's Clinic shall ensure that all files and records are maintained and preserved as required by Regulation 61/12.

[redacted]

Kathy B. Adams

GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

RECEIVED
SEP 17 2015
HEALTH LIC.

September 16, 2015

Michell Hatcher, RN

Michell,

In regards to 3c of the Administrative Order, dated 9/11/15, we are going to update and repeat our in-service training to include fire prevention, infection control, resource booklet, DHEC Regulations Book, HIPPA training and Woman's Right to Know Act. I will provide names of all participating and forward them to you.

[redacted]

Kathy B. Adams

GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 3, 2015

Policy re: Training of employees of Greenville Womens' Clinic

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HIPAA compliance - HIPAA Compliane Program by Personnel Concepts Employer Knowledge Series

[redacted]

Kathy B. Adams

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GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 3, 2015

Policy re: Training of employees of Greenville Womens' Clinic

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[redacted]

Kathy Adams

GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 20, 2015

re: Inservice training at Greenville Womens Clinic length of training 15 mins

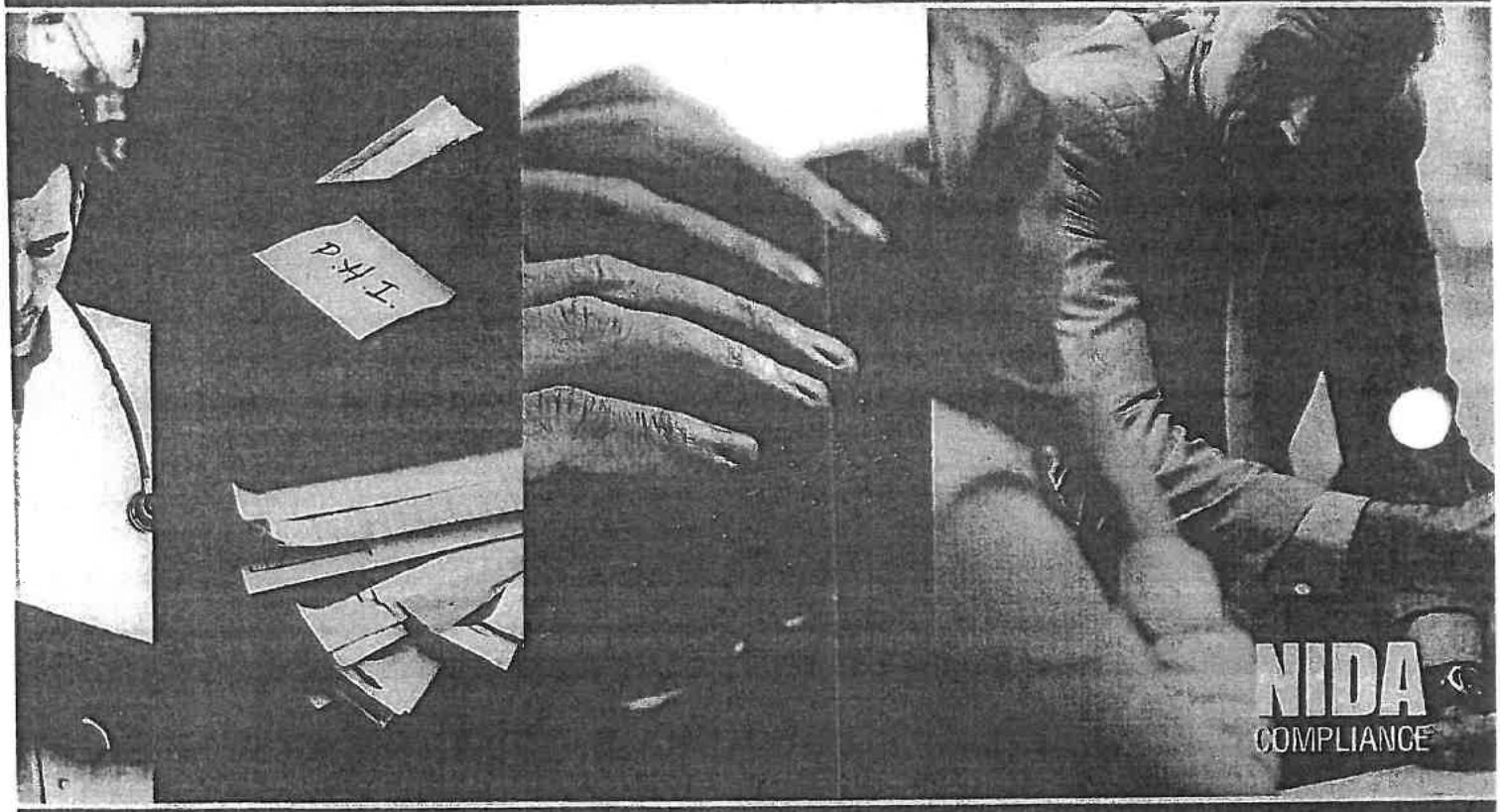
This is to certify that Kathy Adams conducted an inservice training session re: Confidentiality of patient information and records. In was in manual format by The HIPAA Compliance Program by Personnel Concepts.

The following employees attended:

Kathy Adams

[redacted]

The Health Insurance Portability and Accountability Act (HIPAA) Compliance Program



A comprehensive resource designed to help affected employers and covered entities comply with complex HIPAA regulations addressing health insurance benefits and protected health information (PHI).

personnel concepts

EMPLOYER KNOWLEDGE SERIES

Employee HIPAA Compliance Signature Form

Employee:_____ Date:

_____

My Commitment to Compliance:

I have read and understand our office's Employee HIPAA Compliance manual. I agree to do all I can, within my area of responsibility to maintain up-to-date knowledge about federal and state laws and program requirements. I will comply with these requirements to the best of my ability, and to immediately let the Compliance Officer know if there is any area where I feel our office is not in Compliance with these laws and program requirements. Our policy is a simple, yet powerful four-step process: Keep Up-to-date, educate, comply, and audit/correct.

a. We seek to maintain up-to-date knowledge about federal and state law pertaining to protection of our patients Protected Health Information.

b. We educate our employees and keep them up-to-date about federal and state law as it applies to Protected Health Information.

c. Our policy is to comply with all federal and state law governing Protected Health Information.

We desire that all our employees are particularly cognizant of the fact that protected health information must be treated with utmost attention, accuracy, honesty, and integrity. We seek to educate and carry out these policies with all our employees, managers, clinicians, and where appropriate, contractors and other agents.

I agree with our policy and will do all I can to comply with all regulatory laws pertaining to personal health information. I understand that our office has an open door policy and I may discuss any problems I feel may occur with PHI without worry of recourse with my supervisor or other supervisors.

_____

[redacted]

GREENVILLE Women's CLINIC

1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 20, 2015

re: Inservice training at Greenville Women's Clinic Length of training 0 hours 30 mins

This is to certify that Kathy Adams conducted an inservice training session re: Fire Protection. It was in DVD format provided by Safety Video Direct "Fire Prevention in Healthcare Facilities".

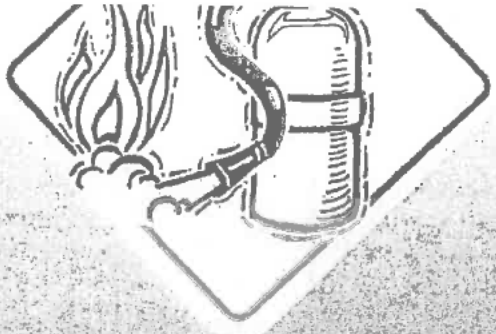
The following employees attended.

Kathy Adams

[redacted]

[redacted]

[redacted]



FIRE PREVENTION IN HEALTHCARE FACILITIES

VIDEO/DVD TRAINING PROGRAM

Safety Video Direct.com

Toll-Free Customer Service
1-866-400-5252

GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 20, 2015

re: Inservice training at Greenville Women's Clinic

This is to certify that an inservice training was held at Greenville Women's Clinic on 9/20/15.

The inservice training will be conducted by Kathy Adams, along with [redacted] MD and [redacted] MD.

The inservice training included the Facility's policies and procedures, the requirements of the Woman's Right To Know Act, infection control, fire protection, confidentiality of patient information and records and licensing regulations.

Our training material consists of:

Fire Prevention in Healthcare by Safety Video Direct in DVD format

The Infection Prevention Video ToolKit by HCPro in DVD format

HIPAA Compliance Program by Personnel Concepts Employer Knowledge Series in manual format

DHEC Regulations in manual form

[redacted]

Kathy B. Adams

GREENVILLE Women's CLINIC

1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

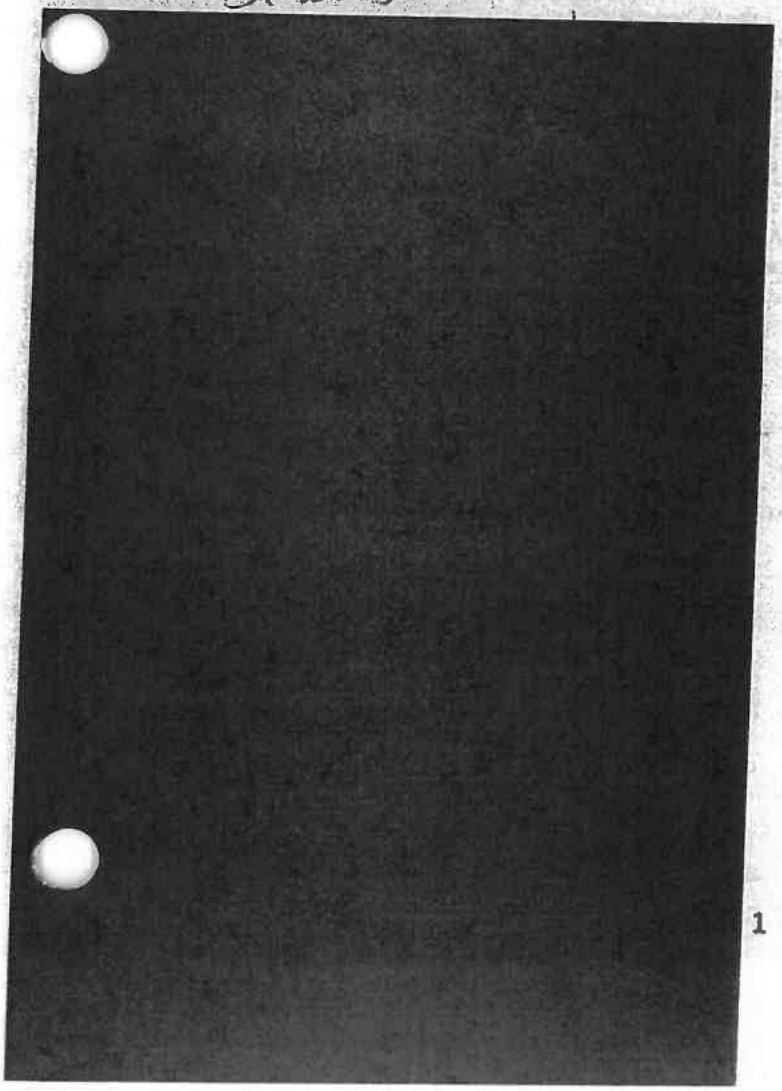
September 20, 2015

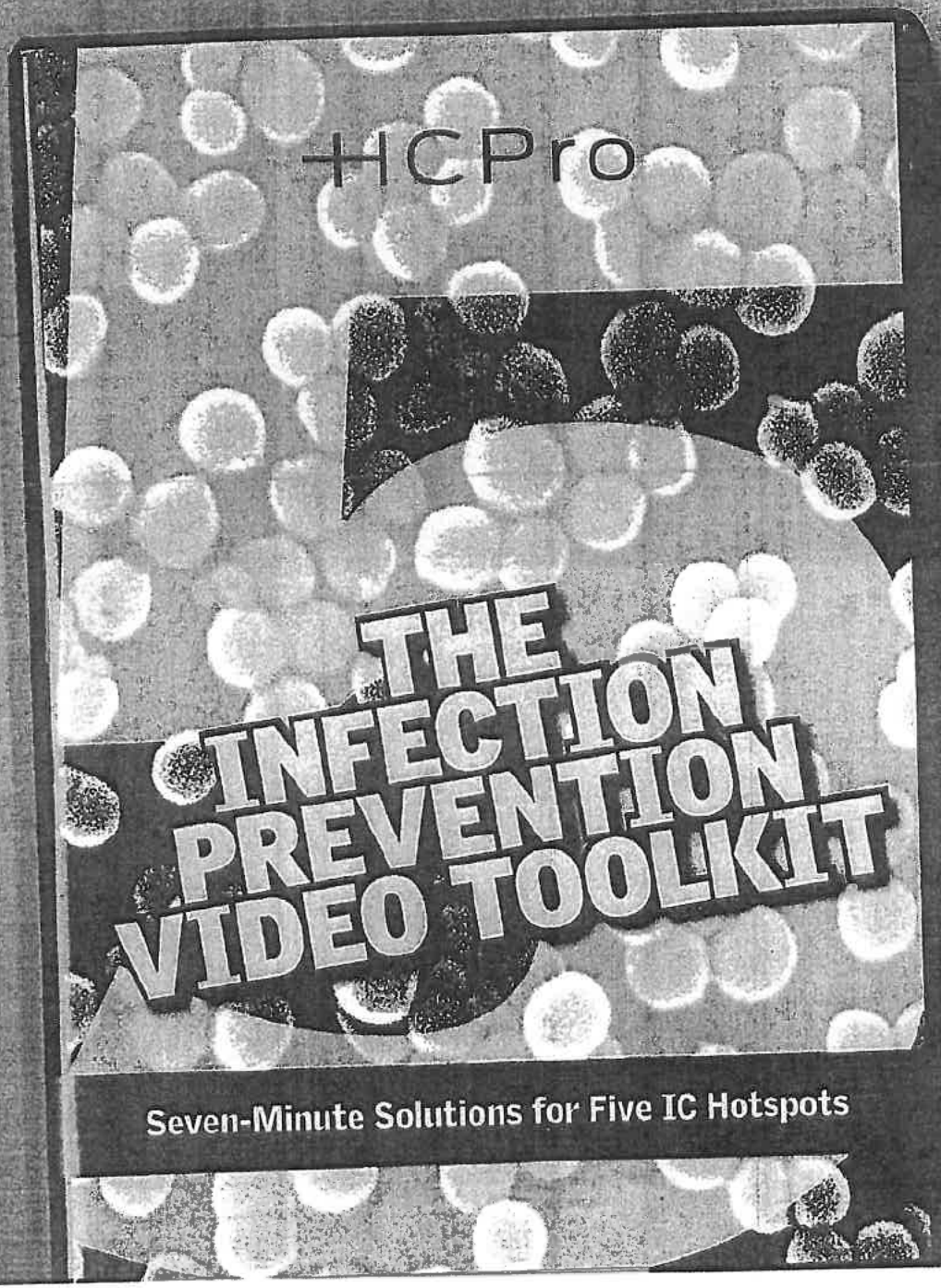
re: Inservice Training at Greenville Women's Clinic length of training 30 mins

This is to certify that Kathy Adams conducted an inservice training session re: Infection Control. It was in DVD format provided by HCPro "The Infection Prevention Video Toolkit"

The following employees attended:

Kathy Adams




HCPro
THE INFECTION PREVENTION VIDEO TOOLKIT
Seven-Minute Solutions for Five IC Hotspots

GREENVILLE Women's CLINIC

1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 20, 2015

re: Inservice training at Greenville Womens Clinic Length of training 1 1/2 hours

This is to certify that Kathy Adams and [redacted] MD conducted an inservice training in licensing regulations using DHEC regulation 61-12. The following subjects were covered:

1 - Review of violations, corrective action & prevention of future violations.

2 - Definition of Class I, II, and III violations

3 - Review of policies and procedures

4 - Review of Woman's Right to Know Act

5 - Review regulations that are Class I

6 - Review regulations that are Class II

The following employees attended:

Kathy Adams

[redacted]

[redacted]

[redacted]

1

September 19,2015

DHEC Regulations

Class 1 Violations:

Section 102.A License

Section 102.G Initial License

Section 204.C CPR and ACLS

Section 205.C Physicians

Section 206 Consent of the Patient

Section 207 Abortion Performed Upon Minors

Section 208 Dissemination of Information

Section 302 Limitation of Services Offered by Abortion Clinics

Section 303.A.1 Emergency Kit

SectionE.G Poisonous Substances

Section 305 Emergency Care

Section 306.B Oxygen with flow meter and masks of equivalent

Section 306.C Mechanical Suction

Section 306.D Resuscitation equipment to include, as a minimum, resuscitation bags and oral airways.

Section 306.E Emergency medications, intravenous fluids, and related supplies and equipment.

Section 309 Requirements for Clinics Performing Abortions Beyound 14 weeks.

Section 502.A The facility shall have posted, in conspicuous places throughout the facility, a plan for evacuation of patients, staff, and visitors in case of fire or other emergency.

Section 807.A.2 Equipment necessary to treat patients for hemorrhage, shock, cardiac arrest & other emergencies (an emergency crash cart in the immediate vicinity is acceptable.

Section 809.A

The faility shall be equipped with automatic emergency power adequate to maintain the operation of lighting for procedure rooms, egress, fire detection equipment, and alarms

Class 2 Violations

Section 102.F.2 Department inspectors shall have acess to all properties and areas, objects, records and reports, and shall have the authority to make photocopies of those documents in the course of inspections of investigations.

Section 201 Licensee

Policies and procedures reviewed annually.

Purpose of the facility

Ensuring compliance

Personnel policies/inservice training requirements

Annual review

Quality improvement program to evaluate patient care

Patient right and grievances — Posted Signs

Functional safety and matenance

Incident reporting.

Section 302 Administrative Records

Currrent policies and procedures

Current memorandums of agreement anad credentialing documentation

Current copy of the regulations

Annual heating, ventilation and air conditioning inspection report

Section 204 Personnel

Tuberculin skin test

Orientation program, fire safety and other safety measures, medical emergencies and invection

control.

Inservice training/infection control, fire protection, confidentiality, written job descriptions

Section 205 Clinical Staff

Meet at least quarterly to review and analyze their clinical experiences;minutes shall be maintained.

Section 209 Patients' Rights

Section 301 Policies and Procedures

Section 303 Pharmaceutical Services

Section 304 Laboatory Services

Section 306 Equipment and Supplies

Section 307 Consultation

Section 308 Quality improvement

Section 401 Medical Records (father's and mother's names when patient is a minor)

Section 403 Reports

Section 802 Local and State Codes and Standards (buisiness occupancy)

Section 803 Submission of Plans and Specifications (Division of Health Facilities Construction of this Department

Section 804 Licensure of Existing Structures

Section 806 Location (Transportation, Parking, Communications)

Section 808 Water Supply and Plumbing (Safe lighting for all activities including corridors.

Greenville Women's Clinic

1142 Grove Road Greenville, S.C 29605
Obstetrics and Gynecology
Office (864) 232-1584

RECEIVED
SEP 16 2015
HEALTH LIC.

Send to: Michell	From: Kathy
Attention:	Date: 9-16-15
Office location:	Office location:
Fax number: 1-803-545-4212	Fax number: (864) 232-1352

Total pages, including cover: 04

Comments:

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Greenville *Women's* Clinic

DRAWER 1

1 Xtera AED pads	12/15
1 Sterile suction catheter 14 french	no exp
1 #6 ET tube, sterile	no exp
1 #7 ET tube, sterile	no exp
1 #8 ET tube, sterile	no exp
2 Hudson lifesaver tube	no exp
EKG leads	no exp
Connecting tube N 7 6	
2 Laryngoscope handles	
1 Curved blade	
1 Straight blade	
1 Pediatric blade	
4 ET guides	
1 Sterile 8 mm nasal airway	no exp
5 C sized batteries	12/16; 12/18; 12/2024
4 D sized batteries	12/18
2 replacement light for laryngoscope	
1 cheat sheet	
2 Oral airway	
2 Suction tip Yankauer	
1 Nasopharyngeal Airway Kit	12/16
1 Oral Airway Kit	no exp
1 Pk Kendall foam electrodes	02/17

DRAWER 2

2 IV administration sets	01/16
1000cc .9% NACL soln.	07/16
500cc Hespan	10/17
3 IV extension sets	no exp
2 3 way stopcocks	no exp
1 roll transpore tape	no exp
2 Dispensing pins	

DRAWER 3

1-50% Dextrose 25gm	01/17
1 Flumazenil (Romazicon)	06/16
1 18gm Ventolin (albuterol- Generic)	09/16
1 Ondansetron	09/16
4 Narcan (Naloxone)	10/15
1 Atropine 8mg/20cc	02/17
Epinephine 1cc amps x 4 (SQ. IM) 1:1000	[illegible] 7/17, 12/16
2 2cc Solu-Cortef	02/18
2 Ammonia inhalers	no exp
5 1cc Benadryl amps 50mg	02/17
1 padded tongue blade	no exp
1 roll tape	no exp
7 16ga jelco	no exp
4 20ga jelco	01/16
1 18g jelco	no exp
Labetalol 100mg/20ml	10/16
2 Nitroglycerine 0.4mg SL (Nitrostat)	08/17–05/17
Aspirin 325mg	05/16
9-2% Lidocaine 100mg/5ml syringe	06/16
2 Tourniquet	
ETOH Pads	
2 Hydralazine 20mg (1)	[illegible] 12/16
4 Bacteriostatic Water	02/16
5 Epinephrine 1: 10,000 for IV	07/16
10 Norephinephrine injection 4mg/4ml ampules 08/18	02/18
(1 ampule in 1000 D5NS or D5LR at 15 drops/min=60ml/hr	

DRAWER 4

1 Small scapel blade handle	
3 packs sterile 4X4	
2 prs Surgeons Gloves	05/16 04/16
4 3cc syringe	10/16
4 22 Gx1 Needles	08/18
1 #10 sterile scapel blades	no exp
3 sterile 22g spinal needles	no exp
Alcohol pads	no exp
Cotton ball	no exp
5 emesis basins	no exp

DRAWER 5

1 Ambu bag	no exp
1 Blanket	no exp
1 BP Cuff	no exp
1 Flashlight	no exp
2 Narrow dever retractor	no exp
1 Nonrebreather mask	

Greenville Women's Clinic

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Obstetrics and Gynecology
Office (864) 232-1584
Fax (864) 232-1352

RECEIVED
SEP 22 2015
HEALTH LIC.

TO: Michell Hatcher	FROM: Kathy Adams
FAX: 1-803-545-4212	PAGES: 5
PHONE:	DATE: 9-21-15
RE:	CC:

☐ Urgent ☐ For review ☐ Please comment ☐ Please reply ☐ Reply ASAP

Comments:

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GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 21, 2015

re: Policy and procedure for performing ultrasounds at Greenville Womens Clinic

In compliance with the Woman's Right to Know Act, Section 44-41-310, no abortions will be performed sooner that 60 minutes after the ultrasound done at Greenville Womens Clinic.

[redacted]

Kathy Adams

GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

September 21, 2015

RE: Policy and procedure for records for minors at Greenville Womens Clinic

In compliance with Section 401.A.1, all minor's charts will have father's and mother's names listed on all face sheets.

[redacted]

Kathy Adams

GREENVILLE Women's CLINIC
1142 GROVE ROAD
GREENVILLE, SC 29605 • (864) 232-1584

September 21, 2015

re: Policy and Procedure for reporting to Vital Records and Public Health Statistics

In compliance with Section 403.A.1, Any abortion performed at Greenville Womens' Clinic will be reported within seven days after the procedure to Vital Records and Public Health Statistics.

[redacted]

Kathy Adams

Greenville *Women's* Clinic

1142 Grove Road Greenville, S.C 29605
Obstetrics and Gynecology
Office (864) 232-1584

RECEIVED
SEP 16 2015
HEALTH LIC.

Send to: Michell	From: Kathy
Attention:	Date: 9-16-15
Office location:	Office location:
Fax number: 1-803-545-4212	Fax number: (864) 232-1352

Total pages, including cover: 2

Comments:

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It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific health care services to this patient. Any other use is a violation of Federal Law (HIPPA) and will be reported as such. If you receive this fax in error, please call (864) 232-1584.

GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

RECEIVED
SEP 16 2015
HEALTH LIC.

September 15, 2015

PROTOCOL TO MANAGE INFECTIOUS WASTE STREAM FROM GENERATOR TO DISPOSAL

Segregate infectious waste from other waste at the point of generation.

All infectious waste is collected, stored and maintained in a semi-rigid leak proof container that will not allow liquid in or out.

Generator onsite storage shall not exceed fourteen days without refrigeration or thirty days if maintained at or below 42 degrees Fahrenheit.

The plastic bags are red and not reuseable. They are closed tightly and securely. They are strong enouth to resist bursting or tearing during handling and transport.

The waste is marked as biohazardous. It is packed and sealed in a container at time of pick-up, which is weekly on Monday mornings. The container is lined with a red plastic bag and properly labeled with the universal biohazard symbol sign. Transporters must label each outer container at the time it is accepted as specified. Transporters must affix required labels so that no other required markings of labels or obscured. The label has facility's registration number and date of pick up.

Reusable containers must be properly disinfected after each use with tuberculocidal strength disinfectant.

All handling of medical waste is done by authorized personnel only, and the manifest is inspected at time of pick-up by the infection committee.

Kathy B. Adams

[redacted]

FW: Automatic reply: Inconsistencies

Wed 9/9/2015 9:25 AM

To: Hatcher, Michelle <hatchemi@dhec.sc.gov>.

Cc: Kelly, Shelly B. <KELLYSB@dhec.sc.gov>; Scaturo, David M. <scaturdm@dhec.sc.gov>; Jenkins, Susan <jenkinse@dhec.sc.gov>;

I will call Kathy at Greenville Women's Clinic to get copies of the corrected manifests.

Leslie Yasinsac
Phone: 803-898-0499
Fax: 803-898-0391
Infectious Waste Program
Bureau of Land & Waste Management
Dept. of Health & Environmental Control

From: [redacted]
Sent: Wednesday, September 09, 2015 8:40 AM
To: Yasinsac, Leslie E.
Subject: RE: Automatic reply: Inconsistencies

Leslie:

The waste did make it to the incinerator plant and was incinerated. Our Biotrack Administrator has corrected the manifests to reflect the correct treatment process and submitted the manifests back to our archive where the customer has access to retrieve them. Additionally, we have sent out those corrected manifest to the customer so that they can have a corrected copy on hand.

Sorry for the delay, it has been a hectic month so far, so please let me know if you need anything else.

[redacted]

From: Yasinsac, Leslie E. [mailto:yasinsle@dhec.sc.gov]
Sent: Tuesday, September 08, 2015 10:41 AM

To [redacted]
Subject: RE: Automatic reply: Inconsistencies

I know you're still out of town but we have a follow-up meeting today, so I just wanted to check in and see where things stand with this facility and the inconsistencies.

Leslie Yasinsac
Phone: 803-898-0499
Fax: 803-898-0391
Infectious Waste Program
Bureau of Land & Waste Management
Dept. of Health & Environmental Control

From: Yasinsac, Leslie E.
Sent: Wednesday, September 02, 2015 11:18 AM
To: [redacted]
Subject: RE: Automatic reply: Inconsistencies

The facility is Greenville Womens Clinic and the customer number is 8206536-001

Sent from my T-Mobile 4G LTE Device

-------- Original message --------
From: [redacted]
Date: 9/2/2015 10:26 AM (GMT-05:00)
To: "Yasinsac, Leslie E." <yasinsle@dhec.sc.gov>
Subject: Automatic reply: Inconsistencies

I will be out of the office on travel and in meetings 08/31/2015 - 09/03/2015. Email responses may be delayed. If urgent, please contact me at [redacted]

Thank you

[redacted]

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Stericycle

Date: September 17th, 2015

Kathy Adams
Greenville Women's Clinic
1142 Grove Road
Greenville, SC 29605
888-567-6596

RE: Manifest Corrections

Dear Ms. Adams:

Per our conversation on 09/14/2015, this letter is to inform you that the manifests which were listed on the South Carolina Department of Health and Environmental Control (SC DHEC), Notice of Alleged Violation have been corrected. All waste associated with your account for the previous two (2) years was verified to have been incinerated at our Haw River, NC facility as required by SC DHEC for pathological materials. Stericycle has updated your account to "Incinerate Only" that will key our team to ensure the proper processing stamp is applied to your manifests. In parallel, now that your account is updated in our system, Stericycle will affix a yellow label to each of your containers, assuring that the waste is properly routed to our incinerator plant

For ease of reference, we have attached Stericycle's Waste Acceptance Protocol (WAP), which is part of your contract with us. Please ensure that your personnel, especially any new hires are familiar with our WAP and that you use the yellow labels we have provided and that your review your manifests carefully to ensure that they are properly completed. Following these measures will ensure that your waste is treated via incineration in accordance with all regulatory requirements.

[redacted]

Stericycle
Protecting People. Reducing Risk.

REGULATED MEDICAL WASTE ACCEPTANCE POLICY

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information. You may also call (866) 783-7422.

REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this **excludes** RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including *controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle **cannot accept** bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle **cannot accept** these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

*Un-dispensed from DEA Registrant

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any non-conforming waste identified in route to or at a Stericycle location may be returned to the generator for proper packaging or disposal. Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous material by the generator. **Excludes** all DEA scheduled drugs, including controlled substances*
- **California Only** - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Untreated Category A Infectious Substances
- RCRA Hazardous Pharmaceutical Waste and all DEA controlled drugs, including controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer
- Hazardous Waste - Drums or other containers with a hazard warning symbol, batteries and other heavy metals
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules

**Consult Stericycle Representative for specific requirements*

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at (866) 783-7422.

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Stericycle **SERVICE AGREEMENT** Account/Site #8206536-001

Service Address		Billing Address	
Customer:	Greenville Womens Clinic	Name:	Greenville Womens Clinic
Address 1:	1142 Grove Rd	Address 1:	1142 Grove Rd
Address 2:		Address 2:	
City/State/Zip:	Greenville, SC 296054620	City/State/Zip:	Greenville, SC 29605
Phone #:	(864) 232-1589	Phone #:	(864) 232-1589
E-Mail:	kathy.adams99@yahoo.com	Fax #:	(864) 232-1352
Sales Rep:	[redacted]	Generator ID #:	SC23-0410G

Stericycle BUDGET PLAN

Biohazardous Waste Disposal Services

FLEXIBLE Scheduling

Full Range of DOT COMPLIANT Containers

FULLY COMPLIANT Transportation and Disposal

MEDICAL WASTE SERVICES

Trusted handling of Biohazardous Waste/Sharps from collection through treatment to final documented disposal. Service frequency options to meet state-specific regulations.

ONLINE MANIFEST ACCESS

Manifest & Shipping Paper Archive for convenient storage and retrieval of regulated medical waste records.

COMPLIANCE PORTAL 24x7 on MyStericycle.com

MyStericycle.com makes it easy to:

- Manage Waste Pickups
- Pay Bills Online
- Access Regulatory Training including:

  Biohazardous Waste Training on state-specific regulations and proper waste segregation and handling.

  DOT Training as required by Department of Transportation every 3 years and within 90 days of hire.

Monthly Service Fee $	$199.78

Program Level: Budget Plan

Billing Schedule: Monthly

Contract Effective Date: 9-1-2015

*Additional Waste Services (Not available in all areas)

CATEGORY	FREQUENCY(STOPS/YR)	$/EA ADD'L STOP	MAX YEARLY CONTAINERS	$/EA ADD'L CONTAINER
RMW	52	$75.00	52	Current container rate plus 10%
Chemo/Path*	52	$75.00	60	$100.00

*Customer certifies that they will properly classify and segregate special waste streams and that they will not co-mingle those waste streams with any other.

Any additional services or products selected by Customer shall be billed separately according to current Stericycle pricing. During the Original Term of the Agreement, Stericycle will not increase the Monthly Service Fee listed above by more than 6% annually.

By signing below I acknowledge that I am Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by the terms and conditions that appear on the second page hereof and comply with Stericycle's Waste Acceptance Policy, both of which are integral parts of this Agreement.

CUSTOMER: x Kathy B. Adams Name Kathy B. Adams Title Office Manager

STERICYCLE: [redacted] Date Sep 17, 2015

4010 Commercial Ave., Northbrook, IL 60062 · Phone: · Fax:
Offer Expiration Date: 9-17-2015

Office Use Only: Credit: $25.0 RX-1.0.PC174.78.FD-1.0.HZ

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

[redacted]

Document Integrity Verified — Adobe Document Cloud Transaction Number: XSTIC KY22769VX3

STERICYCLE® TERMS AND CONDITIONS

Account/Site #8206536-001

1. Regulated Medical Waste Services: (a) Stericycle, Inc. shall collect, transport, treat and dispose of all Regulated Medical Waste (except Non-conforming Waste) generated by Customer during the term of this Agreement. (b) Responsibility for transportation of Regulated Medical Waste collected from Customer shall transfer and vest in Stericycle at the time it is loaded onto Stericycle's vehicle. Customer shall have title to Regulated Medical Waste at all prior times. Customer shall hold title to any Non-Conforming Waste at all times, whether refused for collection or returned to the customer for proper disposal after collection. All Regulated Medical Waste must be accompanied by a properly completed shipping document pursuant to 49 CFR 172.202 (Manifest). (c) Stericycle employees may refuse containers that are determined to be Non-Conforming Waste as identified in the Waste Acceptance Policy (WAP). Customer shall place only "Regulated Medical Waste" as defined by 49 CFR 173.134 or by any other federal, state and local regulations. (d) Customer represents and warrants that i) the waste presented for disposal will not contain any "hazardous", "toxic", "radioactive" or Non-Conforming Wastes as defined by all applicable laws, regulations and the WAP, ii) the waste strictly conforms to Stericycle's WAP and their local laws and regulations concerning Regulated Medical Waste and iii) they have reviewed the attached WAP and its complete definitions and requirements. (e) Customer shall be liable for any and all injuries, losses and damages resulting from Non-Conforming Waste. (f) All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. (g) Further definitions are included under the current WAP, which is attached and made a part of this Agreement and specifically incorporated herein. Stericycle reserves the right to change the WAP at any time to ensure compliance with applicable laws or regulations. A copy of Stericycle's WAP may also be obtained from your local Stericycle representative.

2. Term and Pricing: Subject to the provisions below, the term ("Term") of this Agreement shall be 60 months from the Effective Date. (a) This Agreement shall automatically renew for successive terms equal to the original Term (each an "Extension Term") unless either party has given sixty (60) days notice, in writing, during the six (6) month period prior to the renewal date of its desire to terminate this agreement. All Extension Terms shall be subject to the terms and conditions hereunder. (b) Stericycle reserves the right to adjust the contract price to account for operational changes it implements to comply with documented changes in law, to cover increases in the cost of fuel, insurance, or residue disposal, or to otherwise address cost escalation.(c) In the event Customer terminates this Agreement prior to expiration of the term hereof (or any "Extension Term") or fails to perform any of its obligations under this Agreement, Stericycle shall have, without limitation, all rights and remedies provided at law or in equity, as well as the right to recover from Customer an amount (which the parties hereby acknowledge constitutes Stericycle's liquidated damages and not a penalty) equal to fifty percent of the Customer's average monthly charge multiplied by the number of months (including any partial months), remaining until the expiration date of the then current term hereof. (d) Stericycle shall have the right to terminate this Agreement at any time by giving Customer at least sixty (60) days notice in the event that it is unable to continue performing its obligations under this Agreement due to the suspension, revocation, cancellation or termination of any permit required to perform this Agreement or in the event that a change in any law or regulation makes it impractical or uneconomical, in Stericycle's sole discretion, to continue performing this Agreement.

3. Billing: Stericycle shall provide Customer with monthly, quarterly or annual invoices that are due upon receipt. Customer agrees to pay a late charge on any amounts owed to Stericycle that are more than 30 days old, at a rate equal to the lesser of 1 ½% per month or the maximum rate permitted by law. Customer shall bear any costs that Stericycle may incur in collecting overdue amounts from Customer, including, but not limited to, reasonable attorneys' fees and court costs. Should any amounts due pursuant to this Agreement remain unpaid for more than 30 days from the date of the debt's first invoice, Stericycle shall have the option, without notice to Customer, to suspend service under this Agreement until the overdue amounts (plus late charges and collection fees) are paid. In addition to Stericycle's charges for services and products under this Agreement, the Customer shall pay all taxes imposed or levied by any governmental authority with respect to such services or products. These taxes include all sales, use, excise, occupation, franchise and similar taxes and tax-like fees and charges (but do not include any taxes on Stericycle's net income). Stericycle shall cooperate with the Customer to determine the applicability of any exemption certificates that the Customer provides to Stericycle in a timely manner. Notwithstanding any limit to adjust the contract price, Stericycle reserves the right to further adjust the amounts payable and due to Stericycle for fees including, but not limited to environmental protection, compliance, waste management, or safety. In the event that Stericycle suspends services under this Agreement for any reason, including the expiration or termination of this Agreement or Customer's breach (see 2(c), above), Stericycle may remove all containers belonging to it from Customer's premises and assess a $50.00 pick up fee for such removal.

4. Surcharge: Stericycle may also impose a surcharge in the event that Stericycle attempts to pick up waste at a Customer location (on either a scheduled pick-up or in response to a Customer request) and, through no fault of Stericycle, either (a) there is no Regulated Medical Waste for Stericycle to pick up, (b) waste is not ready for pick-up or (c) the Customer location is closed. Excess waste volumes significantly greater than average volume for similar generators or exceeding maximum allowable containers per year shall be subject to a surcharge of the Customer's current container rate plus 10% at Stericycle's discretion. Stericycle will impose this surcharge to deter abuses, including but not limited to, solid waste disposed in the medical waste stream, or Customer consolidation of the waste of several generators under one site. Stericycle may bill additional charges for each non-compliant container provided by Customer. Non-compliant containers subject to additional charges include, but are not limited to containers that are overweight under applicable laws, rules or regulations; those containers exceeding 50 lbs; containers holding non-conforming waste; and containers where the waste is improperly segregated or packaged.

5. Liability for Equipment: Customer shall have the care, custody and control of containers and other equipment owned by Stericycle and placed at Customer's premises and accepts responsibility and liability for the equipment and its contents except when it is being physically handled by employees of Stericycle. Customer agrees to defend, indemnify and hold harmless Stericycle from and against any and all claims for loss or damage to property, or personal injury or death, resulting from or arising in any manner out of Customer's use, operation or possession of any containers and other equipment furnished under this Agreement. Any damage or loss to such containers and equipment, other than normal wear and tear, will be charged to Customer at full replacement value.

6. Indemnification: (a) Stericycle shall indemnify and hold Customer harmless from any liabilities arising from the gross negligence or willful misconduct of Stericycle in the performance of its obligations under this Agreement. Customer shall indemnify and hold harmless Stericycle from any liabilities arising from the gross negligence or willful misconduct of Customer, which shall include, but not be limited to, failure to properly store, package, label, or segregate Regulated Medical Waste and any liabilities relating to Non-Conforming Waste, whether or not collected, transported or treated by Stericycle. Each party agrees to pay the reasonable attorney's fees and costs incurred by the other in bringing a successful indemnification claim under this Paragraph. Customer agrees to pay Stericycle's reasonable attorney's fees incurred for any successful defense by Stericycle of a suit for indemnification brought against Stericycle by Customer. (b) Stericycle will indemnify and hold harmless any Customer who subscribes to a Preferred Steri-Safe Program from any fine or portion thereof resulting from an OSHA citation explicitly describing a blood-borne pathogen or medical waste management practice specifically addressed only by the Preferred Steri-Safe Program training and materials.

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

[redacted]

Document Integrity Verified

Adobe Document Cloud

Provided, however, that Stericycle's obligation to indemnify Customer under this sub-Paragraph (b) is contingent upon (1) Customer having followed or following each recommendation and instruction included in the Preferred Steri-Safe Program (whether expressed verbally by employees or agents of Stericycle or as set forth in any written or electronic materials) and (2) Customer notifying Stericycle as soon as possible after it learns that it will be the subject of an OSHA inspection, and shall allow employees or agents of Stericycle to attend the inspection and to defend the Customers blood-borne pathogen and medical waste management practices during the inspection. Customers failure to perform any of its obligations under this sub-Paragraph (b) to Stericycle's satisfaction shall absolve Stericycle of its indemnification responsibilities under this sub-Paragraph (b). This sub-Paragraph (b) applies only to the Preferred Steri-Safe Level Program.

7. Compliance Materials: To the extent that Stericycle provides Customer with any electronic or printed materials (the "Compliance Materials") it provides these materials subject to a limited license to Customer to use the Compliance Materials for Customer's own, non-commercial use. Stericycle may revoke this license at its discretion at any time.Customer may not copy or distribute the Compliance Materials in any manner, not use or republish the Compliance Materials for or to any third party or audience, including but not limited to business/trade groups or associations, chambers of commerce, professional, fraternal or educational associations or reciprocating or cooperating service providers. Customer acknowledges the prejudice that it causes to Stericycle by its violation of the foregoing terms as well as the difficulty in calculating economic damage to Stericycle as a result thereof and therefore agrees to pay to Stericycle the sum of $5000.00 for each such violation of those terms. Customer agrees to return all Compliance Materials to Stericycle at Customer's expense at the expiration or termination of this Agreement. Stericycle may charge Customer a fee for failure to return Compliance Materials at the expiration of the Term or a restocking fee for return of materials prior to the expiration of the Term. FOR PREFERRED STERI-SAFE PROGRAM CUSTOMERS ONLY: Stericycles OSHA Compliance Program includes: one annual on-site mock OSHA evaluation and one annual bloodborne pathogens training at a single Customer building for each site location where Regulated Medical Waste Services are provided.

8. Compliance with Laws: Stericycle hereby agrees to carry General Liability, Automobile Liability, and Workmen's Compensation Insurance as required by applicable state law, and to otherwise comply with all federal and state laws, rules and regulations applicable to its performance hereunder. As of the date of this Agreement, Stericycle has all necessary permits, licenses, zoning and other federal, state or local authorizations required to perform the services under this Agreement and will furnish copies of these to Customer upon request. Customer hereby agrees to comply with all federal and state laws, rules and regulations applicable to its handling of Regulated Medical Waste and its performance under this Agreement, including, without limitation, all applicable record keeping, documentation and manifesting requirements. Customer acknowledges that Stericycle has advised Customer of the Regulated Medical Waste service frequency requirements within their state (if applicable), and Customer has determined its desired frequency independent of Stericycle's recommendation. Customer hereby agrees to indemnify and hold Stericycle harmless for any decisions around service frequency by Customer that do not comply with state regulations. Stericycle and Customer shall keep and retain adequate books and records and other documentation including personnel records, correspondence, instructions, plans, receipts, vouchers, copies of manifests and tracking records consistent with and for the periods required by applicable regulations and guidelines pertaining to storage or handling of Regulated Medical Waste and the services to be performed under this Agreement.

9. Exclusivity:Customer agrees to use no other Regulated Medical Waste disposal service or method during the Term of this Agreement and any Extension Terms.

10. Excuse of Performance:Stericycle shall not be responsible if its performance of this Agreement is interrupted or delayed by contingencies beyond its control, including, without limitation, acts of God, war, blockades, riots, explosion, strikes, lockouts or other labor or industrial disturbances, fires, accidents to equipment, injunctions or compliance with laws, regulations, guidelines or orders of any governmental body or instrumentality thereof (whether now existing or

11. Independent Contractor: Stericycle's relationship with Customer pursuant hereto is that of an independent contractor, and nothing in this Agreement shall be construed to designate Stericycle as an employee, agent or partner of or a joint venture with Customer.

12. Amendment and Waiver: Changes in the types, size and amount of equipment or the frequency of service may be mutually agreed to orally or in writing by the parties, without affecting the validity of this Agreement. Consent to oral changes shall be evidenced by the practices and actions of the parties. All other amendments to this Agreement (other than as provided in 2(b)) shall be effected only by a written instrument executed by the parties. No waiver shall be effective unless submitted in writing by the party granting such waiver. No waiver of any provision of this Agreement shall be deemed a waiver of any other provision of this Agreement and no waiver of any breach or duty under this Agreement shall be deemed a waiver of any other breach or later instances of the same duty.

13. Savings Clause: In case any one or more of the provisions contained in this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provisions of this Agreement; this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein, unless such finding shall impair the rights or increase the obligations of Stericycle hereunder, in which event, at Stericycle's option, this Agreement may be terminated.

14. Entire Agreement: This Agreement (including any attachments, exhibits and amendments made in accordance with Paragraph 12) constitutes the entire understanding and agreement of the parties and cancels and supersedes all prior negotiations, representations, understandings or agreements, whether written or oral, with respect to the subject matter of this Agreement. This Agreement shall be binding upon and shall inure to the benefit of the successors, assigns legal representatives and heirs of the parties hereto provided, however, that Customer may not assign its rights or delegate its obligations under this Agreement without the prior written consent of Stericycle, which consent of Stericycle may not unreasonably withhold.

15. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to the conflicts of laws or rules of any jurisdiction.

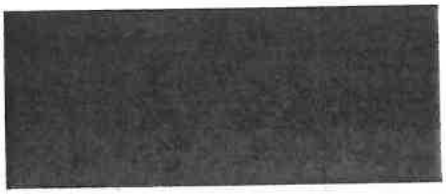
16. Notices: All required notices, or those which the parties may desire to give under this Agreement shall be in writing and sent to the parties' addresses set forth above.

17. Originals: A copy or facsimile of this Agreement shall be as effective as an original.

18. Purchase Orders: Any terms or conditions contained in any Purchase Order, Purchase Order Agreement, or other invoice acknowledgment, Order by Customer or proposed at any time by Customer in any manner, which vary from, or conflict with the terms and conditions in the Stericycle Service Agreement are deemed to be material alterations and are objected to by Stericycle without need of further notice of objection and shall be of no effect nor in any circumstances binding upon Stericycle unless expressly accepted in writing. If Customer's standard purchase order form is provided to Stericycle in connection with this Agreement, the terms and conditions for that Purchase Order will be superseded by the provisions of this Agreement and the use of the purchase order shall be only to facilitate Customer's payment of fees to Stericycle. Written acceptance or rejection by Stericycle of any such terms or conditions shall not constitute an acceptance of any other additional terms or conditions.

19. Waste Brokers: Stericycle reserves the right to deal solely with the Customer and not with any third party agents of the customer for all purposes relating to this Agreement. Customer represents and warrants to Stericycle that it is the medical waste generator and is acting for its own account and not through a broker or agent. Stericycle shall be entitled to terminate this agreement and seek all available legal remedies, including but not limited to liquidated damages, in the amount set forth herein for Customer's breach of this representation and warranty.

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager



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Kathy B. Adams
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Adobe Document Cloud Transaction Number: XST8RKY2276WX3

Stericycle

REGULATED MEDICAL WASTE ACCEPTANCE POLICY

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information. You may also call (866) 783-7422.

REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this excludes RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including *controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle cannot accept bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle cannot accept these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

** Un-dispensed from DEA Registrant*

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any waste found to be non-conforming to this Waste Acceptance Policy identified in route to, or at a Stericycle location, may be returned to the generator for proper packaging and disposal, or may be rerouted for appropriate destruction; this may include improperly marked regulated medical waste which should have been identified for incineration (i.e. pathological, chemotherapy or non-hazardous pharmaceuticals). Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic , and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RC RA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances*
- **California Only** - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Untreated Category A Infectious Substances
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- RCRA Hazardous Pharmaceutical Waste and all DEA Federal and State controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer, fluorescein
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Hazardous or Universal Waste - any other waste determined by Federal or State EPA regulations including but not limited to batteries, bulbs, heavy metals, etc.
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

**Consult Stericycle Representative for specific requirements*

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at (866) 783-7422.

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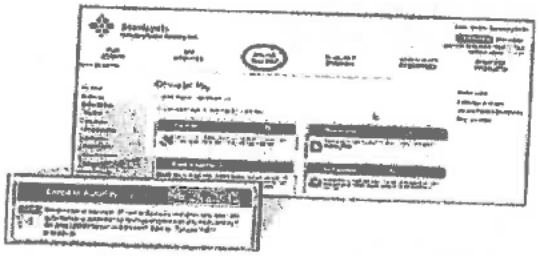
NEVER MISS A PAYMENT

Pay how you want, when you want by enrolling in Auto Pay at **MyStericycle.com.**

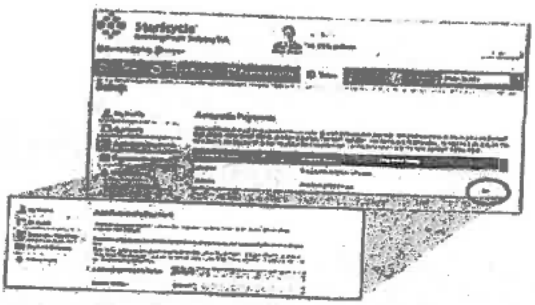
Log into **Mystericycle.com** you will be taken to your Smart Summary. Click on the **"Online Bill Pay"** Tab from the top menu navigation.



Then clicking on the blue **"Enroll in Auto Pay"** button on the left middle of the screen.

The next page will show all your Stericycle accounts. To choose accounts you wish to enroll in Auto Pay, click the blue **"Add"** link to the right of each account.

Enter your automatic payment preferences and payment methods. When finished, click the gray **"Add"** button at the bottom right of the screen.



3 REASONS TO GO PAPERLESS

1. IT'S SAFE
2. IT'S EASY
3. IT'S ORGANIZED

Go to MyStericycle.com and get started. Questions? Contact us at 866-783-7422 or MyStericycle@stericycle.com

Your trusted partner for a healthier business.

Stericycle

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

[redacted]

Document Integrity Verified

Adobe Document Cloud Transaction

Greenville Womens Clinic

Adobe Document Cloud Document History

September 17, 2015

Created:	September 17, 2015
By:	[redacted]
Status:	SIGNED
Transaction ID:	XSTN8KY22769VX3

"Greenville Womens Clinic" History

Document created by [redacted]
September 17, 2015 - 10:34:15 AM CDT - IP address: 136.146.208.8

Document emailed to Kathy B. Adams (kathy.adams99@yahoo.com) for signature
September 17, 2015 - 10:34:22 AM CDT

Document viewed by Kathy B. Adams (kathy.adams99@yahoo.com)
September 17, 2015 - 10:36:14 AM CDT - IP address: 64.89.83.106

Document emailed to [redacted] for signature
September 17, 2015 - 10:37:57 AM CDT

Document e-signed by Kathy B. Adams (kathy.adams99@yahoo.com)
Signature Date: September 17, 2015 - 10:37:57 AM CDT - Time Source: server - IP address: 64.89.83.106

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September 17, 2015 - 10:38:51 AM CDT - IP address: 104.129.196.64

Document e-signed by [redacted]
Signature Date: September 17, 2015 - 10:39:13 AM CDT - Time Source: server - IP address: 104.129.196.64

Signed document emailed to [redacted] and Kathy B. Adams (kathy.adams99@yahoo.com)
September 17, 2015 - 10:39:13 AM CDT

Stericycle
Protecting People. Reducing Risk.

IMMEDIATE ACTION REQUIRED
1) Read the attached Terms and Conditions along with the W[illegible] Acceptance Policy.
2) Choose and circle your desired servi[illegible].
3) Please Fax Agreement to Stericycle [illegible] 719-9247.

RECEIVED
SEP 16 2015
HEALTH LIC.

STERI-SAFE℠ Service Agreement

Customer:	Greenville Womens Clinic	Customer #:	8206536
Address:	1142 Grove Rd	Site ID #:	001
City/State/Zip:	Greenville, SC 296054620	Phone #:	(864) 232-1589
E-Mail:		Fax #:	(864) 232-1352
Sales Rep:	[redacted]	Generator ID #:	SC23-0410G
Generated By:		Contract Number:	SRCL-00527170

STERI-SAFE PROGRAM BENEFITS	Enemy
NO FINE. NO FAIL. OSHA Guarantee: We pay your fine as it pertains to Bloodborne Pathogens and Waste Management Practices.	
Annual On-Site Bloodborne Pathogens Training: On-Site BBP Training takes the worry out of fulfilling this OSHA requirement.	
Annual On-Site Mock OSHA Evaluation: Review your facility for potential OSHA violations.	
Online Safety Meeting Library: Critical and timely topics added quarterly.	
Online MSDS System: Millions of MSDSs/SDSs available to search, store, download, and print.	
Online HazCom Awareness/GHS Training: Provides required OSHA training for your staff.	
Product Discounts: Apply to quality infection control and safety products.	
Safety Poster and Workplace Labels: Provide essential information to staff members.	
Award-Winning Online Bloodborne Pathogens Training: Helps to fulfill annual requirement for BBP Training.	
Steri-Safe Online Safety Plan Builder: Complete site-specific safety plans quickly and easily; includes Exposure Control, HazCom, Safety & Health, and Emergency Prep.	
Online Bio-Hazardous Waste Training: Medical Waste Training with state-specific information provides waste segregation and handling information. Includes Waste Segregation poster.	•
Online DOT Training: Comply with DOT's training requirement.	•
Medical Waste Services: Removal, disposal, and complete Documentation (Manifests).	•
Custom Scheduled Service Frequencies: Choose 2, 3, 4, 6, 13, 26, 52 stops yearly, or daily stops.	•
Flat Monthly Fee: Simplifies budgeting.	•
Monthly Service Fee $ (PLEASE CIRCLE ONE)	$160.00

Estimated Stops per Year: 52
(A charge of $75.00 will be added for each addl. stop)
Maximum Medical Waste Containers per Year: 60

Payment Schedule (Please Check One): [X] Monthly [] Quarterly [] Annually
Contract Effective Date: 2013-08-01

	Max Yearly Containers	$/Each additional container
Steri-Safe RMW	60	current container rate plus 10%

Any additional services or products selected by Customer shall be billed separately according to current Stericycle pricing.
Customer certifies that they will properly classify and segregate their special waste streams and that they will not co-mingle those waste streams with any other.

During the Original Term of the Agreement, Stericycle will not increase the Monthly Service Fee listed above by more than 6% annually.

By signing below I acknowledge that I am Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by the terms and conditions that appear on the second page hereof and comply with Stericycle's Waste Acceptance Policy, both of which are integral parts of this Agreement. (Appendix A).

CUSTOMER: X_____ Name_____ Title_____ Date_____
STERICYCLE: X_____ Name [redacted] Title_____ Date_____

Document Integrity Verified

STERI-SAFE(SM) TERMS AND CONDITIONS

Account/Site #8206536-001

1. Regulated Medical Waste Services:(a) Stericycle, Inc. shall collect, transport, treat and dispose of all Regulated Medical Waste (except Non-conforming Waste) generated by Customer during the term of this Agreement. (b) Responsibility for transportation of Regulated Medical Waste collected from Customer shall transfer and vest in Stericycle at the time it is loaded onto Stericycle's vehicle. Customer shall have title to Regulated Medical Waste at all prior times. Customer shall hold title to any Non-Conforming Waste at all times, whether refused for collection or returned to the customer for proper disposal after collection. All Regulated Medical Waste must be accompanied by a properly completed shipping document pursuant to 49 CFR 172.202 (Manifest). (c) Stericycle employees may refuse containers that are determined to be Non-Conforming Waste as identified in the Waste Acceptance Policy (WAP). Customer shall place only "Regulated Medical Waste" as defined by 49 CFR 173.134 or by any other federal, state and local regulations. (d) Customer represents and warrants that i) the waste presented for disposal will not contain any "hazardous", "toxic", "radioactive" or Non-Conforming Wastes as defined by all applicable laws, regulations and the WAP, ii) the waste strictly conforms to Stericycle's WAP and their local laws and regulations concerning Regulated Medical Waste and iii) they have reviewed the attached WAP and its complete definitions and requirements. (e) Customer shall be liable for any and all injuries, losses and damages resulting from Non-Conforming Waste. (f) All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. (g) Further definitions are included under the current WAP, which is attached and made a part of this Agreement and specifically incorporated herein. Stericycle reserves the right to change the WAP at any time to ensure compliance with applicable laws or regulations. A copy of Stericycle's WAP may also be obtained from your local Stericycle representative.

2. Term and Pricing: Subject to the provisions below, the term ("Term") of this Agreement shall be 60 months from the Effective Date. (a) This Agreement shall automatically renew for successive terms equal to the original Term (each an "Extension Term") unless either party has given sixty (60) days notice, in writing, during the six (6) month period prior to the renewal date of its desire to terminate this agreement. All Extension Terms shall be subject to the terms and conditions hereunder. (b) Stericycle reserves the right to adjust the contract price to account for operational changes it implements to comply with documented changes in law, to cover increases in the cost of fuel, insurance, or residue disposal, or to otherwise address cost escalation.(c) In the event Customer terminates this Agreement prior to expiration of the term hereof (or any "Extension Term") or fails to perform any of its obligations under this Agreement, Stericycle shall have, without limitation, all rights and remedies provided at law or in equity, as well as the right to recover from Customer an amount (which the parties hereby acknowledge constitutes Stericycle's liquidated damages and not a penalty) equal to fifty percent of the Customer's average monthly charge multiplied by the number of months (including any partial months), remaining until the expiration date of the then current term hereof. (d) Stericycle shall have the right to terminate this Agreement at any time by giving Customer at least sixty (60) days notice in the event that it is unable to continue performing its obligations under this Agreement due to the suspension, revocation, cancellation or termination of any permit required to perform this Agreement or in the event that a change in any law or regulation makes it impractical or uneconomical, in Stericycle's sole discretion, to continue performing this Agreement.

3. Billing: Stericycle shall provide Customer with monthly, quarterly or annual invoices that are due upon receipt. Customer agrees to pay a late charge on any amounts owed to Stericycle that are more than 30 days old, at a rate equal to the lesser of 1 ½% per month or the maximum rate permitted by law. Customer shall bear any costs that Stericycle may incur in collecting overdue amounts from Customer, including, but not limited to, reasonable attorneys' fees and court costs. Should any amounts due pursuant to this Agreement remain unpaid for more than 30 days from the date of the debt's first invoice, Stericycle shall have the option, without notice to Customer, to suspend service under this Agreement until the overdue amounts (plus late charges and collection fees) are paid. In addition to Stericycle's charges for services and products under this Agreement, the Customer shall pay all taxes imposed or levied by any governmental authority with respect to such services or products. These taxes include all sales, use, excise, occupation, franchise and similar taxes and tax-like fees and charges (but do not include any taxes on Stericycle's net income). Stericycle shall cooperate with the Customer to determine the applicability of any exemption certificates that the Customer provides to Stericycle in a timely manner. Notwithstanding any limit to adjust the contract price, Stericycle reserves the right to further adjust the amounts payable and due to Stericycle for fees including, but not limited to environmental protection, compliance, waste management, or safety. In the event that Stericycle suspends services under this Agreement for any reason, including the expiration or termination of this Agreement or Customer's breach (see 2(c), above), Stericycle may remove all containers belonging to it from Customer's premises and assess a $50.00 pick up fee for such removal.

4. Surcharge: Stericycle may also impose a surcharge in the event that Stericycle attempts to pick up waste at a Customer location (on either a scheduled pick-up or in response to a Customer request) and, through no fault of Stericycle, either (a) there is no Regulated Medical Waste for Stericycle to pick up, (b) waste is not ready for pick-up or (c) the Customer location is closed. Excess waste volumes significantly greater than average volume for similar generators or exceeding maximum allowable containers per year shall be subject to a surcharge of the Customer's current container rate plus 10% at Stericycle's discretion. Stericycle will impose this surcharge to deter abuses, including but not limited to, solid waste disposed in the medical waste stream, or Customer consolidation of the waste of several generators under one site. Stericycle may bill additional charges for each non-compliant container provided by Customer. Non-compliant containers subject to additional charges include, but are not limited to containers that are overweight under applicable laws, rules or regulations; those containers exceeding 50 lbs; containers holding non-conforming waste; and containers where the waste is improperly segregated or packaged.

5. Liability for Equipment: Customer shall have the care, custody and control of containers and other equipment owned by Stericycle and placed at Customer's premises and accepts responsibility and liability for the equipment and its contents except when it is being physically handled by employees of Stericycle. Customer agrees to defend, indemnify and hold harmless Stericycle from and against any and all claims for loss or damage to property, or personal injury or death, resulting from or arising in any manner out of Customer's use, operation or possession of any containers and other equipment furnished under this Agreement. Any damage or loss to such containers and equipment, other than normal wear and tear, will be charged to Customer at full replacement value.

6. Indemnification: (a) Stericycle shall indemnify and hold Customer harmless from any liabilities arising from the gross negligence or willful misconduct of Stericycle in the performance of its obligations under this Agreement. Customer shall indemnify and hold harmless Stericycle from any liabilities arising from the gross negligence or willful misconduct of Customer, which shall include, but not be limited to, failure toproperly store, package, label, or segregate Regulated Medical Waste and any liabilities relating to Non-Conforming Waste, whether or not collected, transported or treated by Stericycle. Each party agrees to pay the reasonable attorneys' fees and costs incurred by the other in bringing a successful indemnification claim under this Paragraph. Customer agrees to pay Stericycle's reasonable attorney's fees incurred for any successful defense by Stericycle of a suit for indemnification brought against Stericycle by Customer. (b) Stericycle will indemnify and hold harmless any Customer who subscribes to a Preferred Program from any fine or portion thereof resulting from an OSHA citation explicitly describing a blood-borne pathogen or medical waste management practice specifically addressed only by the Preferred Program training and materials.

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Provided, however, that Stericycle's obligation to indemnify Customer under this sub-Paragraph (b) is contingent upon (1) Customer having followed or following each recommendation and instruction included in the Preferred Program (whether expressed verbally by employees or agents of Stericycle or as set forth in any written or electronic materials) and (2) Customer notifying Stericycle as soon as possible after it learns that it will be the subject of an OSHA inspection, and shall allow employees or agents of Stericycle to attend the inspection and to defend the Customers blood-borne pathogen and medical waste management practices during the inspection. Customers failure to perform any of its obligations under this sub-Paragraph (b) to Stericycle's satisfaction shall absolve Stericycle of its indemnification responsibilities under this sub-Paragraph (b). This sub-Paragraph (b) applies only to the Preferred Level Program.

7. **Compliance Materials:** To the extent that Stericycle provides Customer with any electronic or printed materials (the "Compliance Materials") it provides these materials subject to a limited license to Customer to use the Compliance Materials for Customer's own, non-commercial use. Stericycle may revoke this license at its discretion at any time.Customer may not copy or distribute the Compliance Materials in any manner, not use or republish the Compliance Materials for or to any third party or audience, including but not limited to business/trade groups or associations, chambers of commerce, professional, fraternal or educational associations or reciprocating or cooperating service providers. Customer acknowledges the prejudice that it causes to Stericycle by its violation of the foregoing terms as well as the difficulty in calculating economic damage to Stericycle as a result thereof and therefore agrees to pay to Stericycle the sum of $5000.00 for each such violation of those terms. Customer agrees to return all Compliance Materials to Stericycle at Customer's expense at the expiration or termination of this Agreement. Stericycle may charge Customer a fee for failure to return Compliance Materials at the expiration of the Term or a restocking fee for return of materials prior to the expiration of the Term. FOR PREFERRED PROGRAM CUSTOMERS ONLY: Stericycles OSHA Compliance Program includes: one annual on-site mock OSHA evaluation and one annual bloodborne pathogens training at a single Customer building for each site location where Regulated Medical Waste Services are provided.

8. **Compliance with Laws:** Stericycle hereby agrees to carry General Liability, Automobile Liability, and Workmen's Compensation insurance as required by applicable state law, and to otherwise comply with all federal and state laws, rules and regulations applicable to its performance hereunder. As of the date of this Agreement, Stericycle has all necessary permits, licenses, zoning and other federal, state or local authorizations required to perform the services under this Agreement and will furnish copies of these to Customer upon request. Customer hereby agrees to comply with all federal and state laws, rules and regulations applicable to its handling of Regulated Medical Waste and its performance under this Agreement, including, without limitation, all applicable record keeping, documentation and manifesting requirements. Customer acknowledges that Stericycle has advised Customer of the Regulated Medical Waste service frequency requirements within their state (if applicable), and Customer has determined its desired frequency independent of Stericycle's recommendation. Customer hereby agrees to indemnify and hold Stericycle harmless for any decisions around service frequency by Customer that do not comply with state regulations. Stericycle and Customer shall keep and retain adequate books and records and other documentation including personnel records, correspondence, instructions, plans, receipts, vouchers, copies of manifests and tracking records consistent with and for the periods required by applicable regulations and guidelines pertaining to storage or handling of Regulated Medical Waste and the services to be performed under this Agreement.

9. **Exclusivity:**Customer agrees to use no other Regulated Medical Waste disposal service or method during the Term of this Agreement and any Extension Terms.

10. **Excuse of Performance:**Stericycle shall not be responsible if its performance of this Agreement is interrupted or delayed by contingencies beyond its control, including, without limitation, acts of God, war, blockades, riots, explosion, strikes, lockouts or other labor or industrial disturbances, fires, accidents to equipment, injunctions or compliance with laws, regulations, guidelines or orders of any governmental body or instrumentality thereof (whether now existing or hereafter created).

11. **Independent Contractor:** Stericycle's relationship with Customer pursuant hereto is that of an independent contractor, and nothing in this Agreement shall be construed to designate Stericycle as an employee, agent or partner of or a joint venture with Customer.

12. **Amendment and Waiver:** Changes in the types, size and amount of equipment or the frequency of service may be mutually agreed to orally or in writing by the parties, without affecting the validity of this Agreement. Consent to oral changes shall be evidenced by the practices and actions of the parties. All other amendments to this Agreement (other than as provided in 2(b)) shall be effected only by a written instrument executed by the parties. No waiver shall be effective unless submitted in writing by the party granting such waiver. No waiver of any provision of this Agreement shall be deemed a waiver of any other provision of this Agreement and no waiver of any breach or duty under this Agreement shall be deemed a waiver of any other breach or later instances of the same duty.

13. **Savings Clause:** In case any one or more of the provisions contained in this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provisions of this Agreement; this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein, unless such finding shall impair the rights or increase the obligations of Stericycle hereunder, in which event, at Stericycle's option, this Agreement may be terminated.

14. **Entire Agreement:** This Agreement (including any attachments, exhibits and amendments made in accordance with Paragraph 12) constitutes the entire understanding and agreement of the parties and cancels and supersedes all prior negotiations, representations, understandings or agreements, whether written or oral, with respect to the subject matter of this Agreement. This Agreement shall be binding upon and shall inure to the benefit of the successors, assigns legal representatives and heirs of the parties hereto provided, however, that Customer may not assign its rights or delegate its obligations under this Agreement without the prior written consent of Stericycle, which consent of Stericycle may not unreasonably withhold.

15. **Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to the conflicts of laws or rules of any jurisdiction.

16. **Notices:** All required notices, or those which the parties may desire to give under this Agreement shall be in writing and sent to the parties' addresses set forth above.

17. **Originals:** A copy or facsimile of this Agreement shall be as effective as an original.

18. **Purchase Orders:** Any terms or conditions contained in any Purchase Order, Purchase Order Agreement, or other invoice acknowledgment, Order by Customer or proposed at any time by Customer in any manner, which vary from, or conflict with the terms and conditions in the Stericycle Service Agreement are deemed to be material alterations and are objected to by Stericycle without need of further notice of objection and shall be of no effect nor in any circumstances binding upon Stericycle unless expressly accepted in writing. If Customer's standard purchase order form is provided to Stericycle in connection with this Agreement, the terms and conditions for that Purchase Order will be superseded by the provisions of this Agreement and the use of the purchase order shall be only to facilitate Customer's payment of fees to Stericycle. Written acceptance or rejection by Stericycle of any such terms or conditions shall not constitute an acceptance of any other additional terms or conditions.

19. **Waste Brokers:** Stericycle reserves the right to deal solely with the Customer and not with any third party agents of the customer for all purposes relating to this Agreement. Customer represents and warrants to Stericycle that it is the medical waste generator and is acting for its own account and not through a broker or agent. Stericycle shall be entitled to terminate this agreement and seek all available legal remedies, including but not limited to liquidated damages, in the amount set forth herein for Customer's breach of this representation and warranty.

Document Integrity Verified

Stericycle
Protecting People. Reducing Risk.®

REGULATED MEDICAL WASTE ACCEPTANCE POLICY

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*Unlicensed from DEA Registrant

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant, 3) impervious to moisture, 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport, and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly executed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any non-conforming waste identified in route to or at a Stericycle location may be returned to the generator for proper packaging or disposal. Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture dishes, culture tubes, broken capillary tubes, broken rigid plastic, and exfoliated teeth of dental wax.
- Regulated Medical Waste or Clinical Waste or Biomedical Waste - Means a waste or reasonable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, IV sets, IV tubing and bags, contaminated gloves and gowns, and related materials as determined by applicable laws, rules, regulations or guidelines.
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimens preserved in formaldehyde, formalin or other preservatives as required per hazardous waste rules.
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous waste by the generator. Excludes all DEA scheduled drugs, including controlled substances*.
- **California Only** - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of hydrophobic plastics such as polyurethane.

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Universal Category A Infectious Substances
- RCRA Hazardous Pharmaceutical Waste and all DEA controlled drugs, including controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, and therapeutic
- Hazardous Waste - Drums or other containers with a hazard warning symbol, batteries and other heavy metals
- Radioactive Waste - Any container with a radioactivity level that exceeds limitations or prescribed limits, lead-containing materials
- Complete Human Remains (whole body, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules

*Consult your local representative for specific requirements.

[redacted]

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[redacted]

kathy b. adams (kba)
e-Signed 2013-08-02 10:30AM CDT
kathy.adams99@yahoo.com

Document Integrity Verified

EchoSign Transaction Number: WCIB8WA5CA1778

Container Detail-Details for 8206536 -Greenville Womens Clinic

The 'Total Weight' column does not include the empty reusable container (tare weight).

RECEIVED
SEP 16 2015
HEALTH LIC.

Site ID	Invoice Date	Invoice #	Service Date	Manifest ID	Container ID	Description
[redacted]	2015-08-01	[redacted]	2015-06-15	[redacted]	820653600100A00A4	Path/Chemo Box Disposal
	2015-08-01		2015-06-22		820653600100A00A5	Path/Chemo Box Disposal
	2015-08-01		2015-06-29		820653600100A00A6	Path/Chemo Box Disposal
	2015-08-01		2015-07-06		820653600100A00A7	Path/Chemo Box Disposal
	2015-08-01		2015-07-13		820653600100A00A8	Path/Chemo Box Disposal

Total...

Total Weight	Receiving Date	Transfer / Processing Facility ID	Method of Destruction
10.50	2015-06-25	272A	Incinerator
5.00	2015-06-29	272A	Incinerator
9.50	2015-07-06	272A	Incinerator
9.00	2015-07-19	272A	Incinerator
7.00	2015-07-20	272A	Incinerator

41.00

Stericycle

RECEIVED
SEP 16 2015
HEALTH LIC.

Dear Valued Customer,

Please accept this letter as verification that the containers listed below were removed from your facility on the date noted.

8206536-001 Greenville Womens Clinic

Document Number	Document Date	Container	Container Weight (LB)
[redacted]	9/10/2012 10:11 AM	1	18.5
	9/17/2012 9:20 AM	1	7.5
	9/24/2012 9:02 AM	1	10.6
	10/1/2012 8:46 AM	1	8.5
	10/8/2012 10:39 AM	1	21
	10/15/2012 9:21 AM	1	17
	10/29/2012 9:11 AM	1	8.5
	11/5/2012 10:27 AM	1	13.5
	11/12/2012 9:15 AM	1	8.5
	11/19/2012 10:48 AM	1	10.5
	11/26/2012 9:12 AM	1	5
	12/3/2012 10:47 AM	1	6.5
	12/10/2012 9:29 AM	1	8
	12/17/2012 10:24 AM	1	7
	12/21/2012 10:46 AM	1	13.3
	12/31/2012 9:07 AM	1	12
	1/7/2013 9:22 AM	1	8.5
	1/14/2013 9:11 AM	1	7.5
	1/21/2013 9:12 AM	1	29
	1/28/2013 9:41 AM	1	10
	2/4/2013 8:18 AM	1	14
	2/11/2013 9:27 AM	1	9.5
	2/18/2013 9:14 AM	1	15
	2/25/2013 10:33 AM	1	16
	3/11/2013 9:04 AM	1	13.5
	3/18/2013 9:07 AM	1	11.9
	3/25/2013 9:12 AM	1	15
	4/1/2013 9:36 AM	1	9.5
	4/8/2013 8:50 AM	1	17
	4/15/2013 9:00 AM	1	11
	4/22/2013 9:00 AM	1	12.5

[redacted]

4/29/2013 9:19 AM	1	7.5
5/6/2013 9:18 AM	1	5.5
5/13/2013 9:00 AM	1	16.5
5/20/2013 9:30 AM	1	10.1
5/28/2013 8:33 AM	1	8
6/3/2013 9:01 AM	1	8.5
6/10/2013 9:04 AM	1	9.5
6/17/2013 9:00 AM	1	13
6/24/2013 9:36 AM	1	6.5
7/1/2013 9:08 AM	1	13.5
7/8/2013 10:06 AM	1	9.5
7/15/2013 9:19 AM	1	15.5
7/22/2013 10:32 AM	1	24.5
7/29/2013 9:10 AM	1	9
8/5/2013 9:15 AM	1	10.5
8/12/2013 9:26 AM	1	12.5
8/19/2013 9:30 AM	1	13.5
8/26/2013 9:01 AM	1	8
9/9/2013 9:00 AM	1	16
9/16/2013 9:20 AM	1	6.5
9/23/2013 8:56 AM	1	15
9/30/2013 12:00 AM	1	9.7
10/7/2013 12:00 AM	1	13.5
10/21/2013 12:00 AM	1	24.6
10/28/2013 12:00 AM	1	11.2
11/4/2013 9:24 AM	1	5
11/11/2013 9:21 AM	1	9
11/18/2015 12:00 AM	1	14
11/25/2013 9:08 AM	1	10.5
12/2/2013 9:14 AM	1	7
12/9/2013 8:58 AM	1	16
12/16/2013 8:50 AM	1	5
12/23/2013 10:16 AM	1	10
12/30/2013 12:00 AM	1	7.2
1/6/2014 8:51 AM	1	5
1/13/2014 9:15 AM	1	11
1/20/2014 12:00 AM	1	24
1/27/2014 9:21 AM	1	8.5
2/3/2014 12:00 AM	1	16.2
2/10/2014 9:13 AM	1	11
2/17/2014 8:23 AM	1	12
2/24/2014 9:18 AM	1	29.5
3/3/2014 8:56 AM	1	10.5
3/10/2014 8:59 AM	1	18
3/17/2014 8:47 AM	1	13.5
3/24/2014 9:11 AM	1	9.5
3/31/2014 8:54 AM	1	9
4/7/2014 10:12 AM	1	5.5
4/14/2014 8:44 AM	1	8.9
4/21/2014 9:38 AM	2	30.5
4/28/2014 8:55 AM	1	4
5/5/2014 9:05 AM	1	9.5
5/12/2014 8:45 AM	1	11
5/19/2014 9:10 AM	1	5.5

[redacted]

6/2/2014 9:06 AM	1	12
6/9/2014 8:45 AM	1	6
6/16/2014 10:22 AM	1	8
6/23/2014 8:47 AM	1	4.5
6/30/2014 9:22 AM	1	32.5
7/7/2014 8:38 AM	1	12.5
7/14/2014 9:23 AM	1	16
7/21/2014 8:52 AM	1	6
7/28/2014 9:16 AM	1	12.5
8/4/2014 9:06 AM	1	6.5
8/11/2014 9:08 AM	1	5.5
8/18/2014 8:42 AM	1	7
8/25/2014 9:18 AM	1	13.5
9/3/2014 10:20 AM	1	31.5
9/8/2014 8:58 AM	1	6
9/15/2014 8:40 AM	1	6
9/22/2014 9:44 AM	1	9.5
9/29/2014 8:51 AM	1	11.5
10/6/2014 9:06 AM	1	6.5
10/13/2014 8:47 AM	1	11
10/20/2014 9:56 AM	1	8.5
10/27/2014 8:46 AM	1	31.5
11/3/2014 9:15 AM	1	10.5
11/10/2014 8:47 AM	1	6.5
11/17/2014 9:29 AM	1	11
11/24/2014 9:10 AM	1	8
12/1/2014 9:15 AM	1	11
12/8/2014 8:54 AM	1	6
12/15/2014 9:53 AM	1	10.5
12/22/2014 8:54 AM	1	9.7
12/29/2014 9:06 AM	1	11
1/5/2015 9:04 AM	1	7.5
1/12/2015 9:27 AM	1	9.5
1/19/2015 8:41 AM	1	7.5
1/26/2015 9:14 AM	1	11.5
2/2/2015 8:47 AM	1	8.9
2/9/2015 9:24 AM	1	9.5
2/16/2015 8:57 AM	1	28
2/23/2015 9:18 AM	1	12.3
3/2/2015 9:04 AM	1	10.8
3/9/2015 9:22 AM	1	7.5
3/16/2015 8:38 AM	1	10.3
3/23/2015 9:33 AM	1	14.6
3/30/2015 9:34 AM	1	5.6
4/6/2015 9:00 AM	1	28.5
4/13/2015 8:56 AM	1	7.6
4/20/2015 9:08 AM	1	7
4/27/2015 8:40 AM	1	6.2
5/4/2015 9:06 AM	1	5.5
5/11/2015 8:32 AM	1	12.6
5/18/2015 9:28 AM	1	5.6
5/22/2015 11:14 AM	0	0
6/1/2015 9:30 AM	1	32.4
6/8/2015 8:57 AM	1	12.4

6/15/2015 9:11 AM	1	10.5
6/22/2015 8:22 AM	1	5
6/29/2015 8:45 AM	1	9.5
7/6/2015 8:45 AM	1	9
7/13/2015 10:39 AM	1	7
7/20/2015 8:25 AM	1	8.5
7/27/2015 8:46 AM	1	7
8/3/2015 8:23 AM	1	28
8/10/2015 8:57 AM	1	8
8/17/2015 8:58 AM	1	7.5
8/24/2015 9:44 AM	1	11.5
8/31/2015 8:15 AM	1	7

Certification: This document represents the information provided in the original manifest shipping papers. The material (Regulated Medical Waste) listed on the manifest numbers detailed above has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A certificate of destruction, applicable manifests, and the appropriate logs will remain on file with Stericycle Inc. for 3 years from the date of destruction for the listed material.

Stericycle [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-10-06-STD

RECEIVED
SEP 16 2015
HEALTH FAC.

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1568

9/9/2013

Customer Number: 8206536-001
Generator's Registration #: S023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu F
	TOTALS ▶	1	4.4 Cu F

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper [redacted] international and national governmental regulations."

X Print/Type Name [redacted] Signature [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
Phone #: (800) 633-9278
☐ This is a Through Shipment
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/9/13

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature STERICYCLE Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
1166 Porter Ave
Haw River, NC 27258
RECEIVED
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature SEP 18 2013 Date _____

7. DISCREPANCY INDICATION
Treatment process was collected [redacted]

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]
Stericycle Inc
1166 Porter Ave,
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

☐ 8C. Alternate Facility:
STERICYCLE INC
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDHHR regulations.
SEP 20 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

CUSTOMER: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1500

9/16/2013

CUSTOMER NUMBER: 8206536-001 GENERATOR'S REGISTRATION #: SC23-04100

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII,	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SB19 - Small Corrugated Box (1.9 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII			Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SB91 - Sharps Containers (2.4 cu ft)		Cu F
	TOTALS ▶	1	4.4 Cu F

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: [redacted] Signature: [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 9/16/13

TRANSFER STATION/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 5 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSFER STATION/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

SEP 17 2013

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected.

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(336) 578-6900
EPA#: 01-02-1

☐ Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

SEP 17 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: _____ Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. 21181 MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820
(864) 232-1939

9/23/2013

Customer Number: 8206536-001 Generator's Registration #: SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX19 - Small Corrugated Box (2.0 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SC01 - Sharps Containers (2.4 cu ft)		Cu F
	TOTALS ▶	1	4.4 Cu F

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X [redacted] Printed/Typed Name [redacted] Signature [redacted] Date 9-23-13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 833-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/23/13

TRANSPORTER 2/ DESIGNATED INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ DESIGNATED INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1169 Pinder Avenue
New Bern, NC 28560

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date OCT 8 2013

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was collected

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800)-833-9278

8B. Alternate Facility: [redacted]
Stericycle, Inc.
1169 Pinder Ave.
New River, NC 27258
(336) 576-8900
EPA#: 01-02-1

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This medical waste treatment by Steam Sterilization is in accordance with the applicable regulations.
SEP 24 2013 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMB

[redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-2559

9/30/2013

Customer Number: 9208696-001 Generator's Registration #: SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.9 cu ft)		cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	SB1B - Small Corrugated Box (2.0 cu ft)		cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII			cu
UNREG1, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		cu
	TOTALS ▶	1	4.4 cu

GENERATOR

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: [redacted] Date: 9-30-13

Phone #: (800) 633-[redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 9/30/13

Phone #:

TRANSPORTER 2 / DESIGNATED FACILITY

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

Phone #:

TRANSPORTER 3 / DESIGNATED FACILITY

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

OCT 1 2 2013

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8C. Alternate Facility

8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave
Haw River, NC 2[redacted]
(336) 578-[redacted]
EPA#: 01-02-1

STERICYCLE CERTIFICATION
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

OCT 01 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature:

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

00306

Stericycle

Routed# [redacted]

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

CUSTOMER N[redacted]

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST 201-12-00470

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

10/7/2013

CUSTOMER NUMBER 5206536-001

GENERATOR REGISTRATION # SC28-04100

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX35 - Medium Corrugated Box (5.5 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		cu
	TOTALS ▶	1	4.4 cu

5. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adam Signature [signature] Date 10-7-13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Number: 5014-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as [redacted]

Print/Type Name [redacted] Signature [redacted] Date 10/7/13

TRANSFER STATION/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER STATION/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of [redacted] described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected.

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc
1186 Porter Ave,
Haw River, NC 27258
(336) 578-8800
EPA#: 01-02-1

[redacted]

☐ 8C. Alternate Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

OCT 08 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wastes as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in 7(c)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT, CHEMTREC 1-800-424-9300 — CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMB [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1688

10/21/2013

Customer Number 8206596-001 — Generator's Registration # SC23-0410C

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D.	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 90 Gal Reusable Tub (4.0 cu ft)			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX56 - Medium Corrugated Box (5.5 cu ft)			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4	0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII				0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)			0
	TOTALS ▶	1	4.4	

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper [redacted]

X [redacted] Signature [redacted] 10/21/13

PRIMARY TRANSPORTER

4. TRANSPORTER'S ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 10/21/13

Phone #

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

STERCYCLE
1166 Porter Ave
Haw River, NC 27258
INCINERATED

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was Corrected

OCT 2 7 2013

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility (if any)

Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 27 [redacted]
(336) 578-8800
EPA#: 01-02-1

STERILIZATION Facility
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

OCT 2 3 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

00312

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMB

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

10/28/2013

Customer Number 8206536-001 Generator's Registration # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		
	TOTALS ▶	1	4.4

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X [redacted] Signature [redacted] 10/28/13

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc. Phone #: (800) 633-9278
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/28/13

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633 - 9278

☒ 8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Ave,
New River, NC 272[redacted]
(336) 578 - 6900
EPA#: 01-02-1

NOV 1 2013

☐ EMERGENCY TREATMENT:
4403 Republic Court
Concord, North Carolina 28027
This certified treatment by Steam Sterilization in accordance with the NCDENR regulations.

OCT 29 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] CUSTOMER NO [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1188

11/4/2013

Customer Number: 8206536-001 Generator's Registration #: SC23-04108

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB2B - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN 3291 Regulated Medical Waste, n.o.s., 6.2, PGII	SC91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transportation according to applicable international and national

Printed/Typed Name: [redacted] Signature: [redacted] Date: 11/4/13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-82
Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 11/4/13

TRANSFERRED TO INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFERRED TO INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
[redacted]
INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

NOV 10 2013

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
[redacted]
Haw River, NC
(336) 578-8600
EPA#: 01-02-1

☐ 8C. Alternate Facility

STERILIZED BY:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NESHAP regulations.

NOV 04 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT CHEMTREC® 1-800-424-9300 CUSTOMER #: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

Route# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-0888

11/11/2013

Customer Number: 8206536-001 Generator's Registration #: S023-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	BX35 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	BX15 - Small Corrugated Box (2.0 cu ft)		Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	BX44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291			Cu Ft
[redacted] Regulated Medical Waste, D.O.T. N.O.S. UN 3291	SB01 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X [redacted] Date 11/11/13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment Applicable Permit Number: 8014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/11/13

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE [redacted] INCORPORATED Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. EMERGENCY DESIGNATION: Treatment process was corrected. NOV 1-7 2013

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc. 1165 Porter Ave, [redacted] New River, NC 2[redacted] (336) 578-6500 EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC. Environmental Solutions Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations NOV 18 2013 Steve Johnson [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT STERICYCLE 1-888-[redacted] — CUSTOMER NO. [redacted] — MEDICAL WASTE TRACKING FORM NUMB [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 292-1569

11/18/2013

Customer Number: 8206536-001 — Generator's Registration #: 9023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	BX56 - Medium Corrugated Box (5.5 cu ft)		
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.8 cu ft)		
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII			
UNR291, Regulated Medical Waste, n.o.s., 6.2,PGII	SS01 - Sharps Containers (2.4 cu ft)		
	TOTALS ▶	1	4.4

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in pro[redacted] Signature [redacted] Date 11/18/

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME, Inc.
4403 Republic Court
Concord, NC 28027
☐ This is a Through Shipment
Applicable Permit Numbers: SC14 -02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name [redacted] Signature [redacted] Date 11/18/13
Phone #:

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____
Phone #:

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
[redacted] Haw River, NC 27258
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was/corrected

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 2725[redacted]
(336) 578-[redacted]900
EPA#: 01-02-1

☐ 8C. Manifest Reference #:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
NOV 19 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

2011 V1

ORIGINAL

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-10-00-070

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1889

11/25/2013

CUSTOMER NUMBER: 8206535-001 — GENERATOR'S REGISTRATION #: SC23-04106

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	T501 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	T504/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	T897 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	BX36 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	S812 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	S844 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)			Cu Ft.
(08201, Regulated Medical Waste, n.o.s., 8.2, PIII)	S881 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams — Signature: Kathy Adams — Date: 11-25-13

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: 8014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] — Signature [redacted] — Date 11/26/13

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

STERICYCLE
1165 Porter Avenue
[redacted]
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. EMERGENCY ROUTING

Treatment process was completed. DEC 1 2013

☐ 7A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 7B. Alternate Facility

Stericycle, Inc.
1165 Porter Ave.
[redacted]
(336) 676-8900
EPA#: 01-02-1

☐ 7C. Storage Facility

7D. Treatment Facility:
4403 Republic Court
Concord, North Carolina 28027
This certified treatment by Steam Sterilization in accordance with the NCDENR regulations.

NOV 26 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated regulated wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — ADD OF EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] — CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820
(864) 232-1659

12/2/2013

Customer Number: 8206536-001 — Generator's Registration #: S023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	NO. NO. OF CONTAINERS	RD. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BXBS - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG01 - Sharps Container (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national gov[redacted]

X Printed/Typed Name [redacted] Signature [redacted] 12/2/13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME AND ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #:
Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/2/13

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was collected

☐ 8A. Designated Facility — ☐ 8B. Alternate Facility — ☐ DESIGNATED FACILITY — ☐ ALTERNATE FACILITY

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9275

Stericycle Inc.
1166 Porter Ave,
Haw River, NC 27[redacted]
(336) 578-8900
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NESHAP regulations.

DEC 03 2013

Daniel Wester [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

BOTTOM

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] (IN CASE OF EMERGENCY CONTACT) CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

12/9/2013

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX05 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Print/Type Name Kathy Ada Signature Kathy Ada Date 12-9-13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: [redacted] waste as described above

Print/Type Name [redacted] Signature [redacted] Date 12/9/13

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
[illegible] NC [illegible]

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: [illegible] described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

DEC 18 2013

☐ 8A. Designated Facility ☐ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle Inc.
1166 Porter Ave,
New River, NC 272[illegible]
(336) 575-5900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

DEC 10 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

[redacted]

USER 2

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in 7(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

MEDICAL WASTE TRACKING FORM NUMBER

Stericycle Route# [redacted] EMERGENCY CONTACT/ CHEMTREC 1-800-[redacted] CUSTOMER NO. [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1699

12/16/2013

CUSTOMER ID/NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX05 - Medium Corrugated Box (5.5 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		cu
	TOTALS ▶	1	4.4 cu

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

[X] Printed/Typed Name Kathy Adams Signature [signature] Date 12/16/13

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4409 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-[redacted]
Applicable Permit Number: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/16/13

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER # / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER # / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

☐ 8A. Designated Facility:

Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility:

Stericycle, Inc.
1166 Porter Ave
Haw River, NC [redacted]
(336) 578-[redacted]
EPA#: 01-02-1

DEC 17 2013

☐ 8C. Alternate Facility:

Stericycle Regional Facility
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

DEC 17 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Daniel Bentley Signature [signature]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] OF EMERGENCY CONTACT (24HR/TDD) 1-800- CUSTOMER # [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name [redacted] Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

12/23/2013

Curtogen Number 8206536-001 Generator Registration # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	BOSS - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII			Cu Ft.
(18020) Regulated Medical Waste, n.o.s., 8, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in [redacted] and national governmental regulations.

☒ Printed/Typed Name [redacted] Signature [redacted] Date 12/23/13

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted] Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/23/13

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER [redacted] Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS: STERICYCLE [redacted] INCINERATED Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: [redacted] as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected. JAN 4 2014

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☑ 8B. Alternate Facility: Stericycle, [redacted] (336) 578-8950 EPA#: 01-02-1

☐ 8C. Alternate Facility: [redacted]

Stericycle, Inc. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the MEDEP Regulations DEC 24 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

DOT 75 I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

GENERATION

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820 (864) 232-1569

12/30/2013

CUSTOMER NUMBER: 8206536-001 GENERATOR'S REGISTRATION #: SC23-04106

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		0
	TOTALS ▶	1	4.4

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name: [redacted] Signature: [redacted] Date: 12-30-13 Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment.

Applicable Permit Numbers: SC14-027

TRANSPORTER 1 CERTIFICATION: Received medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 12/30/13 Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

INTERMEDIATE HANDLER 2 / TRANSPORTER 2 CERTIFICATION: Received medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 12-30-13 Phone #:

Applicable Permit Numbers:

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Received medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected.

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Ave,
New River, NC 27
(336) 513-8900
EPA#: 01-02-1

JAN 17 2014

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

DEC 31 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: _____ Signature: [redacted]

00129

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT STERICYCLE 1-800-424-9300 — CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-00-00-WTD

1. Generator's Name, Address and Telephone Number.

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE SC 29605-4620
(864) 232-1559

1/15/2014

CUSTOMER NUMBER 8206536-001 — GENERATOR'S REGISTRATION # 8023-04109

GENERATOR

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 90 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX08 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS21 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X [redacted] Signature [redacted] Date 1/6/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 / TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
Phone #: [redacted] 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 1/6/14

TRANSFER FACILITY

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER FACILITY

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1166 Porter Avenue
New Albany, MS
INCINERATOR
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY DESIGNATION
Treatment process not completed JAN 13 2014

☐ 8A. Designated Facility ☒ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave
New Albany, MS
(336) 978-8900
EPA ID: 01-02-1

[redacted]

☐ 8D. Alternate Facility
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
JAN 07 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wastes [redacted] Waste Management Regulations or radioactive materials above levels determined in [redacted] Waste Management Regulations

ORIGINAL

012275

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-4001-STD

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

Route: [redacted] CUSTOMER NO [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address [redacted] Phone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820

(864) 232-4808

1/13/2014

Customer Number: 6206536-001 Generator Registration #: SC03.04108

5A. DESCRIPTION OF WASTE	5B. CONTAINER TYPE	5C. NO. OF CONTAINERS	5D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SK76 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS01 - Sharps Container (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

6. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 1-13-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 1/13/14

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

STERICYCLE
1165 Porter Avenue
New River, NC 28635
INCINERATED

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected JAN 21 2014

8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility

Stericycle, Inc.
1165 Porter Ave,
New River, NC 28635
(336) 578-8800
EPA#: 01-02-1

8C. NCDENR, NC
4403 Republic Court
Concord, North Carolina 28027
[redacted] is certified treatment by Steam Sterilization in accordance with the NCDENR regulations.

JAN 14 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous [illegible] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-[redacted]

CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMB

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address [redacted] mber

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820
(864) 232-1555

1/20/2014

CUSTOMER NUMBER: 8206536-001 GENERATOR'S REGISTRATION #: SC23-04103

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 50 Gal Reusable Tub (4.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BXBS - Medium Corrugated Box (5.5 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB01 - Sharps Containers (2.4 cu ft)		
	TOTALS ▶	1	4.4

6. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name: Kathy Ada Signature: Kathy Ada Date: 1-20-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 1/20/14

TRANSPORTER 2 / DESIGNATED FACILITY

5. INTERMED[redacted] 38:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] described above.

[redacted] New River, NC [redacted]

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. EMERGENCY INFORMATION
Treatment process was corrected

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ [redacted] Facility

Stericycle, Inc.
1198 Porter Ave,
New River, NC 27258
(336) 578-6900
EPA#: 01-02-1

[redacted]

☐ [redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR Regulations.

JAN 21 2014

CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R61(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1569

1/27/2014

Customer Number: 8206696-001 Generator Registration #: SC29-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX85 - Medium Corrugated Box (8.5 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu F
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu F
	TOTALS ▶	1	4.4 Cu F

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and in all respects in proper condition for transport according to applicable international and national governmental regulations.

[redacted] 1/27/14

Printed/Typed Name: [redacted] Signature: [redacted] Phone #: (800) 633-9276

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 1/27/14

Phone #:

TRANSFERRED / REJECTED BY INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

Phone #:

TRANSFERRED / REJECTED BY INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC 27253
INCINERATED

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

Phone #:

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected FEB 3 2014

☐ 8A. Designated Facility ☑ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

Stericycle, Inc.
1168 Porter Ave
New River, NC 27253
(336) 578-5900
EPA#: 01-02-1

☐ 8D. Alternate Facility
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This facility is permitted by State of North Carolina to accept medical waste in accordance with the NCDENR regulations.

JAN 28 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

I certify that this waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Router [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO [redacted] — MEDICAL WASTE TRACKING FORM NUM [redacted]

GENERATOR

1. Generator's Name, Address [redacted] Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

2/3/2014

Customer Number 8206536-001 — Generator's Registration # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS01 - Sharps Containers (2.4 cu ft)		
	TOTALS ▶	1	4.4

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 2-3-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 — Phone #: (800) 633-9278 — ☐ This is a Through Shipment — Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 2/3/14

TRANSPORTER 2/ STERILIZATION/ INCINERATION FACILITY

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: — Phone #: — Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ STERILIZATION/ INCINERATION FACILITY

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: — Phone #: — Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was collected FEB 17 2014

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☐ 8B. Alternate Facility: Stericycle, Inc. 1166 Porter Ave, New River, NC 28 (336) 875-8900 EPA#: 01-02-1

☐ 8C. Alternate Facility [redacted]

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations. FEB 04 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name Daniel Hensley Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-08-WTD

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

Routed [redacted] CUSTOMER NO: [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1188

2/10/2014

Customer Number: S206536-001 Generator's Registration #: S023-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BXB5 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: [redacted] Signature: [redacted] Date: 2/10/14

Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number(s): S014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 2/10/14

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Applicable Permit Number(s):

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
INCINERATED

Phone #:

Applicable Permit Number(s):

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

FEB 22 2014

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

☐ 8C. Alternate Facility:

☐ 8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

FEB 11 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: _____ Signature: _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route: [redacted] — 24 HOURS OF EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] — CUSTOMER NO: [redacted] — MEDICAL WASTE TRACKING FORM NUMBER: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

2/17/2014

Customer Number: 8206536-001 — Generator's Registration #: SC23-0410G

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
Regulated Medical Waste, n.o.s., 8, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 8, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 8, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 8, PGII	SX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 8, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 8, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
Regulated Medical Waste, n.o.s., 8, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 8, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X [redacted] Printed/Typed Name — Signature [redacted] — Date 2-17-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS:
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Number: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] — Signature [redacted] — Date 2/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1166 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION:
Treatment process was corrected

MAR 26 2014

☐ 9A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 9B. Alternate Facility

Stericycle, Inc.
1166 Porter Ave
Haw River, NC
(336) 578-8900
EPA#: 01-02-1

9. Final Treating Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

FEB 18 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and treat the wastes listed above and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(9)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] Route# [redacted] DOE EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1559

2/24/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04103

9A. DESCRIPTION OF WASTE	9B. CONTAINER TYPE	9C. NO. OF CONTAINERS	9D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 2-24-14

Phone #: (800) 633-9276

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 2/24/14

Phone #:

Applicable Permit Numbers:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

Applicable Permit Numbers:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

Applicable Permit Numbers:

7. DISCREPANCY INDICATION
Treatment process was directed

MAR 8 2014

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave [redacted]
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

☐ 8C. Alternate Facility:

☐ 8D. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certified treatment by Steam Sterilization is in accordance with the NCDEHNR regulations.
FEB 25 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

BB176

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] Route: [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-[redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]
CUSTOMER NO. [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-[redacted]

3/3/2014

Customer Number: 8206536-001 Generator's Registration #: SC23-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: [redacted] Signature: [redacted] 3/3/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Number: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date 3/3/14

TRANSFER STATION / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSFER STATION / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE 118 Porter Ave INCINERATED

7. DISCREPANCY INDICATION: Treatment process was corrected

MAR 1 8 2014

TREATMENT FACILITY

☐ 8A. Designated Facility ☐ 8B. Alternate Facility ☐ 8C. Alternate Facility ☐ 8D. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
118 Porter Ave,
New River, NC 2[redacted]
(336) 578-8900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

MAR 0 6 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to receive the above indicated wastes in accordance with the requirement outlined in that authorization and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wastes as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-[redacted] CUSTOMER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 292-1888

3/10/2014

Customer Number: 8206536-001 Generator's Registration #: 5023-0410G

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

2. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national g[redacted]

X Printed/Typed Name [redacted] Signature [redacted] Date 3-10-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
Phone #: (800) 633-8278

☐ This is a Through Shipment

Applicable Permit Numbers: 5014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/10/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
New River, ARIZONA
INCINERATED
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

MAR 15 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-8278

☑ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave
New River, NC
(336) 576-8900
EPA#: 01-02-1

☐ 8C. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Sterile Sterilization in accordance with the NCDENR regulations.

MAR 14 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted] CUSTOMER #: [redacted] STANDARD MANIFEST DOH-10-06-STD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820
(864) 232-1889

3/17/2014

Customer Number: 8206536-001 Generator's Registration #: 5023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BXSS - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national [redacted]

X Printed/Typed Name: [redacted] Signature: [redacted] Date: 3-17-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
Phone #: (800) 633-9278
Applicable Permit Number: 6014-02T

☐ This is a Through Shipment

TRANSPORTER [redacted] medical waste as described above.
Print/Type Name: [redacted] Signature: [redacted] Date: 3/17/14

TRANSFER FACILITY/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER/TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name: _____ Signature: _____ Date: _____

TRANSFER FACILITY/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 /TRANSPORTER 3 ADDRESS:
[redacted]
Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name: _____ Signature: _____ Date: _____

MAR 18 2014

7. DISCREPANCY INDICATION
Treatment process was corrected

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

[redacted]

8B. Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

MAR 18 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and have received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name: _____ Signature: _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route#: [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/24/2014

Customer Number: 8206536-001 Generator Registration #: S023-04103

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: Kathy Adams Date: 3-24-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9278 Applicable Permit Number(s): SC14-02T

TRANSPORTER: [redacted] of waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 3/24/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: Phone # Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC 28635 INCINERATOR Phone # Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

7. DISCREPANCY INDICATION: Treatment process was corrected APR 10 2014

TREATMENT FACILITY

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: [redacted] Stericycle, Inc. 1168 Porter Ave, New River, NC 28635 (336) 578-8900 EPA#: 01-02-1

STERICYCLE INC. 4403 Republic Court Concord, North Carolina 28027 I certify treatment by Steam Sterilization in accordance with the NCDEHNR regulations. MAR 26 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept the above listed medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: Signature:

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-4[redacted]

MEDICAL WASTE TRACKING FORM NUMBER

Route#[redacted]

CUSTOMER NO [redacted]

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-[redacted]

3/31/2014

Customer Number 8206536-001

Generator's Registration # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
[redacted] Regulated Medical Waste, n.o.s., 8, PGII,	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 8, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 8, PGII	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 8, PGII	BX05 - Medium Corrugated Box (1.5 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 8, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 8, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 8, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 8, PGII	SB01 - Sharps Containers (2.4 cu ft)		Cu Ft.
		TOTALS ▶ 1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Harolda Morrison Signature HMorrison Date 3-31-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/31/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION
Treatment process was corrected

APR - 6 2014

TREATMENT FACILITY

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave
Haw River, NC 27258
(336) 578-6900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

APR 01 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

Route# [redacted] E OF EMERGENCY CONTACT# CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

4/7/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1.	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed [redacted] Signature [redacted] 4/7/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 4/7/14

TRANSFERRED AT INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFERRED AT INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC 28620 INCINERATED

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was corrected APR 1 8 2014

TREATMENT FACILITY

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility [redacted]

Stericycle, Inc.
1168 Porter Ave
New River, NC
(336) 978-3900
EPA# 01-02-1

☐ 8C. Alternate Facility

STERICYCLE, INC
Stericycle Waste
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

APR 0 8 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept u[redacted]nt I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

GENERATOR

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route: [redacted] — CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER — STANDARD MANIFEST [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

4/14/2014

Customer Number: 8206536-001 — Generator's Registration #: SC23-04106

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	TB01 - 30 Gal Reuseable Tub (4.0 cu ft)		Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	TB04/TB2S - 28 Gal Reuseable Tub (3.7 cu ft)		Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	SC55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	TB32 - 32 Gallon Reuseable Tub (4.8 cu ft)		Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN			Cu Ft.
UNIVERSAL Regulated Medical Waste, n.o.s., 6.2, PSN	SG01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X: Printed/Typed Name: Kathy Adams — Signature: [signature] — Date: 4-14-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Number: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] — Signature: [redacted] — Date: 4/14/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 / TRANSPORTER ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

STERICYCLE
1168 Porter Avenue
Haw River, NC
INCINERATED

7. DISCREPANCY INDICATION

Treatment process was collected

APR 20 2014

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave
Haw River, NC
(336) 578-8800
EPA#: 01-02-1

☐ 8C. Alternate Facility:

☐ 8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
APR 16 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] — Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in 9(8)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

Route# [redacted] CUSTOMER NO [redacted] [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-1888

4/21/2014

Customer Number 8206536-001 Generator's Registration # SC23-04100

GENERATOR

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (3.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.4 cu ft)	2	8.8 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB22 - 22 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	2	8.8 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed [redacted] Signature [redacted] Date 4-21-14

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted] Phone (800) 633-9276
4403 Republic Court
Concord, NC 28027
Applicable Permit Numbers:

☐ This is a Through Shipment

TRANSPORTER [redacted] accepts as described above.
Print/Type Name [redacted] Signature [redacted] Date 4-21-14
5. INTERMEDIATE/TRANSFERRING TRANSPORTER'S NAME AND MAILING ADDRESS Phone #
Applicable Permit Numbers:

TRANSPORTER 2 / INTERMEDIATE SUPPLIER

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS
STERICYCLE
1166 Porter Avenue
New River, NC 28635
INCINERATED
Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was completed APR 25 2014

☐ 7A. Designated Facility ☒ 7B. Alternate Facility ☐ 7C. Alternate Facility ☐ 7D. Alternate Facility

Stericycle, Inc.
1403 Republic Court
Concord,NC 28027
(800) 633 - 9276

Stericycle, Inc.
1166 Porter Ave
New River, NC 28635
(336) 576 - 2900
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
APR 22 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted] CUSTOMER #: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

4/28/2014

Customer Number: 8206536-001 — Site/Profile Number: 8023-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX35 - Medium Corrugated Box (3.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams — Signature: [signature] — Date: 4-28-14

PRIMARY TRANSPORTER

4. TRANSPORTER'S NAME AND ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Number: 8014-021

TRANSPORTER: [redacted] medical waste as [redacted]

Print/Type Name: [redacted] Signature: [redacted] Date: 4/28/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER'S NAME AND ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS:

STERICYCLE
1168 Porter Avenue
INCINERATED

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process not correct.

MAY 1 1 2014

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Ave,
New River, NC 272
(336) 576-8900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

APR 2 9 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wastes as defined by [illegible] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1589

5/5/2014

Customer Number: 8206536-001 Generator's Registration #: S023-04100

9A. DESCRIPTION OF WASTE	9B. CONTAINER TYPE	9C. NO. OF CONTAINERS	9D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	BX56 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in [redacted]

X Printed/Typed Name [redacted] Signature [redacted] 5/5/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 COMPANY NAME
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 5/6/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION
Treatment process was/corrected

MAY 12 2014

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
1168 Porter Ave
Haw River, NC 27258
(866) 578-8900
EPA#: 01-02-1

STERILIZATION Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCTWNR regulations.

MAY 08 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-10-09-STD

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/12/2014

Customer Number 8206536-001 Generator's Registration # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII			Cu Ft.
999991, Regulated Medical Waste, n.o.s., 8.2, PGII	SB01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [redacted] Date 5-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 5/12/14

TRANSFER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

TREATMENT FACILITY

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:
Stericycle, Inc.
1186 Porter Ave,
Haw River, NC 27258
(336) 578-3800
EPA#: 01-02-1

8C. Alternate Facility:
[redacted]

8D. Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations
MAY 13 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated r[redacted]e received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

STANDARD MANIFEST 005-19-26-STD

Route# [redacted] CUSTOMER N [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/19/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC22-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national

X Printed/Typed [redacted] Signature [redacted] 5/19/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: SG14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 5/19/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATOR

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected MAY 9 5 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave
Haw River, NC 2
(336) 578-6900
EPA#: 01-[illegible]

☐ 8C. Alternate Facility [redacted]

STERICYCLE INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

MAY 20 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous [illegible] defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER # [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST OR LOG OR STD.

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1688

6/2/2014

Customer Number 8206536-001 Generator's Registration # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291 Regulated Medical Waste, n.o.s. 6.2 PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 6/2/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone # (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/5/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: [redacted]

Phone #

Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected JUN 14 2014

TREATMENT FACILITY

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility

Stericycle, Inc
1168 Porter Ave,
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUN 03 2014

Daniel Hensley

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous wastes [redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

DS

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1550

6/9/2014

Customer Number: 8206536-001 Generator's Registration #: SC23-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal. Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Container (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

2. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national gov[redacted]

Printed/Typed Name: [redacted] Signature: [redacted] 6/9/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment. Phone #: (800) 633-9276 Applicable Permit Numbers: SC11021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 6/9/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS: STERICYCLE 1169 Porter Avenue Haw River, NC 27258 INCINERATED Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was Corrected JUN 16 2014

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

☑ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1169 Porter Ave,
Haw River, NC 27
(866) 783-7422
EPA#: 01-02-1

STERICYCLE INC
4403 Republic Court Facility
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
JUN 16 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to a[redacted] and have received the above indicated wastes in accordance with the requirement outlined in that authoriz[redacted]

Print/Type Name: _____ Signature: _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

(02245)

ORIGINAL

Stericycle [redacted] Route# [redacted] 24 HR EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1588

6/16/2014

CUSTOMER NUMBER: 8206536-001 GENERATOR'S REGISTRATION #: SC23-0410G

6A. DESCRIPTION OF WASTE	6B. CONTAINER TYPE	6C. NO. OF CONTAINERS	6D. VOLUME
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UNIVERT, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name: Kathy Adams Signature: Kathy Adams Date: 6-16-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9278 Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 6-16-14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE: Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

TRANSFER FACILITY

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS: Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED JUN 30 2014

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected.

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, Inc 1168 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1

8C. Alternate Facility: [redacted]

STERICYCLE INC 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations. JUN 17 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untre[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(a)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1559

6/23/2014

Customer Number 8206536-001 Generator's Registration # SC23-0410G

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

4. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [signature] Date 6-23-14

Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER'S ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/23/14

Phone #:

Applicable Permit Numbers:

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE [redacted]

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

Applicable Permit Numbers:

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS:

STERICYCLE 1168 Porter Ave New River, NC 28635 INCINERATED

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: [illegible] as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

JUN 2 9 2014

☐ 8A. Designated Facility ☐ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.. 4403 Republic Court Concord, NC 28027 (800) 633-9278

Stericycle Inc. 1168 Porter Ave, New River, NC 27 [redacted] (866) 783-7421 EPA#: 01-02-1

Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

JUN 2 9 2014 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [illegible] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

09/15/2015 TUE 10:20 FAX 001/020

Stericycle — MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO: [redacted] — STANDARD MANIFEST [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820
(864) 232-1688

6/30/2014

Customer Number: 8206536-001 — Generator Registration #: SC23-04106

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name: [redacted] Signature: [redacted] Date: 6/30/14

TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 — Phone #: (800) 633-9278

☐ This is a Through Shipment — Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 6/30/14

TRANSFER TO INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: — Phone #: — Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSFER TO INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: — Phone #: — Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED

7. DISCREPANCY INDICATION: Treatment process was corrected.

TREATMENT FACILITY

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave Haw River, NC (866) 783-7422 EPA#: 01-02-1

JUL 18 2014

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUL 0 2 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: Daniel Hensley Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by R.C.R.A. Hazardous Waste Management Regulations or radioactive materials above levels determined in V(6)(a) of the S.C. Infectious Waste Management Regulations

ORIGINAL

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST [redacted]

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620
(864) 232-1589

7/7/2014

Customer Number 8206536-001 Generator's Registration # SC23-04106

2A. Description of Waste	2B. Container Type	2C. No. of Containers	2D. Volume
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [redacted] Date 7-7-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 7/8/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1165 Porter Avenue Haw River, NC 27258 INCORPORATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

JUL 2 0 2014

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1165 Porter Ave,
Haw River, NC 2[redacted]
(866) 783-7422
EPA#: 01-02-1

Stericycle Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUL 2 0 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

00033

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300 — STANDARD MANIFEST [redacted]

Route# [redacted] — CUSTOMER No. [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-[redacted]

7/18/2014

Customer Number: 8206536-001 — Generator's Reservation #: 5023-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.9 cu ft)		Cu Ft.
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	BX55 - Medium Corrugated Box (5.6 cu ft)		Cu Ft.
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UNREG, Regulated Medical Waste, n.o.s., 9.2, PGIII	SB61 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national

X Printed/Typed Name: [redacted] Signature: [redacted] Date: 7/18/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4409 Republic Court Concord, NC 28027 — Phone #: 800-633-9278

☐ This is a Through Shipment — Applicable Permit Number: 8014-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 7/21/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: [redacted] Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

INTERMEDIATE HANDLER / TRANSPORTER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1166 Foster Avenue New Richmond, WI 54017 INCINERATED — Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected — JUL 21 2014

☐ 8A. Designated Facility: Stericycle, Inc. 4409 Republic Court Concord, NC 28027 (800) 633-9278

☑ 8B. Alternate Facility: Stericycle, Inc. 1166 Foster Av[redacted] New Richmond, WI [redacted] (866) 782-7422 EPA#: WI-02-4[redacted]

STERICYCLING 4409 Republic Court Concord, North Carolina 28027 — This certifies treatment by Stepan Stericycling in accordance with the NCDENR regulations. JUL 15 2014 Daniel Hawley

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste on it that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: _____ Signature: [redacted]

I certify that this waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in 61[redacted] of the S.C. Infectious Waste Management Regulations.

ORIGINAL

MEDICAL WASTE TRACKING FORM NUMBER

Stericycle [redacted] Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

GENERATOR

1) Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1888

7/21/2014

Customer Number 8206536-001 Generator's Remediation # SC23-04109

2X. DESCRIPTION OF WASTE	2C. CONTAINER TYPE	2D. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SC91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 7-21-14

PRIMARY TRANSPORTER

4) TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 7/21/14

TRANSFER/INTERMEDIATE HANDLER

5) INTERMEDIATE HANDLER & TRANSPORTER 2 ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSFER/INTERMEDIATE HANDLER

6) INTERMEDIATE HANDLER & / TRANSPORTER 3 ADDRESS Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
RECEIVED

TREATMENT FACILITY

7) DISCREPANCY INDICATION: Treatment process was corrected.

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUL 23 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

69354

ORIGINAL

Stericycle

Route# [redacted] ABE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

7/28/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SC01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 7-28-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 7/28/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1166 Porter Avenue
New River, NC 28620
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was interrupted.

AUG 4 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:
Stericycle, Inc.
1166 Porter Ave,
New River, NC 2725[redacted]
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility: [redacted]

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
July 29 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(3)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

MEDICAL WASTE TRACKING FORM NUMBER

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-[redacted] CUSTOMER N[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-2589

5/4/2014

Customer Number 8206536-001 Generator's Registration # SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [signature] Date 8-4-14

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9278 Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 8-4-14 Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC 27258 Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

AUG 18 2014

TREATMENT FACILITY

7. DISCREPANCY INDICATION Treatment process ok/corrected

☐ 8A. Designated Facility ☒ 8B. Alternate Facility

Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

Stericycle, Inc. 1168 Porter Ave. New River, NC 27258 (866) 783-7422 EPA#: 01-02-1

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NC/DHS regulations. Aug 05 2014 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

00336

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST 001-10-03-370

Route#

CUSTOMER NO

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1208

8/13/2014

Customer Number 8206536-001 Generator's Registration # SC23-04100

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB27 - 27 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX56 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 8/14/14

PRIMARY TRANSPORTER

4. TRANSPORTER: [redacted] Phone #: (800) 633-9278

4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number(s): SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 8/14/14

TRANSFER(S) TO INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER: [redacted] Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER(S) TO DESIGNATED FACILITY

6. INTERMEDIATE HANDLER # / TRANSPORTER # ADDRESS: STERICYCLE 1166 Porter Avenue [redacted] Phone #,

Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: [redacted] as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was collected

AUG 17 2014

TREATMENT FACILITY

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☑ 8B. Alternate Facility: Stericycle, Inc. 1166 Porter Ave [redacted] Have River, NC 28748 (866) 783-7422 EPA#: 01-02-1

☐ 8C. Alternate Facility: [redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
AUG 22 2014 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by applicable Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted] STA [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1589

8/18/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	T801 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SQ91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: Kathy Adams (864) 282-1589 8/18/14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: Applicable Permit Number: SC14-021

TRA[redacted] described above

Print/Ty[redacted] Date 8/18/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTE[redacted] Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS: Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of [redacted] described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE Haw River, NC 27258 INCINERATOR

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1

[redacted]

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

AUG 19 2014 CB

Daniel Hensley [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

08070 I certify that the waste provided does not contain regulated quantities of hazardous wa[redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(a) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1569

8/25/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04106

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX65 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 8-25-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 8/25/14

TRANSPORTER/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER ADDRESS: Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

INTERMEDIATE HANDLER / TRANSPORTER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS: STERICYCLE 1168 Porter Avenue Haw River, NC 27258 Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

7. DISCREPANCY INDICATION

Treatment process was collected

SEP 1 2014

TREATMENT FACILITY

8a. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8b. Alternate Facility: [redacted] Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

AUG 28 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] CUSTOMER NO. [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

9/3/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04106

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.1 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291 Regulated Medical Waste n.o.s., 6.2 PGII	SC91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.1 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and [redacted]

X [redacted] Printed/Type [redacted] Date 9/3/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 (FIRM NAME)
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 9/3/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC 27205
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

SEP 11 2014

8A. Designated Facility
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility
Stericycle, Inc.
1168 Porter Ave,
New River, NC 27205
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility [redacted]

8D. Alternate Facility
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

SEP 04 2014 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

008532

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

STANDARD MANIFEST [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1569

9/8/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-041-06

GENERATOR

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.1 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.1 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects

X Printed/T[redacted] Date 9/8/14

PRIMARY TRANSPORTER

4. TRANSPORTER: [redacted] Phone #: (800) 633-9278

4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/8/14

TRANSFER(S) / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

TRANSFER(S) / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, North Carolina INCINERATOR Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

7. DISCREPANCY INDICATION

Treatment process was collected

SEP 2 9 2014

TREATMENT FACILITY

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility: [redacted]
Stericycle, Inc.
1168 Porter Ave,
New River, NC 272[redacted]
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
SEP 0 9 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wa[redacted] Waste Management Regulations or radioactive materials above levels determined in R[redacted] of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1588

9/15/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # 5023-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed [redacted] Signature [redacted] 9/15/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers:
5014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 9/15/14

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

Phone #:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1166 Porter Avenue
Haw River, NC 27258
INCINERATED

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

SEP 26 2014

STERICYCLE, INC
4403 Republic Court
Concord, NC 28027
This container received by Steam Sterilization in accordance with the NCDENR regulations.
SEP 15 2014

☐ 8A. Designated Facility:

☒ 8B. Alternate Facility:

☐ 8C. Alternate Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave.
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] CUSTOMER [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 292-1599

9/22/2014

Customer Number: 8206536-001 Generator's Registration #: S023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
		TOTALS ▶	1 4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Type [redacted] [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER(S) Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

(800) 633-9278

Applicable Permit Numbers: 8014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/22/14

TRANSFERRED/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER #/ TRANSPORTER'S ADDRESS:

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFERRED/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER S / TRANSPORTER S ADDRESS:

Phone #

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
INCINERATED
OCT 2 2014

7. EMERGENCY INDICATION

Treatment process was collected

TREATMENT FACILITY

8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility

Stericycle, Inc.
1168 Potter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

8C. Alternate Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
SEP 23 2014
Daniel Hensley
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste [illegible] Waste Management Regulations or radioactive materials above levels determined in [illegible] Medical Waste Management Regulations

ORIGINAL

0014

Stericycle [redacted] CASE OF EMERGENCY CONTACT: CKENTRED 1-800-[redacted] CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST 001-10-06-STD

GENERATOR

1. Generator's Name, Addresses and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

9/29/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name Kathy Adam Signature [signature] Date 9/29/14

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 833-9278
Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/29/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
OCT 5 2014

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

8A. Designated Facility: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 833-9278

8B. Alternate Facility: Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 2725[redacted]
(866) 783-[redacted]
EPA#: 01-02-1

8C. Alternate Facility: [redacted]

Stericycle
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
SEP 30 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and treat the medical waste described above and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route#: [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO.: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-10-65-GTD

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 292-1559

10/6/2014

Customer Number: 8206536-001 Generators Registration #: SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this shipment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X [redacted] Date 10/6/14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 10/6/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
INCINERATED

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER/TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

OCT 15 2014

TREATMENT FACILITY

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
New River, NC 27258
(888) 783-7422
EPA#: 01-02-1

8C. Alternate Facility: [redacted]

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

OCT 07 2014 CG

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous w... Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

0005

ORIGINAL

'Stericycle' Routed: [redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]

E OF EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 - (864) 232-1589

10/13/2014

CUSTOMER NUMBER 6206536-001 GENERATOR'S REGISTRATION # S023-0410G

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)	-	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: [redacted] Signature: [redacted] Date 10-13-14 (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date 10/13/14 Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____ Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1166 Porter Avenue New Bern, NC 28562 INCINERATED Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

OCT 20 2014

☐ 8A. Designated Facility ☒ 8B. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave,
New River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

9B. Alternate Facility
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certified treatment by Steam Sterilization is in accordance with the NCDENR regulations.

OCT 14 2014

Daniel Hendry

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated regulated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

000866

I certify that the waste provided does not contain regulated quantities of hazardous wa[illegible] Waste Management Regulations or radioactive materials above levels determined in [illegible] Management Regulations

ORIGINAL

Stericycle

Route# [redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]

[redacted] OF EMERGENCY CONTACT: CHEMTREC 1-80[redacted] CUSTOMER [redacted]

GENERATOR

1. Generator's Name, Address [redacted] Phone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1599

10/20/2014

Customer Number: 8206536-001 Generator's Registration #: S023-04109

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

5. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: [redacted] Date: 10-20-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 10/20/14

TRANSFER TO INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER: [redacted]

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSFER TO INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected OCT 28 2014

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 272[redacted]
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
OCT 28 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

DATA

I certify that the waste provided does not contain regulated quantities of hazardous wa[redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route [redacted] E OF EMERGENCY CONTACT: CHEMTREC 1 [redacted] CUSTOM [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

10/27/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [redacted] Date 10-27-14

Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER 1 ACKNOWLEDGES receipt of wastes as described above

Print/Type [redacted] Signature [redacted] Date 10/29/14

Phone #:

TRANSFERRED/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 ADDRESS: [redacted]

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFERRED/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: STERICYCLE 1166 Porter Avenue Haw River, NC 27258 INCINERATOR

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

NOV 6 2014

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected.

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc. 1166 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1

8C. Alternate Facility: 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

OCT 29 2014 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as def[illegible] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

0071

Stericycle

Route# [redacted] EMERGENCY CONTACT CHEMTREC 1-800-[redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

11/3/2014

Customer Number 8206536-001 Generator's Registration # S023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national [redacted]

X Printed/Typed Name [redacted] Signature [redacted] Date 11/3/14

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted]
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: [redacted]278
Applicable Permit Number: S014-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/3/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

STERICYCLE
New River, NC 27[redacted]

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected.

TREATMENT FACILITY

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility:

Stericycle Inc.
1168 Porter Ave,
New River, NC 27[redacted]
(888) 783-7482
EPA#: 01-02-1

NOV 0 4 2014

☐ 8C. Alternate Facility: [redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

NOV 04 2014 CS

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

09/15/2015 TUE 10:36 FAX 020/020

MEDICAL WASTE TRACKING FORM NUMBER

'Stericycle' Route#: [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC [redacted] CUSTO[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

11/10/2014

CUSTOMER NUMBER: 8206536-001 GENERATOR'S REGISTRATION #: SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name: [redacted] Signature: [redacted] Date: 11/10/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 (FIRM NAME, ADDRESS, PHONE AND EPA ID NUMBER): [redacted] 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment

Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 11/10/14 Phone #:

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: [redacted]

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: _____ Signature: _____ Date: _____ Phone #:

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:

Stericycle, Inc.
1166 Porter Ave.
New River, NC 27258
(866) 783-7429
EPA#: 01-02-1.

☐ 8C. Alternate Facility: [redacted]

STERICYCLE
New River, NC 27258
INCORPORATED

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

NOV 11 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: _____ Signature: [redacted] Date: _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

09/15/2015 TUE 10:35 FAX 001/020

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300 — CUSTOMER N[redacted] — MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1889

11/17/2014

Customer Number 8206536-001 — Generator's Registration # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
Regulated Medical Waste, n.o.s., 9.2, PIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 9.2, PIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 9.2, PIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 9.2, PIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 9.2, PIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 9.2, PIII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
Regulated Medical Waste, n.o.s., 9.2, PIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 9.2, PIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 9.2, PIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X [redacted] Date 11/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Name, Address, Phone and Applicable Permit Numbers
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
Phone #: (800) 633-9278
Applicable Permit Numbers: SC14-02T

☐ This is a Through Shipment

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type N[redacted] Date 11/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERME[redacted] Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCORPORATED
Phone #
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was collected

NOV 2 8 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(888) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
NOV 18 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER N[redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

11/24/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # S023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII			Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 8.2, PGII	SGB1 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

5. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in [redacted]

Print/Type Name [redacted] Signature [redacted] Date 11/24/14

PRIMARY TRANSPORTER

4. TRANS[redacted] 4403 Republic Court Concord, NC 28027 — This is a Through Shipment — Applicable Permit Numbers: 6014-02T

TRANSPORTER CERTIFICATION: [redacted] medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/24/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

NOV 3 0 2014

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
Waste treated by Steam Sterilization
in accordance with the NCDENR regulations.

NOV 2 6 2014 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as [redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

00119

ORIGINAL

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-80[redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1689

12/1/2014

CUSTOMER# 8206536-001 GENERATOR'S REGISTRATION # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations."

X [redacted] 12/1/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 COMPANY NAME [redacted] TRANSPORTER'S REGISTRATION #: SC14-021

Concord, NC 28027 ☐ This is a Through Shipment

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/1/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 COMPANY NAME [redacted] Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 4 / TRANSPORTER 3 ADDRESS: Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

STERICYCLE
[redacted]
INCINERATED
DEC 7 2014

8A. Designated Facility
Stericycle, Inc.
4403 Republic Court
Concord,NC 28027
(800) 633-9278

8B. Alternate Facility
Stericycle, Inc.
1166 Porter Ave
Haw River, NC 2[redacted]
(866) 783-[redacted]
EPA#: 01-02-1

8C. Alternate Facility [redacted]

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
DEC 02 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in [redacted] Management Regulations

ORIGINAL

MEDICAL WASTE TRACKING FORM NUMBER

Stericycle Routed [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted] [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

12/8/2014

Customer Number: 8206536-001 Generator's Registration #: SC23-0410G

2A. Description of Waste	2B. Container Type	2C. No. of Containers	2D. Volume
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in [redacted]

X [redacted] Printed/Typed Name Date 12-8-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Name, Address and Telephone Number: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. [redacted] Date 12/8/14

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER 3

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Print/Type Name _____ Signature _____ Date _____

Phone #:

Applicable Permit Numbers:

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

DEC 15 2014

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27 [redacted] (866) 783-7422 EPA#: 01-02-1.

☐ 8C. Alternate Facility:

Stericycle Environmental Solutions
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

DEC 09 2014 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wa[redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(a) of the S.C. Infectious Waste Management Regulations

ORIGINAL

00167

Stericycle

Route# [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-4858

12/15/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04106

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects [redacted]

X Printed/Typed Name [redacted] Signature [redacted] Date 12/15/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME AND EPA ADDRESS: [redacted] Phone #: (800) 633-9279

4403 Republic Court
Concord, NC 28027

☐ This Is a Through Shipment

Applicable Permit Numbers: 5014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/16/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 NAME AND EPA ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC 27258

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [illegible] as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

DEC 22 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9279

☐ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave.
New River, NC 27258
(888) 783-7422
EPA#: 01-02-1

[redacted]

Stericycle, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
DEC 18 2014
Daniel Hensley

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wa[illegible] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST [redacted]

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-8[redacted] CUSTOME[redacted]

Route# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE SC 29605-4820 (864) 232-1589

12/22/2014

CUSTOMER Number 8206536-001 GENERATOR'S REGISTRATION # SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SQ91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed N[redacted] Sig[redacted] 12/22/14 333-9276

PRIMARY TRANSPORTER

4. TRANSPORTER Address: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Date 12/22/14

Phone #:

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER Address: [redacted]

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 4 Address: STERICYCLE
1168 Porter Avenue
New River, NC 27258
DECONTAMINATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

JAN 14 2015

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave.
New River, NC 27258
(866) 783-7422
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

DEC 23 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste, and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

00244

I certify that the waste provided does not contain regulated quantities of hazardous waste listed in the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-63.6(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted] 2 OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER # [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820
(864) 232-1559

1/5/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII			Cu Ft.
[redacted], Regulated Medical Waste, n.o.s., 8.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Print/Type Name Kathy Ada Signature Kathy Ada Date 1-5-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone # (800) 633-9278
Applicable Permit Numbers:
SC14-02T

Print/Type Name [redacted] Date 1/6/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

JAN 16 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:

Stericycle, Inc.
1169 Porter Ave.
New River, NC 272[redacted]
(866) 783-[redacted]
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JAN 08 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] PHONE OF EMERGENCY CONTACT CHEMTREC 1-80[redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1888

1/12/2015

Customer Number 8206536-001 Generator's Registration # S023-0410G

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS81 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described a[redacted] are in all re[redacted]

X [redacted] 1/12/15

PRIMARY TRANSPORTER

4. TRANSPO[redacted]
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Na[redacted] Date 1/12/15

Phone #

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMED[redacted]

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER'S ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
Haw River, NC 27258
INCINERATED

JAN 19 2015

7. DISCREPANCY INDICATION

Treatment process was corrected

TREATMENT FACILITY

☐ 8A. Designated Facility:

8B. Alternate Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave.
Haw River, NC 2725[redacted]
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
Final treatment by Steam Sterilization
in accordance with the NCDENR regulations.

JAN 19 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste, and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of Hazardous Waste as defined by [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

80212

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST 001-10-04-STD

Route#

CUSTOMER N

GENERATOR

1. Generator's Name, Address & Phone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1259

1/19/2015

Customer Number 8206536-001

Generator's Registration # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 1-19-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: [redacted]

Print/Type Name [redacted] Signature Date 1/19/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS [redacted]

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

DESIGNATED INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS

STERICYCLE
1168 Porter Avenue
New River, NC 28620
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

JAN 25 2015

☐ 8A. Designated Facility

☑ 8B. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1168 Porter Ave
New River, NC
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
is certifies treatment by Steam Sterilization
accordance with the NCDENR regulations.

JAN 20 2015 CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature

I certify that the waste provided does not contain regulated quantities of hazardous was
Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

5012

ORIGINAL

Stericycle Route#: [redacted] AGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER N[redacted] [redacted]

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST 001-10-00-TFF

GENERATOR

1. Generator's Name, Address:

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-1689

1/26/2015

CUSTOMER NUMBER: 8206536-001 GENERATOR'S REGISTRATION #: SC23-041.00

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

4. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in [redacted]

X Printed/Typed [redacted] Date 1-26-15

Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: [redacted]

Print/Type N[redacted] Date 1/26/15

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERME[redacted]

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS:

STERCYCLE
1166 Porter Ave
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

JAN 8 1 2015

☐ 8A. Designated Facility

☒ 8B. Alternate Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility: [redacted]

8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
[redacted] certified treatment by Steam Sterilization in accordance with the NCDENR regulations.

JAN 27 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in F[redacted] of the S.C. Hazardous Waste Management Regulations

ORIGINAL

Stericycle — Route [redacted] — 24 HOUR EMERGENCY CONTACT CHEMTREC 1-800-424-9300 — CUSTOMER [redacted] — MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

2/2/2015

Customer Number: 8208536-001 — Generator's Registration #: SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SQ01 - Sharps Containers (2.4 cu ft)		Cu Ft.
			Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams — Signature: Kathy Adams — Date: 2/2/15

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #:
Applicable Permit Numbers: SC14-021

TRANSPORTER/INTERMEDIATE HANDLER

TRANSPO[redacted] — Print/Type Name: [redacted] — Date: 2/2/15

5. INTERMED[redacted]
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] — Signature: [redacted] — Date: 2-2-15

TREATMENT FACILITY

6. INTERMEDIA[redacted]
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

7. DISCREPANCY INDICATION
Treatment process was corrected.

8A. Designated Facility
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility
Stericycle, Inc.
1166 Porter Ave
New River, NC 27258
(866) 783-7422
EPA#: 01-02-1

INCINERATED
FEB 9 2015
[redacted]

STERICYCLE, Inc. Waste Facility
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization
in accordance with the NCDENR regulations.
FEB 0 8 2015
CB

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] — Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazar[redacted] regulated by Hazardous Waste Management Regulations or radioactive materials above levels determi[redacted] by Radioactive Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-4[redacted] — CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-4569

2/9/2015

Customer Number 8206536-001 — Generator's Registration # SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Print [redacted] Date 2/9/15 [redacted]

PRIMARY TRANSPORTER

4. TRANSPO[redacted] — Phone Numbers

4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Site #: 8014-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type N[redacted] Date 2/9/15

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

FEB 11 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27[redacted]
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDHHS regulations.

FEB 10 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

00407

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Routed [redacted] OF EMERGENCY CONTACT) CHEMTREC 1-80[redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address [redacted] Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

2/16/2015

Customer Number 8206536-001 Generator's Registration # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB2B - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
LINE201, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
		TOTALS ▶ 1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Date 2-16-15

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature _____ Date 2/16/15

TRANSFERRED/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFERRED/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 3 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1166 Porter Avenue
Hoke River, NC 28547
INCINERATED
MAR - 9 2015

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
1166 Porter Ave
Hoke River, NC 2[redacted]
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC. Facility
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
FEB 17 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorizat[redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous[redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

0003

ORIGINAL

Stericycle [redacted] Route: [redacted] E OF EMERGENCY CONTACT: CHEMTREC 1-[redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address [redacted] Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1559

2/23/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X [redacted] Printed/Ty [redacted] Date 2/23/15 [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTE [redacted]
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Nam [redacted] Date 2/23/15

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDI [redacted]

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
4385 Porter Ave,
Hare River, NC 272[redacted]
(866) 783-7422
EPA#: 01-02-1

MAR 2015

[redacted]

9. Designated Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027

I do certify treatment by Steam Sterilization in accordance with the NCDENR regulations.

FEB 24 2015

Daniel Hensley

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

00053

I certify that the waste provided does not contain regulated quantities of hazardous wa [redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-80[redacted] CUSTOMER [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/2/2016

Customer Number .. 8206536-001 Generator's Registration # SC23-0410G

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper

X [redacted] Date 3-2-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Number: SC014-027

TRANSPORTER CERTIFICATION: [redacted]

Print/Type N[redacted] Date 3/2/15

TRANSFER STATION / INTERMEDIATE HANDLER

5. INTERME[redacted] Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS: STERICYCLE 1168 Porter Airport [illegible] INCINERATED

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

MAR 12 2015

TREATMENT FACILITY

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc [redacted]
1168 Porter A[redacted]
New River, NC [redacted]
(888) 783-7422
EPA#: 01-02-1

STERICYCLE Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

MAR 0[redacted] 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to [redacted] received the above indicated wastes in accordance with the requirement outlined in that authori[redacted]

Print/Type Name _____ Signature _____

[redacted]

I certify that the waste provided does not contain regulated quantities of hazardo[redacted] Waste Management Regulations or radioactive materials above levels determined in [redacted] Management Regulations

0025

ORIGINAL

Stericycle Route# [redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

3/9/2015

Customer Number: 8206536-001 Generator's Reg: SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

4. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

[X] Certified [redacted] 3/9/15

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature Date 3/9/15 Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER: [redacted] Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date Phone #

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date Phone #

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

MAR 16 2015

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 [redacted] is certified to treat and by Steam Sterilization in accordance with the NCDENR regulations. MAR 10 2015

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Signature

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

00635

Stericycle

Route [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1689

3/16/2015

Customer Number: 8206536-001 ... Generator's Reclamation #: SC23-04100

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kath Adams Signature: Kath Adams Date: 3-16-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: [redacted]

Print/Type Name: [redacted] Signature: [redacted] Date: 3/16/15

TRANSFER / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 ADDRESS: [redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: _____ Signature: _____ Date: _____

TRANSFER / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: STERICYCLE 1168 Porter Avenue [redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Received the medical waste described above. INCINERATED

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

MAR 26 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave [redacted] New River, NC [redacted] (866) 783-7423 EPA#: 01-02-d

8C. Alternate Facility: STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 I certify treatment by Steam Sterilization in accordance with the NCDENR regulations.

MAR 17 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in R.61-63 of the S.C. Infectious Waste Management Regulations

0315

ORIGINAL

MEDICAL WASTE TRACKING FORM NUMBER

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address [redacted] Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

3/23/2015

Customer Number 8206536-001 Generator's Registration # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB2B - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX58 - Medium Corrugated Box (5.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X [redacted] Printed/Typed Name [redacted] Date 3-23-15 Phone [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted]
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-021

TRANSPORTER CERTIFICATION [redacted] Date 3/24/15

Print/Type Name [redacted] Phone #:

TRANSPORTER 1/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER [redacted]

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

Applicable Permit Numbers:

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

STERICYCLE
1166 Porter Avenue
[redacted] as described above.
INCINERATED

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: [redacted]

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

MAR 30 2015

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:

Stericycle Inc.
1166 Porter Ave,
New River, NC 27
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC
4403 Republic Court Facility
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

MAR 24 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accep[t] and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

00242

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted] EMERGENCY CONTACT/ CHEMTREC 1-80[redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST 001-10-00-0[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/30/2015

Customer Number 8206536-001 Generator's Registration # SC23-04108

4A. DESCRIPTION OF WASTE	4B. CONTAINER TYPE	4C. NO. OF CONTAINERS	4D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

5. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

☒ Printed/Typed Name Kathy Adam Signature Kathy Adam Date 3-30-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers:
SC14-021

TRANSPORTER 1 [redacted]

Print/Type Name [redacted] Signature [redacted] Date 3-30-15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS [redacted]

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC 28575
INCINERATED

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of [redacted] described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

APR 16 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave.
New River, NC [redacted]
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC. Facility
4403 Republic Court
Concord, North Carolina 28027
Certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

MAR 31 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined [redacted] Management Regulations

ORIGINAL

Stericycle Route# [redacted] OF EMERGENCY CONTACT: CHEMTREC 1-800-424-[redacted] CUSTOMER NO. [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1599

4/6/2015

CUSTOMER NUMBER 8208536-001 GENERATOR'S REGISTRATION # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Date 4/6/15

4. TRANSPORTER: Stericycle
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: 601.4 -021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Date 4/6/15

5. INTERMEDIATE HANDLER: [redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS:

STERCYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Amended manifest for SC Generator Certification Statement

Treatment process was corrected.

APR 13 2015

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 833-9278

8B. Alternate Facility:

[redacted]

STERCYCLE INC
4403 Republic Court
Concord, North Carolina 28027
Waste treatment by Steam Sterilization
Treated in accordance with SCDHEC regulations.

APR 07 2015 CB

SteNcycle, Inc
1168 Porter Ave.
Haw River, NC 272[redacted]
(866) 783-7422
EPA#: 01-02-1

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accep[redacted] that I have received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name [redacted] Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of S.C. Infectious Waste Management Regulations.

TREATMENT FACILITY

Stericycle

Route# [redacted] EMERGENCY CONTACT: CHEMTREC [redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number:

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

4/13/2015

Customer Number: 8206536-001 Generator's Registration #: SC23-04108

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SQ91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Print/Type Name: [redacted] Signature: [redacted] Date: 4/13/15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: [redacted] Phone #: [redacted]

4409 Republic Court
Concord, NC 28027

This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 4/13/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: [redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1165 Parker Avenue Haw River, NC 27258 INCINERATED Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

APR 18 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1165 Parker Avenue
Haw River, NC 27258
(866) 783-[redacted]
EPA#: 01-02-1

STERICYCLE, INC.
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR Regulations.

APR 14 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

ORIGINAL

Stericycle — Route [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO. 21188 [redacted]

1. Generator's Name, Address, Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD -
GREENVILLE, SC 29605-4620
(864) 292-1559

4/20/2015

CUSTOMER NUMBER 8206536-001 — GENERATOR'S REGISTRATION # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	T501 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Date 4-20-15 Phone #: (800) 633-9278

4. TRANSPORTER'S ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: [redacted] Date 4/20/15

Print/Type Name [redacted] Phone #:

5. INTERMEDIATE HANDLER: [redacted] Applicable Permit Numbers:

INTERMEDIATE HANDLER/TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS: STERICYCLE 1108 Porter Avenue [illegible] INCINERATED Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [illegible] described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment places 2 [illegible] APR 26 2015 Amended manifest for SC Generator Certification Statement

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, Inc. 1108 Porter Ave. Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1 [redacted]

8C. Alternate Facility: STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations. APR 27 2015 Daniel Hensley

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted] Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of S.C. Infectious Waste Management Regulations.

TREATMENT FACILITY

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER N[redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1599

4/27/2015

CUSTOMER NUMBER 8206536-001 — GENERATOR'S REGISTRATION # SC23-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX65 - Medium Corrugated Box (6.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature [redacted] 4/27/15

TRANSPORTER

4. TRANSPORTER 1 Name, Address: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 — ☐ This is a Through Shipment — Phone # [redacted] — Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 4/30/15

5. INTERMEDIATE HANDLER 1 Name, Address: — Phone # — Applicable Permit Numbers:

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 2 /TRANSPORTER 2 ADDRESS: — Phone # — Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

STERICYCLE 1165 Porter Avenue Haw River, NC 27258 INCINERATED MAY 3 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☐ 8B. Alternate Facility: Stericycle, [redacted] 1165 Porter [redacted] Haw River, [redacted] (860) 783-7422 EPA#: 01-02-1.

STERICYCLE INC 4401 Republic Ct. Alternate Facility: Concord, North Carolina 28027 is certified for treatment by Steam Sterilization in accordance with the NCDENR regulations. APR 28 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Stericycle, Inc. Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations.

TREATMENT FACILITY

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

STAND [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

5/4/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # S023-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Date 5-4-15 (803) 333-9277

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This Is a Through Shipment Applicable Permit Numbers S014-02T

TRANSPORTER [redacted] Date 5/4/15

Print/Type Name [redacted] Phone #:

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue Haw River, NC 27258

Phone #: Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] described above

Print/Type Name _____ Signature _____ Date _____

MAY 1 0 2015

TREATMENT FACILITY

7. DISCREPANCY INDICATIONS: Treatment process was effected.

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

8B. Alternate Facility
STERICYCLE, INC
4403 Republic Court
Concord, North Carolina 28027
certified treatment by Steam Sterilization in accordance with the NCDENR regulations.
MAY 0 8 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature _____

BBJ35

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Management Regulations or radioactive materials above levels determined in F(6)(d) of the U.S. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER STANDARD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/11/2015

Shipment Number: 8206536-001 Generator's Registration #: SC23-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: Kathy Adams Date: 5-11-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone # [redacted]

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: [redacted] Date: 5/11/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: Signature: Date:

TREATMENT FACILITY

6. DISCREPANCY INDICATION: Treatment process corrected

STERICYCLE
1168 Porter Avenue
Hew River, NC 27258
INCINERATED

MAY 14 2015

☐ 6A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278 Stericycle, INC MAY 12 2015

☐ 6B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave, Hew River, NC 27258 (866) 783-7422 EPA#: 01-02-1

☐ 6C. Alternate Facility: [redacted]

☐ 6D. Alternate Facility:

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: Signature: Date:

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in 7(b)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST 001-10-20-0720

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 292-1589

5/18/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	5519 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	5544 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Print/Type Name [redacted] Signature [redacted] Date 5/18/15 (800)633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 [redacted] Phone #: Forms Number:
4403 Republic Court
Concord, NC 28027 ☐ This is a Through Shipment SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 5/18/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 2 ADDRESS [redacted] Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected. MAY 31 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NO 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc. 1168 Porter Av Haw River, NC (866) 783-742 EPA#: NCD 01-02-1 [redacted]

☐ 8C. Alternate Facility: STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 Specifies treatment by Steam Sterilization in accordance with the NCHWR regulations. MAY 18 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature Stericycle, Inc. Date _____

CERTIFICATION

I certify that the waste provided does not contain regulated quantities ~~of hazardous waste as defined by S.C. Hazardous Waste~~ Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-[redacted] CUSTOMER [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/22/2015

Customer Number 8206536-001 Generator's Registration # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)	10	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX44 - Medium Corrugated Box (4.12 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶		Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects

X Printed/Typed [redacted] Date 5/22/15

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted] (800) 633-9278

Concord, NC 28027 ☐ This is a Through Shipment SC14-021

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature Date 6/02/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4400 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:
Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC
4400 Republic Court
Concord, NC 28027
This certified treatment by steam sterilization is in accordance with the NCDHHS Rules Manual.
MAY 28 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept the above listed wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Stericycle, Inc. DOR _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R61(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] NAME OF EMERGENCY CONTACT: CHEMTREC [redacted] CUSTO [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

5/26/2015

Customer Number: 8206536-001 Generator's Registration #: SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)	5 Tags	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)	Charged	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶		Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name _____ Signature _____ Date _____

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4409 Republic Court Concord, NC 28027 ☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type N[redacted] Date 5/26/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERM[redacted]

Phone #

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

8A. Designated Facility:	8B. Alternate Facility:	8C. Alternate Facility:	8D. Alternate Facility:
Stericycle, Inc. 4409 Republic Court Concord, NC 28027 (800) 633-9278	Stericycle, Inc. 4409 Parker Ave. Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1		

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

SC372

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted]

CUSTOMER N[redacted]

ST[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1688

8/1/2015

Customer Number: 8206536-001 | Generator's Registration #: SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Ty[redacted] Date 6/1/15

PRIMARY TRANSPORTER

4. TRANSPORTE[redacted] [redacted](800)633-9278

[redacted] Number:

Concord, NC 28027 ☐ This is a Through Shipment S014-02T

TRANSPORTER CERTIFICATION: [redacted]

Print/Type N[redacted] Date 6/1/15

TRANSFERRING/INTERMEDIATE HANDLER

5. INTERMS[redacted] From #

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 3 ADDRESS: STERICYCLE 1348 Porter Avenue New River, NC 28658

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was disrupted.

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NO 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, [redacted] 1348 Porter [redacted] New River, [redacted] (866) 783-7422 EPA#: 01-02-1

JUN 17 2015

[redacted]

8C. Alternate Facility: STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 Specifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUN 02 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

Stericycle, Inc.

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(8)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

Route [redacted] CUSTOMER NO. [redacted]

GENERATOR

1. Generator's Name, Address a[redacted]mber

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620 (864) 232-1589

6/8/2015

Customer Number 8206536-001 Generator's Registration # SC23-0410G

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in pro[redacted]

X Printed/Typed Nam[redacted] Date 6-8-15 (800)633-9271

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADD[redacted]
4[redacted]
Concord, NC 28027 ☐ This is a Through Shipment

Permit Numbers: SC14 -02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Nam[redacted] Date 6/8/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIA[redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS

STERICYCLE
1168 Port[redacted]
New River, NC 28082
INCINERATED

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

JUN 1 4 2015

☐ 8A. Designated Facility ☒ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633 - 9278

Stericycle,
1168 Por[redacted]
New River
(866) 783 - 1422
EPA#: 01-02-1

STERICYCLE, INC. Concord Facility
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization
in accordance with the SCDENR regulations.

JUN 09 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature Stericycle, Inc. Date _____

COUNTY

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER #: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 292-1589

6/15/2015

Customer Number: 8206536-001 Generator's Registration #: SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX25 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB41 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X [redacted] 6/15/15

PRIMARY TRANSPORTER

4. TRANSPORTER: [redacted] Concord, NC 28027 ☐ This is a through shipment [redacted]-027T

Print/Type Name: [redacted] Date: 6/15/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE: [redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1139 Perry Avenue INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was affected

JUN 25 2015

STERICYCLE INC 4403 Republic Court Concord, North Carolina 28027 Treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUN 19 2015

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility: [redacted] EPA#: 01-02-1

8C. Alternate Facility:

Stericycle, Inc.

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

Route [redacted] CUST [redacted]

GENERATOR

1. Generator's Name, Address a[redacted]mber

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589 6/22/2015

Customer Number 8206536-001 Generator's Registration # SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Ada[redacted] Signature [redacted] Date 6-22-15

Phone #: (800) 633-9278

TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-027

TRANS[redacted] Date 6/22/15

Print/Type [redacted] Phone #:

5. INTERM[redacted] Applicable Permit Numbers:

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE [redacted] INCINERATED JUN 29 2015

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was corrected

Catherine Baner

8A. Designated Facility: [redacted]

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8C. Alternate Facility: STERICYCLE [redacted] Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1

8D. Alternate Facility:

This certifies treatment was in accordance with [redacted] Validation Regulations

JUN 2 8 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities [redacted] Hazardous Waste Management Regulations or radioactive materials above levels determined by [redacted] Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route [redacted] OF EMERGENCY CONTACT: CHEMTREC 1-[redacted] CUSTOM [redacted]

[redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

6/29/2015

Customer Number: 8206536-001 Generator's Registration #: SC23-04106

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	YB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB22 - 22 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
		TOTALS ▶ 1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X [redacted] 6/29/15

4. TRANSPORTER [redacted] 635-9276

4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER

TRANSPORTER CERTIFICATION: Received medical waste as described above.

Print/Type Name [redacted] Date 6/29/15

5. INTERMEDIATE HANDLER [redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Date _____

6. INTERMEDIATE HANDLER / TRANSPORTER [redacted] Phone #:

Applicable Permit Number

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

STERICYCLE
[redacted]
HAW RIVER, NC
INCINERATED
JUN 05 2015

[redacted]

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations
JUN 30 2015

☐ 8D Alternate Facility:

Stericycle, Inc.
1301 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to receive medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations, or radioactive materials above levels determined in R(9)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-[redacted] CUSTOMER [redacted] STANDARD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

7/6/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291 Regulated Medical Waste, n.o.s., 6.2, PGII	SG01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in [redacted]

X [redacted] Printed/Typed N[redacted] Date 7/6/15

TRANSPORTER

4. TRANSPORTER 1 A[redacted] Applicable Permit Numbers:
4403 Republic Court
Concord, NC 28027 ☐ This is a Through Shipment SC14 -02T

TRANSPORTER CERTIFICATION: [redacted]

Print/Type Name [redacted] Date 7/6/15

Phone #:

5. INTERMEDIATE HANDLER

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

6. INTERMEDIATE HANDLER / TRANSPORTER

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was corrected

STERICYCLE Route Number [redacted] New River INCINERATED JUL 09 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

[redacted] Porter Ave,
New River, NC 27258
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility: 4403 Republic Court Concord, North Carolina 28027
This certifies treatment by Stericycle in accordance with the [redacted] regulations

8D. Alternate Facility:

JUL 07 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state [redacted] wastes and that I have received the above indicated wastes in accordance with the requirement outlined in th[redacted]

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

09/15/2015 TUE 11:21 FAX

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted]

EMERGENCY CONTACT: CHEMTREC 1-800-[redacted]

CUSTOMER #: [redacted]

STANDARD MANIFEST #: [redacted]

1. Generator's Name, Address and [redacted]

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

7/13/2015

GENERATOR

Customer Number: 8206536-001

Generator's Registration #: 6023-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.1 Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu ft
	TOTALS ▶	1	4.1 Cu ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all

X [Print/Type Name] [redacted] 7/13/15

4. TRANSPORTER [redacted]

TRANSPORTER

TRANSPO [redacted]

Print/Type Name

Date 7-13-15

5. INTERMEDIATE HANDLER [redacted]

INTERMEDIATE HANDLER

Phone #:

Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Date

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS [redacted]

INTERMEDIATE HANDLER

Phone #:

Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Date

7. DISCREPANCY INDICATION

Treatment process [redacted]

8A. Designated Facility:

Stericycle, Inc.
4408 Republic Court
Concord, NC 28027
(800) 633-9278

Haw River, NC 27258
(336) 578-7422
EPA#: 01-02-1

STERICYCLE
Alternate Facility: 4408 Republic Court, Concord, North Carolina 28027
This certifies treatment by steam sterilization in accordance with the N.C.D.E.N.R. regulations
JUL 14 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state a [redacted] wastes and that I have received the above indicated wastes in accordance with the requirement outlined in the

Print/Type Name

Signature

I certify that the waste provided does not contain regulated quantities of [redacted] by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-63 of the S.C. Hazardous Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] EMERGENCY CONTACT: CHEMTREC [redacted] CUSTOMER [redacted]

GENERATOR

1. Generator's Name, Address and [redacted]mber

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620 (864) 232-1589

7/20/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS18 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name Kathy Adam Signature Kathy Adam Date 7-2015

Phone #: (800)633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Date 7/20/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTER[redacted]

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1160 Porter Avenue INCINERATED

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was complete JUL 28 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633 - 9278

☑ 8C. Alternate Facility: [redacted]

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

JUL 21 2015

☐ 8D. Alternate Facility:

TREATMENT FACILITY: I certify that I have been authorized by the applicable state [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities [redacted] by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determ[redacted] Hous Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route#

EMERGENCY CONTACT: CHEMTREC 1-8

CUSTOMER

[redacted]

[redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-1589

7/27/2015

Customer Number: 8206536-001

Generator's Registration #: 5023-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII			Cu Ft.
(Waste) Regulated Medical Waste, n.o.s., 9, PGIII	SG51 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: [signature] Date: 7-27-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Number: 6014-027

TRANSPO [redacted]

Print/Type Na

Date 7/27/15

TRANSFER/INTERMEDIATE HANDLER

5. INTERMED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS: STERICYCLE
1168 Porter Avenue
New Bern, NC 28560

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

JUL 30 2015

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was confirmed

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:

Stericycle
1168 Por
New Bern
(866) 783-7422
EPA#: 01-02-1

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027

8C. Alternate Facility

Treatment by Steam Sterilization in accordance with the NCDEHNR Regulations

JUL 28 2015

[redacted]

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable st... received the above indicated wastes in accordance with the requirement outlined ... medical wastes and that I have

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(9)(d) of the S.C. Infectious Waste Management Regulations.

0012

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER N[redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620 (864) 232-1589

8/3/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04109

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 8-3-15 Phone # (800)833-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPO[redacted] Date 8/3/15

Print/Type Na[redacted] Phone #

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMED[redacted] Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 6 / TRANSPORTER 6 ADDRESS: STERICYCLE [illegible] New River, NC 27239

Phone # Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. INCINERATED

Print/Type Name _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process not completed AUG 12 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 833-9278

8B. Alternate Facility: St[redacted] 11[redacted] He[redacted] (8[redacted] EP[redacted]

8C. Alternate Facility: STERICYCLE 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR requirements AUG 04 2015 C12

TREATMENT FACILITY: I certify that I have been authorized by the applicable state [redacted] l wastes and that I have received the above indicated wastes in accordance with the requirement outlined in [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route#: [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 OUR [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

8/10/2015

Customer Number: 8206536-001 Generator's Registration #: SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	TR04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	BX38 - Medium Corrugated Box (3.5 cu ft)		Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII			Cu Ft.
UNIQUE, Regulated Medical Waste, n.o.s., 9.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: [signature] Date: 8-10-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Number: SC14-021

TRAN[redacted] Date: 8/10/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTE[redacted] Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1166 Penley Avenue New Haven, MO 63068 INCINERATED Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

AUG 17 2015

☐ 8A. Designated Facility ☑ 8B. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle
1166 Po[redacted]
Haw[redacted]
(866) 78[redacted]
EPA#: 01-02-1

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
Facilities treated by Steam Sterilization
in accordance with the NCDENR Regulations

AUG 17 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state [redacted] wastes and that I have received the above indicated wastes in accordance with the requirement outlined in [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R61(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

0006

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted] EMERGENCY CONTACT/ CHEMTREC 1 [redacted] CUSTOM [redacted]

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and T[redacted]er

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 292-1589

8/17/2015

CUSTOMER NUMBER: 8208536-001

GENERATOR'S REGISTRATION #: SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 90 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X [redacted] Date 8/17/15

Phone #: (800)633-9276

PRIMARY TRANSPORTER

4. TRANSPOR[redacted]

Concord, NC 28027 ☐ This is a Through Shipment

Applicable Permit Numbers: 5014-02T

TRANSPO[redacted]

Print/Type N[redacted] Date 8/17/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERME[redacted]

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New Bern, NC 28560

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was objected

AUG 31 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-9276

☒ 8B. Alternate Facility:

Stericycle
1168 Porter Avenue
New Bern, NC 28560
(866) 783-[redacted]
EPA#: 01-02-1

STERICYCLE
4409 Republic Court
Concord, North Carolina 28027
Facility certifies shipment by Steam Sterilization in accordance with the NCDENR regulations

AUG 18 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agen[redacted]tes and that I have received the above indicated wastes in accordance with the requirement outlined in that a[redacted]

Print/Type Name [redacted] Signature [redacted]

030085

I certify that the waste provided does not contain regulated quantities of h[redacted] S.C. Hazardous Wa Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route: [redacted] EMERGENCY CONTACT: CHEMTREC 1-800- [redacted] CUSTOMER [redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and [redacted] ber

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

8/24/2015

Customer Number: 8206536-001 Generator's Registration #: SC23-04106

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX65 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.1 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	9.1 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Ada Signature: Kathy Ada Date: 8-24-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers: SC14-02T

TRANS[redacted]
Print/Type [redacted]

Date 8/24/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERM[redacted]

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1165 Porter Avenue INCINERATED

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was pulled SEP 03 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: Stericycle [redacted] 4403 Republic Court Concord, North Carolina 28027 [redacted] certifies treatment by Steam Sterilization in accordance with the NCDENR Regulated Tests AUG 25 2015

EPA#: [redacted]

☐ 8C. Alternate Facility

TREATMENT FACILITY: I certify that I have been authorized by the applicable sta[redacted] and that I have received the above indicated wastes in accordance with the requirement outlined [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantiti[redacted] S.C. Hazardous Waste Management Regulations or radioactive materials above levels deter[redacted] Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and [redacted] lumber

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 2324589

8/31/2015

CUSTOMER NUMBER 8208536-001 GENERATOR'S REGISTRATION # SC23-04108

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX5R - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature [signature] Date 8-31-15 Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Applicable Permit Numbers: SC14-02T

TRANSPORTER [redacted] Print/Type Name [redacted] Date 8/31/15 Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE H[redacted] Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____ Phone #:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

STERICYCLE [redacted] NC 27455 INCINERATED

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected SEP 7 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle [redacted] New Rive[redacted] (866)78[redacted] EPA#: 01[redacted]

☐ 8C. Alternate Facility: [redacted]

☐ 8D. Alternate Facility: STERICYCLE 4403 Republic Court [redacted], North Carolina 28027 Treatment by Steam Sterilization with the NCDENR regulations SEP 01 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept regulated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quanti[redacted] C Hazardous W[redacted] Management Regulations or radioactive materials above levels dete[redacted] Waste Managem[redacted] Regulations.

ORIGINAL

D H E C

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

RECEIVED SEP 2015 HEALTH LIC.

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/2015	Today's Date: 9/22/2015	License Prefix: AB Suffix #: 1

Type of Inspection: *L07 INVESTIGATION*

Name of Facility/Activity: Greenville Womens Clinic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Kathy Adams E-mail: kathy.adams99@yahoo.com Phone: 864-232-1584

RESPONSE TO CITATIONS

9/3/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: Stericycle corrected the manifests to indicate "incinerate". They had been incorrectly stamped "steam sterilization."

Preventive Action: All manifests will be stamped correctly and inspected weekly when we get the manifest from Stericycle. Kathy Adams will be responsible for checking the manifest. All products of conception will be managed in accordance with requirement pursuant to Regulation 61-105. All infectious waste will be properly disposed in accordance with the said Regulation.

9/3/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: All reusable bio-hazard containers will be disinfected after each use and Stericycle has corrected all the manifests to indicate "incinerate".

Preventive Action: Staff training in DHEC Reg 61-105. Updated protocol for infectious waste and a member of the infectious waste committee will inspect all manifests to be sure they are stamped correctly. The infectious waste committee is Kathy Adams, [redacted] The infectious waste committee will recheck monthly all manifests and record in monthly manual.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

Completion Date (Actual or Expected)

Greenville Women's Clinic

1142 Grove Road Greenville, S.C 29605
Obstetrics and Gynecology
Office (864) 232-1584
Fax (864) 232-1352

RECEIVED
SEP 22 2015
HEALTH LIC.

TO: Eva Johnson	FROM: Kathy Adams
FAX: 1-803-545-4212	PAGES: 2
PHONE:	DATE: 9-22-15
RE:	CC:

☐ Urgent ☐ For review ☐ Please comment ☐ Please reply ☐ Reply ASAP

Comments:

The PHI (Protected Health Information) contained in this FAX/ E-mail is **HIGHLY CONFIDENTIAL.** It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific health care services to this patient. Any other use is a violation of Federal Law (HIPPA) and will be reported as such. If you receive this fax in error, please call (864) 232-1584.

RECEIVED
SEP 22 2015

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@DHEC.SC.GOV

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/2015	Today's Date: 9/21/2015	License Prefix: AB [redacted]

Type of Inspection: *L07 INVESTIGATION*

Name of Facility/Activity: Greenville Womens Clinic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Kathy Adams E-mail: kathy.adams99@yahoo.com Phone: 864-232-1584

RESPONSE TO CITATIONS

9/3/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: Stericycle corrected the manifests to indicate "incinerate'. They had been incorrectly stamped "steam sterilization"

Preventive Action: All manifests will be stamped correctly and inspected weekly when we get the manifest from Stericycle. Kathy Adams will be responsible for checking the manifest. All products of conception will be managed in accordance with requirements pusuant to Regulation 61-105. All infectious waste will be properly disposed in accordance with said Regulation.

9/3/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: All reusable bio-hazard containers will be disinfected after each use and Stericycle has corrected all the manifests to indicate "incinerate'.

Preventive Action: Staff training in DHEC Reg 61-105. Updated protocol for infectious waste and a member of the infectious waste committee will inspect all manifests to be sure they are stamped correctly. The infectious waste committee is Kathy Adams, [redacted]

Completion Date (Actual or Expected)
Section:
Corrective Action:
Preventive Action:

Completion Date (Actual or Expected)
Section:
Corrective Action:
Preventive Action:

Completion Date (Actual or Expected)
Section:
Corrective Action:
Preventive Action:

Completion Date (Actual or Expected)
Section:
Corrective Action:
Preventive Action:

Completion Date (Actual or Expected)
Section:

RECEIVED
SEP 16 2015
HEALTH LIC.

DHEC
PROMOTE. PROTECT. PROSPER.

Location Information		Audit Information	
License Number:	AB-0001	**Audit Form:**	Abortion Clinic ROV 20150827
Mail Stop:	HL- Abortion Clinic	**Audit Type:**	L07 Investigation
Location Name:	GREENVILLE WOMEN'S CLINIC	**Start Date:**	Wednesday, September 02, 2015
Address 1:	1142 GROVE RD	**Stop Date:**	Wednesday, September 02, 2015
City/State/Postal Code:	GREENVILLE , SC , 29605-4692 , Greenville	**Auditor:**	Michell Hatcher
		Contact Name:	
Phone 1:	864-232-1584		
Email:	KATHY.ADAMS99@YAHOO.COM		

Bureau of Health Facilities Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME: Kathy Adams
TITLE: Administrator
SIGNATURE: Kathy Adams
DATE: 9-14-15

POC REQUIRED

Any violations cited in this report of visit were observed at the time of the inspection

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING

2600 BULL STREET, COLUMBIA, SC, 29201

OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/15	Today's Date: 9-14-15	License Prefix: Choose AB Suffix #: 0001

Type of Inspection: *Choose* General

Name of Facility/Activity: Greenville Women Clinic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: E-mail: Phone: Kathy Adams kathy.adams99@yahoo.com 1-864-232-1584

RESPONSE TO CITATIONS

Completion Date (Actual or Expected) 9-3-15
Section: 208
Corrective Action: No procedures will be performed sooner than 60 mins after u/s day of procedure at GWC
Preventive Action: Staff training - Update policy/procedure

Completion Date (Actual or Expected) 9-3-15
Section: 303.A.1
Corrective Action: All contents of emergency drug kit now correspond w/inventory list
Preventive Action: Monthly monitoring - Disposible lock on cart + log listing any one removing item

Completion Date (Actual or Expected) 9-3-15
Section: 304.H
Corrective Action: Stericycle corrected manifests to indicate "incinerate"
Preventive Action: All manifests will be stamped correctly + inspected by infection control committee

Completion Date (Actual or Expected) 9-3-15
Section: 401.A.1
Corrective Action: Both parents' names will be logged in minor's charts
Preventive Action: Staff training on updated policy/procedure

Completion Date (Actual or Expected) 9-3-15
Section: 403.A.1
Corrective Action: All procedures will be reported within 7 days to Vital Recs
Preventive Action: Staff training, print copy of report + cross ref w/# of procedure

Completion Date (Actual or Expected) 9-3-15
Section: 605.D
Corrective Action: All reusable bio-hazard containers will be disinfected after each use.
Preventive Action: + Stericycle corrected manifests to indicate "incinerate"

Completion Date (Actual or Expected) → Updated protocol for infectious waste,
Section: staff training + manifests will be
Corrective Action: stamped correctly.
Preventive Action:

Completion Date (Actual or Expected)
Section:
Corrective Action:
Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

Greenville *Women's* Clinic

1142 Grove Road Greenville, S.C 29605

Obstetrics and Gynecology

Office (864) 232-1584

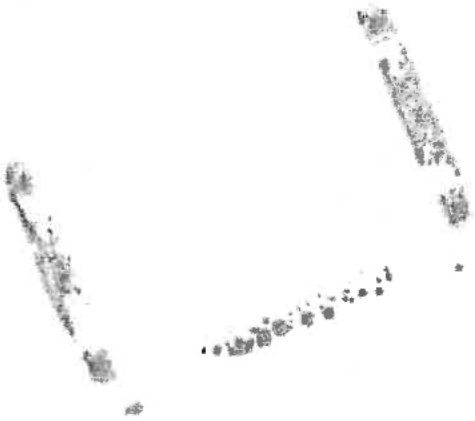
RECEIVED
SEP 15 2015
HEALTH LIC.

Send to: Eva Johnson - DHEC	*From:* Kathy Adams
Attention:	*Date:* 9-14-15
Office location:	*Office location:*
Fax number: 803-545-4212	*Fax number:* (864) 232-1352

Total pages, including cover: 3

Comments:

The PHI (Protected Health Information) contained in this FAX/E-mail is HIGHLY- CONFIDENTIAL.
It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific health care services to this patient. Any other use is a violation of Federal Law (HIPPA) and will be reported as such. If you receive this fax in error, please call (864) 232-1584.



9/15/15 KC

EFIS ✓

RECEIVED
SEP 15 2015
HEALTH LIC.

Location Information		Audit Information	
License Number:	AB-0001	Audit Form:	Abortion Clinic ROV 20150827
Mail Stop:	HL- Abortion Clinic	Audit Type:	L07 Investigation
Location Name:	GREENVILLE WOMEN'S CLINIC	Start Date:	Wednesday, September 02, 2015
Address 1:	1142 GROVE RD	Stop Date:	Wednesday, September 02, 2015
City/State/Postal Code:	GREENVILLE , SC , 29605-4692 , Greenville	Auditor:	Michell Hatcher
Phone 1:	864-232-1584	Contact Name:	
Email:	KATHY.ADAMS99@YAHOO.COM		

Bureau of Health Facilities Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility; redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME: Kathy Adams
TITLE: Administrator
SIGNATURE: Kathy Adams
DATE: 9-14-15

POC REQUIRED

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/2/15 | Today's Date: 9-14-15 | License Prefix: Choose AB Suffix #: 0001

Type of Inspection: Choose General

Name of Facility/Activity: Greenville Women Clinic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: E-mail: Phone: Kathy Adams kathy.adams99@yahoo.com 1-864-232-1584

RESPONSE TO CITATIONS

Completion Date (Actual or Expected) 9-3-15
Section: 208
Corrective Action: No procedures will be performed sooner than 60 mins after w/s day of
Preventive Action: Staff training - Update policy/procedure. procedures at GWC

Completion Date (Actual or Expected) 9-3-15
Section: 303.A.1
Corrective Action: All contents of emergency drug kit now correspond w/inventory list
Preventive Action: Monthly monitoring - Dispose lock on cart + log listing any one removing item

Completion Date (Actual or Expected) 9-3-15
Section: 304.H
Corrective Action: Stericycle corrected manifests to indicate "incinerate"
Preventive Action: All manifests will be stamped correctly + inspected by infection committee

Completion Date (Actual or Expected) 9-3-15
Section: 401.A.1
Corrective Action: Both parents' names will be logged in minor's charts
Preventive Action: Staff training on updated policy/procedure

Completion Date (Actual or Expected) 9-3-15
Section: 403.A.1
Corrective Action: All procedures will be reported within 7 days to Vital Recs
Preventive Action: Staff training, print copy of report + cross ref w/# of procedures

Completion Date (Actual or Expected) 9-3-15
Section: 605.D
Corrective Action: All reusable bio-hazard containers will be disinfected after each use.
Preventive Action: + Stericycle corrected manifests to indicate "incinerate"

Completion Date (Actual or Expected) → Updated protocol for infectious waste,
Section:
Corrective Action: Staff training + manifests will be
Preventive Action: stamped correctly.

Completion Date (Actual or Expected)
Section:
Corrective Action:
Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☐ No ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

Greenville Women's Clinic

1142 Grove Road Greenville, S.C 29605
Obstetrics and Gynecology
Office (864) 232-1584

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SEP 16 2015
HEALTH LIC.

Send to: Michell	From: Kathy
Attention:	Date: 9-16-15
Office location:	Office location:
Fax number: 1-803-545-4212	Fax number: (864) 232-1352

Total pages, including cover: 2

Comments:

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GREENVILLE Women's CLINIC
1142 GROVE ROAD GREENVILLE, SC 29605 • (864) 232-1584

RECEIVED
SEP 16 2015
HEALTH LIC.

September 15, 2015

PROTOCOL TO MANAGE INFECTIOUS WASTE STREAM FROM GENERATOR TO DISPOSAL

Segregate infectious waste from other waste at the point of generation.

All infectious waste is collected, stored and maintained in a semi-rigid leak proof container that will not allow liquid in or out.

Generator onsite storage shall not exceed fourteen days without refrigeration or thirty days if maintained at or below 42 degrees Fahrenheit.

The plastic bags are red and not reuseable. They are closed tightly and securely. They are strong enouth to resist bursting or tearing during handling and transport.

The waste is marked as biohazardous. It is packed and sealed in a container at time of pick-up, which is weekly on Monday mornings. The container is lined with a red plastic bag and properly labeled with the universal biohazard symbol sign. Transporters must label each outer container at the time it is accepted as specified. Transporters must affix required labels so that no other required markings of labels or obscured. The label has facility's registration number and date of pick up.

Reusable containers must be properly disinfected after each use with tuberculocidal strength disinfectant.

All handling of medical waste is done by authorized personnel only, and the manifest is inspected at time of pick-up by the infection committee.

Kathy B. Adams

[redacted]

FW: Automatic reply: Inconsistencies

Wed 9/9/2015 9:25 AM

To: Hatcher, Michelle <hatcherml@dhec.sc.gov>;

Cc: Kelly, Shelly B. <KELLYSB@dhec.sc.gov>; Scaturo, David M. <scaturdm@dhec.sc.gov>; Jenkins, Susan <jenkinse@dhec.sc.gov>;

I will call Kathy at Greenville Women's Clinic to get copies of the corrected manifests.

Leslie Yasinsac
Phone: 803-898-0499
Fax: 803-898-0391
Infectious Waste Program
Bureau of Land & Waste Management
Dept. of Health & Environmental Control

From: [redacted]
Sent: Wednesday, September 09, 2015 8:40 AM
To: Yasinsac, Leslie E.
Subject: RE: Automatic reply: Inconsistencies

Leslie:

The waste did make it to the incinerator plant and was incinerated. Our Biotrack Administrator has corrected the manifests to reflect the correct treatment process and submitted the manifests back to our archive where the customer has access to retrieve them. Additionally, we have sent out those corrected manifest to the customer so that they can have a corrected copy on hand.

Sorry for the delay, it has been a hectic month so far, so please let me know if you need anything else.

[redacted]

From: Yasinsac, Leslie E. [mailto:yasinsle@dhec.sc.gov]
Sent: Tuesday, September 08, 2015 10:41 AM

To: [redacted]
Subject: RE: Automatic reply: Inconsistencies

I know you're still out of town but we have a follow-up meeting today, so I just wanted to check in and see where things stand with this facility and the inconsistencies.

Leslie Yasinsac
Phone: 803-898-0499
Fax: 803-898-0391
Infectious Waste Program
Bureau of Land & Waste Management
Dept. of Health & Environmental Control

From: Yasinsac, Leslie E.
Sent: Wednesday, September 02, 2015 11:18 AM
To: [redacted]
Subject: RE: Automatic reply: Inconsistencies

The facility is Greenville Womens Clinic and the customer number is [redacted]

[redacted]

-------- Original message --------
From: [redacted]
Date: 9/2/2015 10:26 AM (GMT-05:00)
To: "Yasinsac, Leslie E." <yasinsle@dhec.sc.gov>
Subject: Automatic reply: Inconsistencies

I will be out of the office on travel and in meeting [redacted] Email responses may be delayed. If urgent, please contact me at [redacted]

Thank you
[redacted]

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Nota de confidencialidad: La información que presenta este correo es confidencial, y puede ser de uso privilegiado. Este correo intenta ser enviado solo al destinatario, o a los destinatarios. Si usted no es el

destinatario, no podrá usar, desglosar, copiar, o distribuir la información de este correo ya que está prohibido. Si usted no es el correcto destinatario, por favor infórmenos reenviándonos el mismo con el asunto "Dirección Incorrecta", y luego borre el correo y los adjuntos. Stericycle, Inc. usa regularmente actualizaciones de software anti-virus para así reducir posibles virus. De todas maneras, no garantizamos que los adjuntos estén libres de virus.

Stericycle

Date: September 17th, 2015

Kathy Adams
Greenville Women's Clinic
1142 Grove Road
Greenville, SC 29605
888-567-6596

RE: Manifest Corrections

Dear Ms. Adams:

Per our conversation on 09/14/2015, this letter is to inform you that the manifests which were listed on the South Carolina Department of Health and Environmental Control (SC DHEC), Notice of Alleged Violation have been corrected. All waste associated with your account for the previous two (2) years was verified to have been incinerated at our Haw River, NC facility as required by SC DHEC for pathological materials. Stericycle has updated your account to "Incinerate Only" that will key our team to ensure the proper processing stamp is applied to your manifests. In parallel, now that your account is updated in our system, Stericycle will affix a yellow label to each of your containers, assuring that the waste is properly routed to our incinerator plant

For ease of reference, we have attached Stericycle's Waste Acceptance Protocol (WAP), which is part of your contract with us. Please ensure that your personnel, especially any new hires are familiar with our WAP and that you use the yellow labels we have provided and that your review your manifests carefully to ensure that they are properly completed. Following these measures will ensure that your waste is treated via incineration in accordance with all regulatory requirements.

Please contact me at [redacted] should you have any further questions.

Sincerely,

[redacted]

Stericycle
Protecting People. Reducing Risk.

REGULATED MEDICAL WASTE ACCEPTANCE POLICY

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information. You may also call (866) 783-7422.

REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this **excludes** RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including *controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle **cannot accept** bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle **cannot accept** these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

*Un-dispensed from DEA Registrant

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any non-conforming waste identified in route to or at a Stericycle location may be returned to the generator for proper packaging or disposal. Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous material by the generator. **Excludes** all DEA scheduled drugs, including controlled substances*
- **California Only** - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Untreated Category A Infectious Substances
- RCRA Hazardous Pharmaceutical Waste and all DEA controlled drugs, including controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer
- Hazardous Waste - Drums or other containers with a hazard warning symbol, batteries and other heavy metals
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules

**Consult Stericycle Representative for specific requirements*

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at (866) 783-7422.

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Stericycle **SERVICE AGREEMENT** Account/Site #8206536-001

Service Address		Billing Address	
Customer:	Greenville Womens Clinic	Name:	Greenville Womens Clinic
Address 1:	1142 Grove Rd	Address 1:	1142 Grove Rd
Address 2:		Address 2:	
City/State/Zip:	Greenville, SC 296054620	City/State/Zip:	Greenville, SC 29605
Phone #:	(864) 232-1589	Phone #:	(864) 232-1589
E-Mail:	kathy.adams99@yahoo.com	Fax #:	(864) 232-1352
Sales Rep:	[redacted]	Generator ID #:	[redacted]

Stericycle BUDGET PLAN

Biohazardous Waste Disposal Services

FLEXIBLE Scheduling

Full Range of DOT COMPLIANT Containers

FULLY COMPLIANT Transportation and Disposal

MEDICAL WASTE SERVICES

Trusted handling of Biohazardous Waste/Sharps from collection through treatment to final documented disposal. Service frequency options to meet state-specific regulations.

ONLINE MANIFEST ACCESS

Manifest & Shipping Paper Archive for convenient storage and retrieval of regulated medical waste records.

COMPLIANCE PORTAL 24x7 on MyStericycle.com

MyStericycle.com makes it easy to:

- Manage Waste Pickups
- Pay Bills Online
- Access Regulatory Training including:

  Biohazardous Waste Training on state-specific regulations and proper waste segregation and handling.

  DOT Training as required by Department of Transportation every 3 years and within 90 days of hire.

Monthly Service Fee $	$199.78

Program Level: Budget Plan

Billing Schedule: Monthly

Contract Effective Date: 9-1-2015

*Additional Waste Services (Not available in all areas)

CATEGORY	FREQUENCY(STOPS/YR)	$/EA ADD'L STOP	MAX YEARLY CONTAINERS	$/EA ADD'L CONTAINER
RMW	52	$75.00	52	Current container rate plus 10%
Chemo/Path*	52	$75.00	60	$100.00

*Customer certifies that they will properly classify and segregate special waste streams and that they will not co-mingle those waste streams with any other.

Any additional services or products selected by Customer shall be billed separately according to current Stericycle pricing.
During the Original Term of the Agreement, Stericycle will not increase the Monthly Service Fee listed above by more than 6% annually.

By signing below I acknowledge that I am Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by the terms and conditions that appear on the second page hereof and comply with Stericycle's Waste Acceptance Policy, both of which are integral parts of this Agreement.

CUSTOMER: x Kathy B. Adams Name Kathy B. Adams Title Office Manager

Kathy B. Adams

STERICYCLE: [redacted]

4010 Commercial Ave., Northbrook, IL 60062 · Phone: · Fax:
Offer Expiration Date: 9-17-2015

Office Use Only: Codes: $25.0. RX-1.0,PC174.78,FD-1.0,HZ

[redacted]

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

Document Integrity Verified — Adobe Document Cloud Transaction Number: XSTN8KY2276PVX3

STERICYCLE® TERMS AND CONDITIONS

Account/Site #8206538-001

1. Regulated Medical Waste Services:(a) Stericycle, Inc. shall collect, transport, treat and dispose of all Regulated Medical Waste (except Non-conforming Waste) generated by Customer during the term of this Agreement. (b) Responsibility for transportation of Regulated Medical Waste collected from Customer shall transfer and vest in Stericycle at the time it is loaded onto Stericycle's vehicle. Customer shall have title to Regulated Medical Waste at all prior times. Customer shall hold title to any Non-Conforming Waste at all times, whether refused for collection or returned to the customer for proper disposal after collection. All Regulated Medical Waste must be accompanied by a properly completed shipping document pursuant to 49 CFR 172.202 (Manifest). (c) Stericycle employees may refuse containers that are determined to be Non-Conforming Waste as identified in the Waste Acceptance Policy (WAP). Customer shall place only "Regulated Medical Waste" as defined by 49 CFR 173.134 or by any other federal, state and local regulations. (d) Customer represents and warrants that i) the waste presented for disposal will not contain any "hazardous", "toxic", "radioactive" or Non-Conforming Wastes as defined by all applicable laws, regulations and the WAP, ii) the waste strictly conforms to Stericycle's WAP and their local laws and regulations concerning Regulated Medical Waste and iii) they have reviewed the attached WAP and its complete definitions and requirements. (e) Customer shall be liable for any and all injuries, losses and damages resulting from Non-Conforming Waste. (f) All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. (g) Further definitions are included under the current WAP, which is attached and made a part of this Agreement and specifically incorporated herein. Stericycle reserves the right to change the WAP at any time to ensure compliance with applicable laws or regulations. A copy of Stericycle's WAP may also be obtained from your local Stericycle representative.

2. Term and Pricing: Subject to the provisions below, the term ("Term") of this Agreement shall be 60 months from the Effective Date. (a) This Agreement shall automatically renew for successive terms equal to the original Term (each an "Extension Term") unless either party has given sixty (60) days notice, in writing, during the six (6) month period prior to the renewal date of its desire to terminate this agreement. All Extension Terms shall be subject to the terms and conditions hereunder. (b) Stericycle reserves the right to adjust the contract price to account for operational changes it implements to comply with documented changes in law, to cover increases in the cost of fuel, insurance, or residue disposal, or to otherwise address cost escalation.(c) In the event Customer terminates this Agreement prior to expiration of the term hereof (or any "Extension Term") or fails to perform any of its obligations under this Agreement, Stericycle shall have, without limitation, all rights and remedies provided at law or in equity, as well as the right to recover from Customer an amount (which the parties hereby acknowledge constitutes Stericycle's liquidated damages and not a penalty) equal to fifty percent of the Customer's average monthly charge multiplied by the number of months (including any partial months), remaining until the expiration date of the then current term hereof. (d) Stericycle shall have the right to terminate this Agreement at any time by giving Customer at least sixty (60) days notice in the event that it is unable to continue performing its obligations under this Agreement due to the suspension, revocation, cancellation or termination of any permit required to perform this Agreement or in the event that a change in any law or regulation makes it impractical or uneconomical, in Stericycle's sole discretion, to continue performing this Agreement.

3. Billing: Stericycle shall provide Customer with monthly, quarterly or annual invoices that are due upon receipt. Customer agrees to pay a late charge on any amounts owed to Stericycle that are more than 30 days old, at a rate equal to the lesser of 1 ½% per month or the maximum rate permitted by law. Customer shall bear any costs that Stericycle may incur in collecting overdue amounts from Customer, including, but not limited to, reasonable attorneys' fees and court costs. Should any amounts due pursuant to this Agreement remain unpaid for more than 30 days from the date of the debt's first invoice, Stericycle shall have the option, without notice to Customer, to suspend service under this Agreement until the overdue amounts (plus late charges and collection fees) are paid. In addition to Stericycle's charges for services and products under this Agreement, the Customer shall pay all taxes imposed or levied by any governmental authority with respect to such services or products. These taxes include all sales, use, excise, occupation, franchise and similar taxes and tax-like fees and charges (but do not include any taxes on Stericycle's net income). Stericycle shall cooperate with the Customer to determine the applicability of any exemption certificates that the Customer provides to Stericycle in a timely manner. Notwithstanding any limit to adjust the contract price, Stericycle reserves the right to further adjust the amounts payable and due to Stericycle for fees including, but not limited to environmental protection, compliance, waste management, or safety. In the event that Stericycle suspends services under this Agreement for any reason, including the expiration or termination of this Agreement or Customer's breach (see 2(c), above), Stericycle may remove all containers belonging to it from Customer's premises and assess a $50.00 pick up fee for such removal.

4. Surcharge: Stericycle may also impose a surcharge in the event that Stericycle attempts to pick up waste at a Customer location (on either a scheduled pick-up or in response to a Customer request) and, through no fault of Stericycle, either (a) there is no Regulated Medical Waste for Stericycle to pick up, (b) waste is not ready for pick-up or (c) the Customer location is closed. Excess waste volumes significantly greater than average volume for similar generators or exceeding maximum allowable containers per year shall be subject to a surcharge of the Customer's current container rate plus 10% at Stericycle's discretion. Stericycle will impose this surcharge to deter abuses, including but not limited to, solid waste disposed in the medical waste stream, or Customer consolidation of the waste of several generators under one site. Stericycle may bill additional charges for each non-compliant container provided by Customer. Non-compliant containers subject to additional charges include, but are not limited to containers that are overweight under applicable laws, rules or regulations; those containers exceeding 50 lbs; containers holding non-conforming waste; and containers where the waste is improperly segregated or packaged.

5. Liability for Equipment: Customer shall have the care, custody and control of containers and other equipment owned by Stericycle and placed at Customer's premises and accepts responsibility and liability for the equipment and its contents except when it is being physically handled by employees of Stericycle. Customer agrees to defend, indemnify and hold harmless Stericycle from and against any and all claims for loss or damage to property, or personal injury or death, resulting from or arising in any manner out of Customer's use, operation or possession of any containers and other equipment furnished under this Agreement. Any damage or loss to such containers and equipment, other than normal wear and tear, will be charged to Customer at full replacement value.

6. Indemnification: (a) Stericycle shall indemnify and hold Customer harmless from any liabilities arising from the gross negligence or willful misconduct of Stericycle in the performance of its obligations under this Agreement. Customer shall indemnify and hold harmless Stericycle from any liabilities arising from the gross negligence or willful misconduct of Customer, which shall include, but not be limited to, failure toproperly store, package, label, or segregate Regulated Medical Waste and any liabilities relating to Non-Conforming Waste, whether or not collected, transported or treated by Stericycle. Each party agrees to pay the reasonable attorney's fees and costs incurred by the other in bringing a successful indemnification claim under this Paragraph. Customer agrees to pay Stericycle's reasonable attorney's fees incurred for any successful defense by Stericycle of a suit for indemnification brought against Stericycle by Customer. (b) Stericycle will indemnify and hold harmless any Customer who subscribes to a Preferred Steri-Safe Program from any fine or portion thereof resulting from an OSHA citation explicitly describing a blood-borne pathogen or medical waste management practice specifically addressed only by the Preferred Steri-Safe Program training and materials.

athy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

[redacted]

Document Integrity Verified

Adobe Document Cloud Transaction Number: XSTN8KY22769VX3

Provided, however, that Stericycle's obligation to indemnify Customer under this sub-Paragraph (b) is contingent upon (1) Customer having followed or following each recommendation and instruction included in the Preferred Steri-Safe Program (whether expressed verbally by employees or agents of Stericycle or as set forth in any written or electronic materials) and (2) Customer notifying Stericycle as soon as possible after it learns that it will be the subject of an OSHA inspection, and shall allow employees or agents of Stericycle to attend the inspection and to defend the Customers blood-borne pathogen and medical waste management practices during the inspection. Customers failure to perform any of its obligations under this sub-Paragraph (b) to Stericycle's satisfaction shall absolve Stericycle of its indemnification responsibilities under this sub-Paragraph (b). This sub-Paragraph (b) applies only to the Preferred Steri-Safe Level Program.

7. Compliance Materials: To the extent that Stericycle provides Customer with any electronic or printed materials (the "Compliance Materials") it provides these materials subject to a limited license to Customer to use the Compliance Materials for Customer's own, non-commercial use. Stericycle may revoke this license at its discretion at any time.Customer may not copy or distribute the Compliance Materials in any manner, not use or republish the Compliance Materials for or to any third party or audience, including but not limited to business/trade groups or associations, chambers of commerce, professional, fraternal or educational associations or reciprocating or cooperating service providers. Customer acknowledges the prejudice that it causes to Stericycle by its violation of the foregoing terms as well as the difficulty in calculating economic damage to Stericycle as a result thereof and therefore agrees to pay to Stericycle the sum of $5000.00 for each such violation of those terms. Customer agrees to return all Compliance Materials to Stericycle at Customer's expense at the expiration or termination of this Agreement. Stericycle may charge Customer a fee for failure to return Compliance Materials at the expiration of the Term or a restocking fee for return of materials prior to the expiration of the Term. FOR PREFERRED STERI-SAFE PROGRAM CUSTOMERS ONLY: Stericycles OSHA Compliance Program includes: one annual on-site mock OSHA evaluation and one annual bloodborne pathogens training at a single Customer building for each site location where Regulated Medical Waste Services are provided.

8. Compliance with Laws: Stericycle hereby agrees to carry General Liability, Automobile Liability, and Workmen's Compensation insurance as required by applicable state law, and to otherwise comply with all federal and state laws, rules and regulations applicable to its performance hereunder. As of the date of this Agreement, Stericycle has all necessary permits, licenses, zoning and other federal, state or local authorizations required to perform the services under this Agreement and will furnish copies of these to Customer upon request. Customer hereby agrees to comply with all federal and state laws, rules and regulations applicable to its handling of Regulated Medical Waste and its performance under this Agreement, including, without limitation, all applicable record keeping, documentation and manifesting requirements. Customer acknowledges that Stericycle has advised Customer of the Regulated Medical Waste service frequency requirements within their state (if applicable), and Customer has determined its desired frequency independent of Stericycle's recommendation. Customer hereby agrees to indemnify and hold Stericycle harmless for any decisions around service frequency by Customer that do not comply with state regulations. Stericycle and Customer shall keep and retain adequate books and records and other documentation including personnel records, correspondence, instructions, plans, receipts, vouchers, copies of manifests and tracking records consistent with and for the periods required by applicable regulations and guidelines pertaining to storage or handling of Regulated Medical Waste and the services to be performed under this Agreement.

9. Exclusivity:Customer agrees to use no other Regulated Medical Waste disposal service or method during the Term of this Agreement and any Extension Terms.

10. Excuse of Performance:Stericycle shall not be responsible if its performance of this Agreement is interrupted or delayed by contingencies beyond its control, including, without limitation, acts of God, war, blockades, riots, explosion, strikes, lockouts or other labor or industrial disturbances, fires, accidents to equipment, injunctions or compliance with laws, regulations, guidelines or orders of any governmental body or instrumentality thereof (whether now existing or

11. Independent Contractor: Stericycle's relationship with Customer pursuant hereto is that of an independent contractor, and nothing in this Agreement shall be construed to designate Stericycle as an employee, agent or partner of or a joint venture with Customer.

12. Amendment and Waiver: Changes in the types, size and amount of equipment or the frequency of service may be mutually agreed to orally or in writing by the parties, without affecting the validity of this Agreement. Consent to oral changes shall be evidenced by the practices and actions of the parties. All other amendments to this Agreement (other than as provided in 2(b)) shall be effected only by a written instrument executed by the parties. No waiver shall be effective unless submitted in writing by the party granting such waiver. No waiver of any provision of this Agreement shall be deemed a waiver of any other provision of this Agreement and no waiver of any breach or duty under this Agreement shall be deemed a waiver of any other breach or later instances of the same duty.

13. Savings Clause: In case any one or more of the provisions contained in this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provisions of this Agreement; this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein, unless such finding shall impair the rights or increase the obligations of Stericycle hereunder, in which event, at Stericycle's option, this Agreement may be terminated.

14. Entire Agreement: This Agreement (including any attachments, exhibits and amendments made in accordance with Paragraph 12) constitutes the entire understanding and agreement of the parties and cancels and supersedes all prior negotiations, representations, understandings or agreements, whether written or oral, with respect to the subject matter of this Agreement. This Agreement shall be binding upon and shall inure to the benefit of the successors, assigns legal representatives and heirs of the parties hereto provided, however, that Customer may not assign its rights or delegate its obligations under this Agreement without the prior written consent of Stericycle, which consent of Stericycle may not unreasonably withhold.

15. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to the conflicts of laws or rules of any jurisdiction.

16. Notices: All required notices, or those which the parties may desire to give under this Agreement shall be in writing and sent to the parties' addresses set forth above.

17. Originals: A copy or facsimile of this Agreement shall be as effective as an original.

18. Purchase Orders: Any terms or conditions contained in any Purchase Order, Purchase Order Agreement, or other invoice acknowledgment, Order by Customer or proposed at any time by Customer in any manner, which vary from, or conflict with the terms and conditions in the Stericycle Service Agreement are deemed to be material alterations and are objected to by Stericycle without need of further notice of objection and shall be of no effect nor in any circumstances binding upon Stericycle unless expressly accepted in writing. If Customer's standard purchase order form is provided to Stericycle in connection with this Agreement, the terms and conditions for that Purchase Order will be superseded by the provisions of this Agreement and the use of the purchase order shall be only to facilitate Customer's payment of fees to Stericycle. Written acceptance or rejection by Stericycle of any such terms or conditions shall not constitute an acceptance of any other additional terms or conditions.

19. Waste Brokers: Stericycle reserves the right to deal solely with the Customer and not with any third party agents of the customer for all purposes relating to this Agreement. Customer represents and warrants to Stericycle that it is the medical waste generator and is acting for its own account and not through a broker or agent. Stericycle shall be entitled to terminate this agreement and seek all available legal remedies, including but not limited to liquidated damages, in the amount set forth herein for Customer's breach of this representation and warranty.

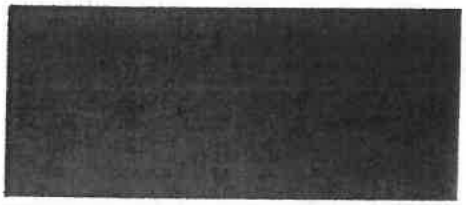
Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

Document Integrity Verified

Adobe Document Cloud Transaction Number: X8TN8KY22769VX3

hereafter cropied).

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager



Document Integrity Verified

Adobe Document Cloud Transaction Number: X6TN8KY22789VX3

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

Document Integrity Verified

Stericycle

REGULATED MEDICAL WASTE ACCEPTANCE POLICY

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information. You may also call (866) 783-7422.

REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this excludes RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including *controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle cannot accept bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle cannot accept these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

** Un-dispensed from DEA Registrant*

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any waste found to be non-conforming to this Waste Acceptance Policy identified in route to, or at a Stericycle location, may be returned to the generator for proper packaging and disposal, or may be rerouted for appropriate destruction; this may include improperly marked regulated medical waste which should have been identified for incineration (i.e. pathological, chemotherapy or non-hazardous pharmaceuticals). Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic , and exposed ends of dental wires
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RC RA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances*
- California Only - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Untreated Category A Infectious Substances
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- RCRA Hazardous Pharmaceutical Waste and all DEA Federal and State controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer, fluorescein
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Hazardous or Universal Waste - any other waste determined by Federal or State EPA regulations including but not limited to batteries, bulbs, heavy metals, etc.
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

**Consult Stericycle Representative for specific requirements*

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements, contact our Stericycle Customer Service Department at (866) 783-7422.

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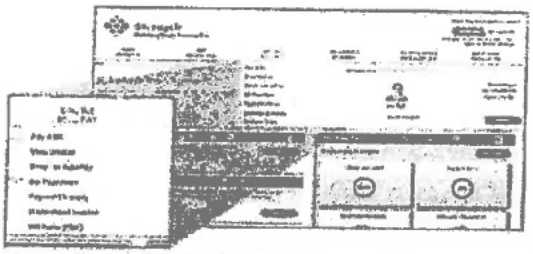
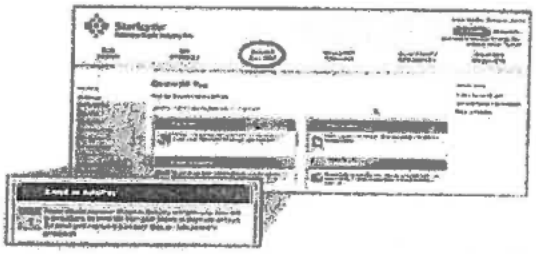
NEVER MISS A PAYMENT

Pay how you want, when you want by enrolling in Auto Pay at **MyStericycle.com.**

Log into **Mystericycle.com** you will be taken to your Smart Summary. Click on the **"Online Bill Pay"** Tab from the top menu navigation.

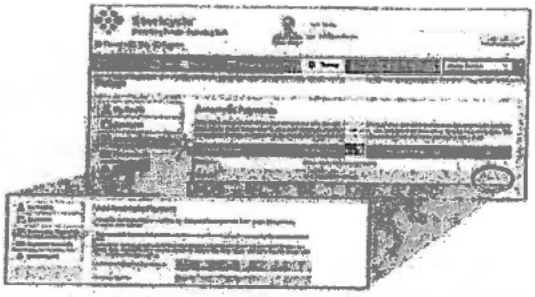




Then clicking on the blue "Enroll in Auto Pay" button on the left middle of the screen.

The next page will show all your Stericycle accounts. To choose accounts you wish to enroll in Auto Pay, click the blue **"Add"** link to the right of each account.

Enter your automatic payment preferences and payment methods. When finished, click the gray "Add" button at the bottom right of the screen.



3 REASONS TO GO PAPERLESS

1. IT'S SAFE
2. IT'S EASY
3. IT'S ORGANIZED

Go to MyStericycle.com and get started. Questions? Contact us at 866-783-7422 or MyStericycle@stericycle.com

Your trusted partner for a healthier business.

Stericycle

[redacted]

Kathy B. Adams
E-signed 2015-09-17 11:37AM EDT
kathy.adams99@yahoo.com
Office Manager

Document Integrity Verified

Adobe Document Cloud Transaction Number: XSTNEKY22769VX3

Greenville Womens Clinic

Adobe Document Cloud Document History

September 17, 2015

Created:	September 17, 2015
By:	[redacted]
Status:	SIGNED
Transaction ID:	[redacted]

"Greenville Womens Clinic" History

Document created by [redacted]
September 17, 2015 - 10:34:15 AM CDT - IP address: [redacted]

Document emailed to Kathy B. Adams (kathy.adams99@yahoo.com) for signature
September 17, 2015 - 10:34:22 AM CDT

Document viewed by Kathy B. Adams (kathy.adams99@yahoo.com)
September 17, 2015 - 10:36:14 AM CDT - IP address: [redacted]

Document emailed to [redacted] for signature
September 17, 2015 - 10:37:57 AM CDT

Document e-signed by Kathy B. Adams (kathy.adams99@yahoo.com)
Signature Date: September 17, 2015 - 10:37:57 AM CDT - Time Source: server - IP address: [redacted]

Document viewed by [redacted]
September 17, 2015 - 10:39:51 AM CDT - IP address: [redacted]

Document e-signed by [redacted]
Signature Date: September 17, 2015 - 10:39:13 AM CDT - Time Source: server - IP address: [redacted]

Signed document emailed to [redacted] and Kathy B. Adams (kathy.adams99@yahoo.com)
September 17, 2015 - 10:39:13 AM CDT

Stericycle
Protecting People. Reducing Risk.

IMMEDIATE ACTION REQUIRED
1) Read the attached Terms and Conditions along with the W[illegible] Acceptance Policy.
2) Choose and circle your desired servic[illegible].
3) Please Fax Agreement to Stericycle [illegible]719-9247.

RECEIVED
SEP 16 2015
HEALTH LLC.

STERI-SAFE℠ Service Agreement

Customer:	Greenville Womens Clinic	**Customer #:**	[redacted]
Address:	1142 Grove Rd	**Site ID #:**	[redacted]
City/State/Zip:	Greenville, SC 296054620	**Phone #:**	(864) 232-1589
E-Mail:		**Fax #:**	(864) 232-1352
Sales Rep:	[redacted]	**Generator ID #:**	
Generated By:		**Contract Number:**	[redacted]

STERI-SAFE PROGRAM BENEFITS	Economy
NO FINE. NO FAIL. OSHA Guarantee: We pay your fine as it pertains to Bloodborne Pathogens and Waste Management Practices.	
Annual On-Site Bloodborne Pathogens Training: On-Site BBP Training takes the worry out of fulfilling this OSHA requirement.	
Annual On-Site Mock OSHA Evaluation: Review your facility for potential OSHA violations.	
Online Safety Meeting Library: Critical and timely topics added quarterly.	
Online MSDS System: Millions of MSDSs/SDSs available to search, store, download, and print.	
Online HazCom Awareness/GHS Training: Provides required OSHA training for your staff.	
Product Discounts: Apply to quality infection control and safety products.	
Safety Poster and Workplace Labels: Provide essential information to staff members.	
Award-Winning Online Bloodborne Pathogens Training: Helps to fulfill annual requirement for BBP Training.	
Steri-Safe Online Safety Plan Builder: Complete site-specific safety plans quickly and easily; includes Exposure Control, HazCom, Safety & Health, and Emergency Prep.	
Online Bio-Hazardous Waste Training: Medical Waste Training with state-specific information provides waste segregation and handling information. Includes Waste Segregation poster.	•
Online DOT Training: Comply with DOT's training requirement.	•
Medical Waste Services: Removal, disposal, and complete Documentation (Manifests).	•
Custom Scheduled Service Frequencies: Choose 2, 3, 4, 6, 13, 26, 52 stops yearly, or daily stops.	•
Flat Monthly Fee: Simplifies budgeting.	•
Monthly Service Fee $ (PLEASE CIRCLE ONE)	**$160.00**

Estimated Stops per Year: 52
(A charge of $75.00 will be added for each addl. stop)
Maximum Medical Waste Containers per Year: 60

Payment Schedule (Please Check One): [X] Monthly [] Quarterly [] Annually
Contract Effective Date: 2013-08-01

	Max Yearly Containers	$/Each additional container
Steri-Safe RMW	60	current container rate plus 10%

Any additional services or products selected by Customer shall be billed separately according to current Stericycle pricing.
Customer certifies that they will properly classify and segregate their special waste streams and that they will not co-mingle those waste streams with any other.

During the Original Term of the Agreement, Stericycle will not increase the Monthly Service Fee listed above by more than 6% annually.

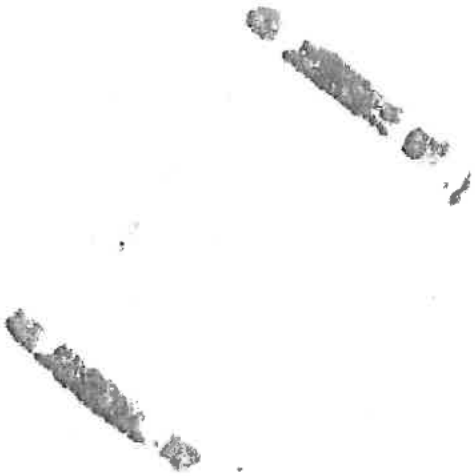
By signing below I acknowledge that I am Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by the terms and conditions that appear on the second page hereof and comply with Stericycle's Waste Acceptance Policy, both of which are integral parts of this Agreement. (Appendix A).

CUSTOMER: X_____ Name_____ Title_____ Date_____
STERICYCLE: X_____ Name [redacted] Title_____ Date_____

4010 Commercial Ave., Northbrook, IL 60062 · Phone: (847) 943-6501 · Fax: (800) 719-9247
Offer Expiration Date: 8-9-2013

Office Use Only. Code: RKJC FD3D-10

Document Integrity Verified
EchoSign Transaction Number: WCIB8WA5C4JI78



STERI-SAFE(SM) TERMS AND CONDITIONS

Account/Site #8206536-001

1. Regulated Medical Waste Services:(a) Stericycle, Inc. shall collect, transport, treat and dispose of all Regulated Medical Waste (except Non-conforming Waste) generated by Customer during the term of this Agreement. (b) Responsibility for transportation of Regulated Medical Waste collected from Customer shall transfer and vest in Stericycle at the time it is loaded onto Stericycle's vehicle. Customer shall have title to Regulated Medical Waste at all prior times. Customer shall hold title to any Non-Conforming Waste at all times, whether refused for collection or returned to the customer for proper disposal after collection. All Regulated Medical Waste must be accompanied by a properly completed shipping document pursuant to 49 CFR 172.202 (Manifest). (c) Stericycle employees may refuse containers that are determined to be Non-Conforming Waste as identified in the Waste Acceptance Policy (WAP). Customer shall place only "Regulated Medical Waste" as defined by 49 CFR 173.134 or by any other federal, state and local regulations. (d) Customer represents and warrants that i) the waste presented for disposal will not contain any "hazardous", "toxic", "radioactive" or Non-Conforming Wastes as defined by all applicable laws, regulations and the WAP, ii) the waste strictly conforms to Stericycle's WAP and their local laws and regulations concerning Regulated Medical Waste and iii) they have reviewed the attached WAP and its complete definitions and requirements. (e) Customer shall be liable for any and all injuries, losses and damages resulting from Non-Conforming Waste. (f) All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. (g) Further definitions are included under the current WAP, which is attached and made a part of this Agreement and specifically incorporated herein. Stericycle reserves the right to change the WAP at any time to ensure compliance with applicable laws or regulations. A copy of Stericycle's WAP may also be obtained from your local Stericycle representative.

2. Term and Pricing: Subject to the provisions below, the term ("Term") of this Agreement shall be 60 months from the Effective Date. (a) This Agreement shall automatically renew for successive terms equal to the original Term (each an "Extension Term") unless either party has given sixty (60) days notice, in writing, during the six (6) month period prior to the renewal date of its desire to terminate this agreement. All Extension Terms shall be subject to the terms and conditions hereunder. (b) Stericycle reserves the right to adjust the contract price to account for operational changes it implements to comply with documented changes in law, to cover increases in the cost of fuel, insurance, or residue disposal, or to otherwise address cost escalation.(c) In the event Customer terminates this Agreement prior to expiration of the term hereof (or any "Extension Term") or fails to perform any of its obligations under this Agreement, Stericycle shall have, without limitation, all rights and remedies provided at law or in equity, as well as the right to recover from Customer an amount (which the parties hereby acknowledge constitutes Stericycle's liquidated damages and not a penalty) equal to fifty percent of the Customer's average monthly charge multiplied by the number of months (including any partial months), remaining until the expiration date of the then current term hereof. (d) Stericycle shall have the right to terminate this Agreement at any time by giving Customer at least sixty (60) days notice in the event that it is unable to continue performing its obligations under this Agreement due to the suspension, revocation, cancellation or termination of any permit required to perform this Agreement or in the event that a change in any law or regulation makes it impractical or uneconomical, in Stericycle's sole discretion, to continue performing this Agreement.

3. Billing: Stericycle shall provide Customer with monthly, quarterly or annual invoices that are due upon receipt. Customer agrees to pay a late charge on any amounts owed to Stericycle that are more than 30 days old, at a rate equal to the lesser of 1 ½% per month or the maximum rate permitted by law. Customer shall bear any costs that Stericycle may incur in collecting overdue amounts from Customer, including, but not limited to, reasonable attorneys' fees and court costs. Should any amounts due pursuant to this Agreement remain unpaid for more than 30 days from the date of the debt's first invoice, Stericycle shall have the option, without notice to Customer, to suspend service under this Agreement until the overdue amounts (plus late charges and collection fees) are paid. In addition to Stericycle's charges for services and products under this Agreement, the Customer shall pay all taxes imposed or levied by any governmental authority with respect to such services or products. These taxes include all sales, use, excise, occupation, franchise and similar taxes and tax-like fees and charges (but do not include any taxes on Stericycle's net income). Stericycle shall cooperate with the Customer to determine the applicability of any exemption certificates that the Customer provides to Stericycle in a timely manner. Notwithstanding any limit to adjust the contract price, Stericycle reserves the right to further adjust the amounts payable and due to Stericycle for fees including, but not limited to environmental protection, compliance, waste management, or safety. In the event that Stericycle suspends services under this Agreement for any reason, including the expiration or termination of this Agreement or Customer's breach (see 2(c), above), Stericycle may remove all containers belonging to it from Customer's premises and assess a $50.00 pick up fee for such removal.

4. Surcharge: Stericycle may also impose a surcharge in the event that Stericycle attempts to pick up waste at a Customer location (on either a scheduled pick-up or in response to a Customer request) and, through no fault of Stericycle, either (a) there is no Regulated Medical Waste for Stericycle to pick up, (b) waste is not ready for pick-up or (c) the Customer location is closed. Excess waste volumes significantly greater than average volume for similar generators or exceeding maximum allowable containers per year shall be subject to a surcharge of the Customer's current container rate plus 10% at Stericycle's discretion. Stericycle will impose this surcharge to deter abuses, including but not limited to, solid waste disposed in the medical waste stream, or Customer consolidation of the waste of several generators under one site. Stericycle may bill additional charges for each non-compliant container provided by Customer. Non-compliant containers subject to additional charges include, but are not limited to containers that are overweight under applicable laws, rules or regulations; those containers exceeding 50 lbs; containers holding non-conforming waste; and containers where the waste is improperly segregated or packaged.

5. Liability for Equipment: Customer shall have the care, custody and control of containers and other equipment owned by Stericycle and placed at Customer's premises and accepts responsibility and liability for the equipment and its contents except when it is being physically handled by employees of Stericycle. Customer agrees to defend, indemnify and hold harmless Stericycle from and against any and all claims for loss or damage to property, or personal injury or death, resulting from or arising in any manner out of Customer's use, operation or possession of any containers and other equipment furnished under this Agreement. Any damage or loss to such containers and equipment, other than normal wear and tear, will be charged to Customer at full replacement value.

6. Indemnification: (a) Stericycle shall indemnify and hold Customer harmless from any liabilities arising from the gross negligence or willful misconduct of Stericycle in the performance of its obligations under this Agreement. Customer shall indemnify and hold harmless Stericycle from any liabilities arising from the gross negligence or willful misconduct of Customer, which shall include, but not be limited to, failure toproperly store, package, label, or segregate Regulated Medical Waste and any liabilities relating to Non-Conforming Waste, whether or not collected, transported or treated by Stericycle. Each party agrees to pay the reasonable attorneys' fees and costs incurred by the other in bringing a successful indemnification claim under this Paragraph. Customer agrees to pay Stericycle's reasonable attorney's fees incurred for any successful defense by Stericycle of a suit for indemnification brought against Stericycle by Customer. (b) Stericycle will indemnify and hold harmless any Customer who subscribes to a Preferred Program from any fine or portion thereof resulting from an OSHA citation explicitly describing a blood-borne pathogen or medical waste management practice specifically addressed only by the Preferred Program training and materials.

Document Integrity Verified — EchoSign Transaction Number: WCIB8WA5C4JI78

Provided, however, that Stericycle's obligation to indemnify Customer under this sub-Paragraph (b) is contingent upon (1) Customer having followed or following each recommendation and instruction included in the Preferred Program (whether expressed verbally by employees or agents of Stericycle or as set forth in any written or electronic materials) and (2) Customer notifying Stericycle as soon as possible after it learns that it will be the subject of an OSHA inspection, and shall allow employees or agents of Stericycle to attend the inspection and to defend the Customers blood-borne pathogen and medical waste management practices during the inspection. Customers failure to perform any of its obligations under this sub-Paragraph (b) to Stericycle's satisfaction shall absolve Stericycle of its indemnification responsibilities under this sub-Paragraph (b). This sub-Paragraph (b) applies only to the Preferred Level Program.

7. Compliance Materials: To the extent that Stericycle provides Customer with any electronic or printed materials (the "Compliance Materials") it provides these materials subject to a limited license to Customer to use the Compliance Materials for Customer's own, non-commercial use. Stericycle may revoke this license at its discretion at any time.Customer may not copy or distribute the Compliance Materials in any manner, not use or republish the Compliance Materials for or to any third party or audience, including but not limited to business/trade groups or associations, chambers of commerce, professional, fraternal or educational associations or reciprocating or cooperating service providers. Customer acknowledges the prejudice that it causes to Stericycle by its violation of the foregoing terms as well as the difficulty in calculating economic damage to Stericycle as a result thereof and therefore agrees to pay to Stericycle the sum of $5000.00 for each such violation of those terms. Customer agrees to return all Compliance Materials to Stericycle at Customer's expense at the expiration or termination of this Agreement. Stericycle may charge Customer a fee for failure to return Compliance Materials at the expiration of the Term or a restocking fee for return of materials prior to the expiration of the Term. FOR PREFERRED PROGRAM CUSTOMERS ONLY: Stericycles OSHA Compliance Program includes: one annual on-site mock OSHA evaluation and one annual bloodborne pathogens training at a single Customer building for each site location where Regulated Medical Waste Services are provided.

8. Compliance with Laws: Stericycle hereby agrees to carry General Liability, Automobile Liability, and Workmen's Compensation Insurance as required by applicable state law, and to otherwise comply with all federal and state laws, rules and regulations applicable to its performance hereunder. As of the date of this Agreement, Stericycle has all necessary permits, licenses, zoning and other federal, state or local authorizations required to perform the services under this Agreement and will furnish copies of these to Customer upon request. Customer hereby agrees to comply with all federal and state laws, rules and regulations applicable to its handling of Regulated Medical Waste and its performance under this Agreement, including, without limitation, all applicable record keeping, documentation and manifesting requirements. Customer acknowledges that Stericycle has advised Customer of the Regulated Medical Waste service frequency requirements within their state (if applicable), and Customer has determined its desired frequency independent of Stericycle's recommendation. Customer hereby agrees to indemnify and hold Stericycle harmless for any decisions around service frequency by Customer that do not comply with state regulations. Stericycle and Customer shall keep and retain adequate books and records and other documentation including personnel records, correspondence, instructions, plans, receipts, vouchers, copies of manifests and tracking records consistent with and for the periods required by applicable regulations and guidelines pertaining to storage or handling of Regulated Medical Waste and the services to be performed under this Agreement.

9. Exclusivity: Customer agrees to use no other Regulated Medical Waste disposal service or method during the Term of this Agreement and any Extension Terms.

10. Excuse of Performance: Stericycle shall not be responsible if its performance of this Agreement is interrupted or delayed by contingencies beyond its control, including, without limitation, acts of God, war, blockades, riots, explosion, strikes, lockouts or other labor or industrial disturbances, fires, accidents to equipment, injunctions or compliance with laws, regulations, guidelines or orders of any governmental body or instrumentality thereof (whether now existing or hereafter created).

11. Independent Contractor: Stericycle's relationship with Customer pursuant hereto is that of an independent contractor, and nothing in this Agreement shall be construed to designate Stericycle as an employee, agent or partner of or a joint venture with Customer.

12. Amendment and Waiver: Changes in the types, size and amount of equipment or the frequency of service may be mutually agreed to orally or in writing by the parties, without affecting the validity of this Agreement. Consent to oral changes shall be evidenced by the practices and actions of the parties. All other amendments to this Agreement (other than as provided in 2(b)) shall be effected only by a written instrument executed by the parties. No waiver shall be effective unless submitted in writing by the party granting such waiver. No waiver of any provision of this Agreement shall be deemed a waiver of any other provision of this Agreement and no waiver of any breach or duty under this Agreement shall be deemed a waiver of any other breach or later instances of the same duty.

13. Savings Clause: In case any one or more of the provisions contained in this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provisions of this Agreement; this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein, unless such finding shall impair the rights or increase the obligations of Stericycle hereunder, in which event, at Stericycle's option, this Agreement may be terminated.

14. Entire Agreement: This Agreement (including any attachments, exhibits and amendments made in accordance with Paragraph 12) constitutes the entire understanding and agreement of the parties and cancels and supersedes all prior negotiations, representations, understandings or agreements, whether written or oral, with respect to the subject matter of this Agreement. This Agreement shall be binding upon and shall inure to the benefit of the successors, assigns legal representatives and heirs of the parties hereto provided, however, that Customer may not assign its rights or delegate its obligations under this Agreement without the prior written consent of Stericycle, which consent of Stericycle may not unreasonably withhold.

15. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to the conflicts of laws or rules of any jurisdiction.

16. Notices: All required notices, or those which the parties may desire to give under this Agreement shall be in writing and sent to the parties' addresses set forth above.

17. Originals: A copy or facsimile of this Agreement shall be as effective as an original.

18. Purchase Orders: Any terms or conditions contained in any Purchase Order, Purchase Order Agreement, or other invoice acknowledgment, Order by Customer or proposed at any time by Customer in any manner, which vary from, or conflict with the terms and conditions in the Stericycle Service Agreement are deemed to be material alterations and are objected to by Stericycle without need of further notice of objection and shall be of no effect nor in any circumstances binding upon Stericycle unless expressly accepted in writing. If Customer's standard purchase order form is provided to Stericycle in connection with this Agreement, the terms and conditions for that Purchase Order will be superseded by the provisions of this Agreement and the use of the purchase order shall be only to facilitate Customer's payment of fees to Stericycle. Written acceptance or rejection by Stericycle of any such terms or conditions shall not constitute an acceptance of any other additional terms or conditions.

19. Waste Brokers: Stericycle reserves the right to deal solely with the Customer and not with any third party agents of the customer for all purposes relating to this Agreement. Customer represents and warrants to Stericycle that it is the medical waste generator and is acting for its own account and not through a broker or agent. Stericycle shall be entitled to terminate this agreement and seek all available legal remedies, including but not limited to liquidated damages, in the amount set forth herein for Customer's breach of this representation and warranty.

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Stericycle
Protecting People. Reducing Risk.

REGULATED MEDICAL WASTE ACCEPTANCE POLICY

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the (minimum) requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information. You may also call (866) 783-7422.

REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this excludes RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including *controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle cannot accept bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle cannot accept these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.*

*Un-dispensed from DEA Registrant

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any non-conforming waste identified in route to or at a Stericycle location may be returned to the generator for proper packaging or disposal. Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules)
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances*
- California Only - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Untreated Category A Infectious Substances
- RCRA Hazardous Pharmaceutical Waste and all DEA controlled drugs, including controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer
- Hazardous Waste - Drums or other containers with a hazard warning symbol, batteries and other heavy metals
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules

*Consult Stericycle Representative for specific requirements.

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at (866) 783-7422.

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kathy b. adams (kba)
e-Signed 2013-08-02 10:30AM CDT
kathy.adams99@yahoo.com

Shahzad Alam (SA)
e-Signed 2013-08-02 10:31AM CDT
salam@stericycle.com
Stericycle

Document Integrity Verified
EchoSign Transaction Number: WCIB8WA5C4JI78

RECEIVED
SEP 16 2015
HEALTH LIC.

Container Detail-Details for [redacted] -Greenville Womens Clinic

The 'Total Weight' column does not include the empty reusable container (tare weight).

Site ID	Invoice Date	Invoice #	Service Date	Manifest ID	Container ID	Description
[redacted]	2015-08-01	[redacted]	2015-06-15	[redacted]	[redacted]	Path/Chemo Box Disposal
	2015-08-01		2015-06-22			Path/Chemo Box Disposal
	2015-08-01		2015-06-29			Path/Chemo Box Disposal
	2015-08-01		2015-07-06			Path/Chemo Box Disposal
	2015-08-01		2015-07-13			Path/Chemo Box Disposal

Total...

Total Weight	Receiving Date	Transfer / Processing Facility ID	Method of Destruction
10.50	2015-06-25	[redacted]	Incinerator
5.00	2015-06-29		Incinerator
9.50	2015-07-06		Incinerator
9.00	2015-07-19		Incinerator
7.00	2015-07-20		Incinerator

41.00

Stericycle

RECEIVED
SEP 16 2015
HEALTH LIC.

Dear Valued Customer,

Please accept this letter as verification that the containers listed below were removed from your facility on the date noted.

[redacted] Greenville Womens Clinic

Document Number	Document Date	Container	Container Weight (LB)
[redacted]	9/10/2012 10:11 AM	1	18.5
	9/17/2012 9:20 AM	1	7.5
	9/24/2012 9:02 AM	1	10.6
	10/1/2012 8:46 AM	1	8.5
	10/8/2012 10:39 AM	1	21
	10/15/2012 9:21 AM	1	17
	10/29/2012 9:11 AM	1	8.5
	11/5/2012 10:27 AM	1	13.5
	11/12/2012 9:15 AM	1	8.5
	11/19/2012 10:48 AM	1	10.5
	11/26/2012 9:12 AM	1	5
	12/3/2012 10:47 AM	1	6.5
	12/10/2012 9:29 AM	1	8
	12/17/2012 10:24 AM	1	7
	12/21/2012 10:46 AM	1	13.3
	12/31/2012 9:07 AM	1	12
	1/7/2013 9:22 AM	1	8.5
	1/14/2013 9:11 AM	1	7.5
	1/21/2013 9:12 AM	1	29
	1/28/2013 9:41 AM	1	10
	2/4/2013 8:18 AM	1	14
	2/11/2013 9:27 AM	1	9.5
	2/18/2013 9:14 AM	1	15
	2/25/2013 10:33 AM	1	16
	3/11/2013 9:04 AM	1	13.5
	3/18/2013 9:07 AM	1	11.9
	3/25/2013 9:12 AM	1	15
	4/1/2013 9:36 AM	1	9.5
	4/8/2013 8:50 AM	1	17
	4/15/2013 9:00 AM	1	11
	4/22/2013 9:00 AM	1	12.5

4/29/2013 9:19 AM	1	7.5
5/6/2013 9:18 AM	1	5.5
5/13/2013 9:00 AM	1	16.5
5/20/2013 9:30 AM	1	10.1
5/28/2013 8:33 AM	1	8
6/3/2013 9:01 AM	1	8.5
6/10/2013 9:04 AM	1	9.5
6/17/2013 9:00 AM	1	13
6/24/2013 9:36 AM	1	6.5
7/1/2013 9:08 AM	1	13.5
7/8/2013 10:06 AM	1	9.5
7/15/2013 9:19 AM	1	15.5
7/22/2013 10:32 AM	1	24.5
7/29/2013 9:10 AM	1	9
8/5/2013 9:15 AM	1	10.5
8/12/2013 9:26 AM	1	12.5
8/19/2013 9:30 AM	1	13.5
8/26/2013 9:01 AM	1	8
9/9/2013 9:00 AM	1	16
9/16/2013 9:20 AM	1	6.5
9/23/2013 8:56 AM	1	15
9/30/2013 12:00 AM	1	9.7
10/7/2013 12:00 AM	1	13.5
10/21/2013 12:00 AM	1	24.6
10/28/2013 12:00 AM	1	11.2
11/4/2013 9:24 AM	1	5
11/11/2013 9:21 AM	1	9
11/18/2015 12:00 AM	1	14
11/25/2013 9:08 AM	1	10.5
12/2/2013 9:14 AM	1	7
12/9/2013 8:58 AM	1	16
12/16/2013 8:50 AM	1	5
12/23/2013 10:16 AM	1	10
12/30/2013 12:00 AM	1	7.2
1/6/2014 8:51 AM	1	5
1/13/2014 9:15 AM	1	11
1/20/2014 12:00 AM	1	24
1/27/2014 9:21 AM	1	8.5
2/3/2014 12:00 AM	1	16.2
2/10/2014 9:13 AM	1	11
2/17/2014 8:23 AM	1	12
2/24/2014 9:18 AM	1	29.5
3/3/2014 8:56 AM	1	10.5
3/10/2014 8:59 AM	1	18
3/17/2014 8:47 AM	1	13.5
3/24/2014 9:11 AM	1	9.5
3/31/2014 8:54 AM	1	9
4/7/2014 10:12 AM	1	5.5
4/14/2014 8:44 AM	1	8.9
4/21/2014 9:38 AM	2	30.5
4/28/2014 8:55 AM	1	4
5/5/2014 9:05 AM	1	9.5
5/12/2014 8:45 AM	1	11
5/19/2014 9:10 AM	1	5.5

[redacted]

6/2/2014 9:06 AM	1	12
6/9/2014 8:45 AM	1	6
6/16/2014 10:22 AM	1	8
6/23/2014 8:47 AM	1	4.5
6/30/2014 9:22 AM	1	32.5
7/7/2014 8:38 AM	1	12.5
7/14/2014 9:23 AM	1	16
7/21/2014 8:52 AM	1	6
7/28/2014 9:16 AM	1	12.5
8/4/2014 9:06 AM	1	6.5
8/11/2014 9:08 AM	1	5.5
8/18/2014 8:42 AM	1	7
8/25/2014 9:18 AM	1	13.5
9/3/2014 10:20 AM	1	31.5
9/8/2014 8:58 AM	1	6
9/15/2014 8:40 AM	1	6
9/22/2014 9:44 AM	1	9.5
9/29/2014 8:51 AM	1	11.5
10/6/2014 9:06 AM	1	6.5
10/13/2014 8:47 AM	1	11
10/20/2014 9:56 AM	1	8.5
10/27/2014 8:46 AM	1	31.5
11/3/2014 9:15 AM	1	10.5
11/10/2014 8:47 AM	1	6.5
11/17/2014 9:29 AM	1	11
11/24/2014 9:10 AM	1	8
12/1/2014 9:15 AM	1	11
12/8/2014 8:54 AM	1	6
12/15/2014 9:53 AM	1	10.5
12/22/2014 8:54 AM	1	9.7
12/29/2014 9:06 AM	1	11
1/5/2015 9:04 AM	1	7.5
1/12/2015 9:27 AM	1	9.5
1/19/2015 8:41 AM	1	7.5
1/26/2015 9:14 AM	1	11.5
2/2/2015 8:47 AM	1	8.9
2/9/2015 9:24 AM	1	9.5
2/16/2015 8:57 AM	1	28
2/23/2015 9:18 AM	1	12.3
3/2/2015 9:04 AM	1	10.8
3/9/2015 9:22 AM	1	7.5
3/16/2015 8:38 AM	1	10.3
3/23/2015 9:33 AM	1	14.6
3/30/2015 9:34 AM	1	5.6
4/6/2015 9:00 AM	1	28.5
4/13/2015 8:56 AM	1	7.6
4/20/2015 9:08 AM	1	7
4/27/2015 8:40 AM	1	6.2
5/4/2015 9:06 AM	1	5.5
5/11/2015 8:32 AM	1	12.6
5/18/2015 9:28 AM	1	5.6
5/22/2015 11:14 AM	0	0
6/1/2015 9:30 AM	1	32.4
6/8/2015 8:57 AM	1	12.4

6/15/2015 9:11 AM	1	10.5
6/22/2015 8:22 AM	1	5
6/29/2015 8:45 AM	1	9.5
7/6/2015 8:45 AM	1	9
7/13/2015 10:39 AM	1	7
7/20/2015 8:25 AM	1	8.5
7/27/2015 8:46 AM	1	7
8/3/2015 8:23 AM	1	28
8/10/2015 8:57 AM	1	8
8/17/2015 8:58 AM	1	7.5
8/24/2015 9:44 AM	1	11.5
8/31/2015 8:15 AM	1	7

Certification:This document represents the information provided in the original manifest shipping papers. The material (Regulated Medical Waste) listed on the manifest numbers detailed above has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A certificate of destruction, applicable manifests, and the appropriate logs will remain on file with Stericycle Inc. for 3 years from the date of destruction for the listed material.

Stericycle — Protecting Health, Safety, and the Environment

Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

RECEIVED SEP 16 2015 HEALTH DEC.

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

9/9/2013

CUSTOMER NUMBER [redacted] GENERATOR REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	QTY. NO. OF CONTAINERS	QTY. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▷	1	4.4 Cu Ft

2. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 9-9-13 (800)633-8

PRIMARY TRANSPORTER

4. TRANSPORTER NAME & ADDRESS: Stericycle
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type [redacted] Signature [redacted] Date 9/9/13

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 NAME & ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED Date _____

Phone #:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature SEP 18 2013 Date _____

7. DISCREPANCY INDICATION

Treatment process was correct [redacted]

TREATMENT FACILITY

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

SEP 10 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept u[redacted] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

00029

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted] NUMBER OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address [redacted] Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-[redacted] 9/10/2013

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SC91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] 9/10/13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: SC14-02T

TRANSPO[redacted] of waste as described above.

Print/Type Na[redacted] Signa[redacted] Date 9/16/13

Phone #:

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1108 Porter Avenue New River, NC 27258

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

SEP 9 9 2013

7. DISCREPANCY INDICATION

Treatment process was followed

TREATMENT FACILITY

☐ 8A. Designated Facility

☑ 8B. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9275

Stericycle, Inc.
1108 Porter Ave
New River, NC 27258
(336) 578-6900
EPA#: 01-02-1

[redacted]

☐ [redacted]
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

SEP 1[redacted] 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

ORIGINAL

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] Route: [redacted] USE OF EMERGENCY CONTACT# CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1889

9/23/2013

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: [signature] Date: 9-23-13

4. TRANSPORTER ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9278 Applicable Permit Numbers: [redacted]

PRIMARY TRANSPORTER

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 9/25/13

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

TRANSFER(S) OF RESPONSIBILITY BETWEEN HANDLER

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1165 Porter Avenue New River, NC 28265 Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: Signature: Date:

7. DISPOSAL/DESTINATION: Treatment process was completed.

OCT 8 2013 [redacted]

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, Inc. 1165 Porter Ave. New River, NC 28265 (336) 578-8600 EPA#: 01-02-1

Stericycle, Inc. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with Local, State and Federal Regulations.

SEP 24 2013 CB

Stericycle Sara Johnson [signature]

TREATMENT FACILITY

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: Signature: Date:

DHEC 1922

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route: [redacted] NAME OF EMERGENCY CONTACT/PHONE/TEL# 1-800-494-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1555

9/30/2013

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	2B. NO. OF CONTAINERS	2C. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX58 - Medium Corrugated Box (5.5 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Qu
	TOTALS ▶	1	4.4 Qu

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [redacted] Date 9-30-13

PRIMARY TRANSPORTER

4. TRANSPORTER ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-[redacted]
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/30/13

Phone #:

TRANSPORTER/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Ave
Haw River, NC 27258
INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

OCT 1 2 2013

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 272[redacted]
(336) 578-6000
EPA#: 01-02-1

☐ 8C. Alternate Facility

STERICYCLE (Concord)
4105 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

OCT 01 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous wa[redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

03306

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

Route#: [redacted] CUSTOMER NO: [redacted]

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

10/7/2013

Customer Number: [redacted] Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BXM5 - Medium Corrugated Box (5.5 cu ft)		Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu F
(UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu F
	TOTALS ▶	1	4.4 Cu F

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Print/Type Name: Kathy Adam Signature: [redacted] Date: 10-7-13

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: [redacted]

TRANSFER STATION OR INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 1 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSFER STATION OR INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:

Stericycle, Inc
1186 Porter Ave,
Haw River, NC 272
(336) 578-8800
EPA#: 01-02-1

[redacted]

8D. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR Regulations.

OCT 08 2013

Daniel Hawley

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: _____ Signature: [redacted] Date: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

60352

ORIGINAL

Stericycle

ASK OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST 001-10-03-STD

Route [redacted] CUSTOMER NO [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1558

10/21/2013

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	CONTAINERS	2C.	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB25 - 26 Gal Reusable Tub (3.7 cu ft)			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4	
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII				
UN3291, Regulated Medical Waste, n.o.s., 6.2 PGII	SS81 - Sharps Containers (2.4 cu ft)			
	TOTALS ▶	1	4.4	

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects [redacted]

X Printed/Typed [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-[redacted]
Applicable Permit Number [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature _____ Date 10/23/13

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #
Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #
Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

STERICYCLE
Haw River, NC 27258
INCINERATED

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

OCT 2 7 2013

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility: [redacted]

Stericycle, In[redacted]
1188 Porter [redacted]
Haw River, N[redacted]
(336) 578-[redacted]
EPA#: 01-02-1

8C. Alternate Facility:

Stericycle Environmental Solutions
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

OCT 2 8 2013

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to acc[redacted] received the above indicated wastes in accordance with the requirement outlined in that authoriza[redacted]

Print/Type Name _____ Signature _____

00312

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST 001-10-00-STD

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

10/28/2013

Customer Number: [redacted] Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BG91 - Sharps Containers (2.4 cu ft)		cu
	TOTALS ▶	1	4.4 cu

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

[X] Printed/Typed Name: [redacted] Signature: [redacted] Date: 10/28/13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 10/28/13

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected.

TREATMENT FACILITY

☐ 8A. Designated Facility: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility: Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 27
(336) 578-8900
EPA#: 01-02-1

NOV 1 2013

Authorized Person: [redacted]

☐ 8C. Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

OCT 28 2013

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] CUSTOMER NO [redacted]

GENERATOR

1. Generator's Name, Address [redacted] Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-1859 11/4/2013

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.9 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s.,	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s.,	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291 Regulated Medical Waste, n.o.s. 6.2 PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respe[redacted]

X Printed/T[redacted] 11/4/13

PRIMARY TRANSPORTER

4. TRANSPORTE[redacted] Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-82

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type N[redacted] Signatu[redacted] Date 11/4/13

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADD[redacted]

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER[redacted] CERTIFICATION: [redacted] waste as described above.

STERICYCLE
[redacted]
INCINERATED

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected NOV 10 2013

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility [redacted]

Stericycle, [redacted]
1186 Ports[redacted]
Haw River, [redacted]
(336) 578-8800
EPA#: 01-02-1

☐ 8C. Alternate Facility [redacted]

9. Stericycle Engineer:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization [redacted] with the NCDENR regulations.

NOV 06 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] CASE OF EMERGENCY CONTACT STERITECH 1-800-[redacted] CUSTOMER NO [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1888

11/11/2013

Generator Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	NO. OF CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 11/11/13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/11/13

TRANSFER FACILITY / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER FACILITY / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE INCORPORATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

NOV 17 2013

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility [redacted]

Stericycle, Inc.
1186 Porter [redacted]
New River, NC
(336) 578-8600
EPA#: 01-021

STERICYCLE, INC.
Environmental Solutions
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

NOV 19 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and treat medical waste and have received the above indicated wastes in accordance with the requirement outlined in that authorization. [redacted] Date _____

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route#: [redacted] IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

11/18/2013

CUSTOMER NUMBER: [redacted] GENERATOR'S REGISTRATION #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		
	TOTALS ▶	1	4.4

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects [redacted]

X [redacted] Printed/Typed [redacted] 11/18/13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: [redacted]
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/18/13

TRANSFER/SECONDARY TRANSPORTER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER & TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER/SECONDARY TRANSPORTER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER & TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 833-9278

☒ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 2725[redacted]
(336) 578-[redacted]900
EPA#: 01-021[redacted]

☐ 8C. Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

NOV 18 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-10-00-070

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

11/25/2013

Customer Number [redacted] Generator's Registration # [redacted]

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

5. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 11-25-13

PRIMARY TRANSPORTER

4. TRANSPORTER ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/25/13

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1166 Porter Ave New River, NC 28635 INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected DEC 1 2013

☐ 9A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 9B. Alternate Facility: [redacted]
Stericycle, Inc.
1166 Porter Ave.
New River, NC 28635
(336) 578-8900
EPA#: 01-02-1

4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
NOV 20 2013
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-0059

12/2/2013

Customer Number [redacted] Generator's Registration # [redacted]

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291 Regulated Medical Waste n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

4. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed [redacted] Signature [redacted] 12/2/

PRIMARY TRANSPORTER

5. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-[redacted]
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/2/13

TRANSFER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was collected

☐ 8A. Designated Facility ☐ 8B. Alternate Facility DEC [redacted] ☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave
Haw River, NC
(336) 578-[redacted]
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This facilities treatment by Steam Sterilization is accordance with the NCDENR regulations.

DEC 03 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1689

12/9/2013

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	NO. NO. OF CONTAINERS	2C. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

6. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Ada Signature Kath Ad Date 12-9-13

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

[redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/9/13

TRANSPORTER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

STERICYCLE
New River, NC

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected.

DEC 16 2013

☐ 8A. Designated Facility ☐ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle Inc.
1188 Porter Av
New River, NC
(336) 576-8900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

[redacted] DEC 10 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept regulated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

[redacted]

GENERATOR

I certify that the waste provided does not contain regulated quantities of hazardous wastes listed in R.61-79, Hazardous Waste Management Regulations or radioactive materials above levels determined in R(8)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER: [redacted]

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1899

12/16/2013

Customer Number: [redacted] — Generator Registration #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	BX56 - Medium Corrugated Box (5.5 cu ft)		Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS13 - Small Corrugated Box (2.0 cu ft)		Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII			Cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS91 - Sharps Containers (2.4 cu ft)		Cu
	TOTALS ▶	1	4.4 Cu

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name: Kathy Adams — Signature: Kathy Adams — Date: 12/16/13

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-[redacted]
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] — Signature: [redacted] — Date: 12/16/13

TRANSFER STATION / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER'S ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSFER STATION / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

8B. Alternate Facility:
Stericycle, Inc.
1166 Porter Av[redacted]
Haw River, NC [redacted]
(336) 578-88[redacted]
EPA#: 01-07-1[redacted]

DEC 18 2013

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certified treatment by Steam Sterilization complies with the NCDENR regulations.

DEC 17 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] of regulated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route: [redacted] PHONE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1589

12/23/2013

Customer Number: [redacted] Generator Registration #: [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	NO. OF CONTAINERS	QTY.	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TE01 - 30 Gal Reusable Tub (4.0 cu ft)			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TE04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX19 - Small Corrugated Box (2.0 cu ft)			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX44 - Medium Corrugated Box (4.4 cu ft)	1	4.4	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII				Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)			Cu Ft.
	TOTALS ▶	1	4.4	Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

[X] Printed/Typed Name: [redacted] Signature: [redacted] Date: 12/23/13

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-8278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 12/23/13

TRANSFER STATION / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER'S ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS: STERICYCLE 1165 Porter Avenue New Bern, NC 28562 INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was corrected.

JAN 4 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-8278

☑ 8B. Alternate Facility

Stericycle, Inc.
1165 Porter Ave,
New River, NC 27
(336) 576-6900
EPA#: 01-02-1

[redacted]

Stericycle
4409 Republic Court
Concord, North Carolina 28027
This certified treatment facility operates in accordance with the NCDENR Regulations.

DEC 24 2013

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept the above listed medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

DHEC 375

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST 001-10-00-STG

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 282-1589

12/30/2013

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 90 Gal Reusable Tub (4.0 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Qu
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Qu
	TOTALS ▶	1	4.4 Qu

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed [redacted] Signature [redacted] Date 12-30-13

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANS[redacted] medical waste as described above.

Print/Type [redacted] Signature [redacted] Date 12/30/13

TRANSFER(S) BETWEEN TRANSPORTER(S) AND/OR INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER(S) / TRANSPORTER(S):

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: [redacted]

Print/Type [redacted] Signature [redacted] Date [redacted]

Applicable Permit Numbers: [redacted]

TRANSFER(S) BETWEEN INTERMEDIATE HANDLER AND TREATMENT FACILITY

6. INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Received the above medical waste as described above.

STERICYCLE
1168 Porter Avenue
New River, NC 27958
UNDESIGNATED

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

JAN [redacted] Designated Facility:

Stericycle, Inc.
1168 Porter Av[redacted]
New River, NC
(336) 838-890[redacted]
EPA#: 0[redacted]

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCD[redacted]

DEC 31 20[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

[redacted]

D0029 I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(8)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-00-00-000

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

1/15/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 90 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX35 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects

X [redacted] Printed [redacted] Date 1/6/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 1/6/14

TRANSFER(S) TO INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER(S) TO INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS
STERICYCLE
1166 Porter Avenue
[redacted]
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected JAN 13 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633 - 9278

☐ 8B. Alternate Facility

Stericycle, Inc
1166 Porter A
New [redacted] NC
(336) 578 - 8900
EPA# 01-02-1

☐ 8C. Alternate Facility [redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Grand Sterilization
[redacted] with the NCDENR regulations.
JAN 07 2014
Daniel Hensley
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency [redacted] treated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that au[redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of haz[redacted]dous w[redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

CUSTOMER NO.

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 601-10-05-STD

Route:

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-[illegible]

1/13/2014

CUSTOMER NUMBER

Generators Registration #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SC91 - Sharps Container (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name: [redacted] Signature: [redacted] Date: 1-13-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 1/13/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

STERICYCLE
1168 Porter Avenue
New River, NC 28620
INCINERATED

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION:
Treatment process was corrected JAN 21 2014

☐ 8A. Designated Facility

☑ 8B. Alternate Facility

☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with 15A NCDENR regulations.

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1168 Porter Ave
New River, NC
(336) 576-8900
EPA#: 01-02-1

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to ac... and have received the above indicated wastes in accordance with the requirement outlined in that authoriz...

Print/Type Name: _____ Signature: _____

I certify that the waste provided does not contain regulated quantities of hazardou... Waste Management Regulations or radioactive materials above levels determined in [illegible] of the U.S. Nuclear Regulatory Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — NAME OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4820 (864) 232-1555

1/20/2014

Customer Number: [redacted] — Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 90 Gal Reusable Tub (4.0 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (1.7 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.6 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			0
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		0
	TOTALS ▶	1	4.4

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Ada Signature: Kathy Ada Date: 1-20-14

Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME AND ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 1/20/14

Phone #:

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

Phone #:

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] described above.
[redacted]

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:
Stericycle, Inc.
1186 Porter Ave,
Haw River, NC 27258
(336) 578-6500
EPA#: 01-02-1

☐ 8C. [redacted]
[redacted]

☐ STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations
JAN [redacted] 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept u[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name: _____ Signature: _____

TRUCK

I certify that the waste provided does not contain regulated quantities of hazardous waste[redacted] Waste Management Regulations or radioactive materials above levels determined in R61(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] CUSTOMER# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

1/27/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects [redacted]

X Printed/Typed [redacted] Signature [redacted] Date 1/27/14

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted]
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 1/27/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

STERICYCLE
1160 Porter Ave
New River, NC 28635
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION:
Treatment process was/corrected FEB 3 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1160 Porter Ave,
New River, NC 28635
(336) 578-8900
EPA#: 01-02-1

☐ 8C. Alternate Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JAN 28 2014

Daniel Hensley [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that this waste provided does not contain regulated quantities of hazardous w[redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUM [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 292-1889

2/3/2014

Customer Number [redacted] — Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			
UN3291 Regulated Medical Waste, n.o.s. 6.2 PGII	SS01 - Sharps Containers (2.4 cu ft)		
	TOTALS ▶	1	4.4

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 2-3-14

PRIMARY TRANSPORTER

4. TRANSPORTER NAME(S): Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 2/3/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

FEB 17 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:
Stericycle, Inc.
1166 Porter Ave.
Haw River, NC 2[redacted]
(336) 578-[redacted]
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERILIZING Facility
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
FEB 14 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name _____ Signature [redacted]

DHEC

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-00-01D

Route# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1019

2/10/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national

X Printed/Typed [redacted] Signature [redacted] Date 2/10/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278
Applicable Permit Number: [redacted]

☐ This is a Through Shipment

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 2/10/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
INCINERATED

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: [redacted] as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was collected

FEB 2 2 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Av
Haw River, NC
(336) 578-6900
EPA#: 01-02-1

☐ 8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
FEB 11 2014
Dura Johnson

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to [redacted] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that author[redacted]

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

STANDARD MANIFEST 001-10-08-STD [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

2/17/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

GENERATOR

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	2B. NO. OF CONTAINERS	2C. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1.	4.4 Cu Ft.

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 2-17-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ This is a Through Shipment

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 2/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 NAME & ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Potter Avenue
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was collected

MAR 06 2014

TREATMENT FACILITY

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:

Stericycle, Inc
1168 Potter A
Haw River, NC
(336) 578-8900
EPA#: 01-02-1

[redacted]

8C. Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

FEB 18 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept regulated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Daniel Hensley Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE SC 29605-4620
(864) 232-1058

2/24/2014

CUSTOMER NUMBER [redacted] Generator's Registration # [redacted]

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

5. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 2-24-14

Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 2/24/14

Phone #

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: [redacted] waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was affected

MAR 9 2014

TREATMENT FACILITY

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Av[redacted]
Haw River, NC
(336) 578-8900
EPA#: 01-02-1

☐ 8B. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
Alternative treatment by Steam Sterilization in accordance with the NCDENR regulations.

FEB 25 2014

Sara Johnson [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept regulated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

DHEC 1776

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

STANDARD MANIFEST 001-10-99-[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

3/3/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 3/3/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/3/14

TRANSFER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSFER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Ave
New River, NC 28625
INCINERATED

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. EMERGENCY INFORMATION
Treatment process was corrected

MAR 1 6 2014

☐ 8A. Designated Facility ☐ 8B. Alternate Facility ☐ 8C. Alternate Facility ☐ 8D. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1168 Porter Ave,
New River, NC 28625
(336) 575-9900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC
4403 Republic Court
Concord, North Carolina 28027
This certifies that waste treated by Stericycle is treated in accordance with NCDENR regulations.

MAR 0 4 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

Route: [redacted] CUSTOMER NO: [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1088

3/10/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TE01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TE04/TE28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TE97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TE32 - 32 Gallon Reusable Tub (4.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name: [redacted] Signature: [redacted] Date 3-10-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/10/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / DESIGNATED HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC INCINERATED Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected MAR 15 2014

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278 VA: [redacted]

☐ 8B. Alternate Facility: Stericycle, Inc. 1168 Porter Av New River, NC (336) 578-8900 EPA#: 01-02-1 [redacted]

☐ 8C. Alternate Facility: STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Sterile Sterilization in accordance with the NCDENR regulations [redacted] MAR 17 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept regulated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21182

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-08-GTD

Route#: [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1882

3/17/2014

Customer Number: [redacted] Generator's Registration #: [redacted]

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Ada Signature: Kathy Ada Date: 3-17-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 3/18/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 /TRANSPORTER 3 ADDRESS:

Stericycle
1168 Porter Avenue
New River, NC 27258
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

MAR 20 2014

7. DISCREPANCY INDICATION
Treatment process was corrected

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
New River, NC 27258
(336) 578-8900
EPA#: 01-02-1

[redacted]

☐ 8C. Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

[redacted] MAR 18 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [illegible] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: [redacted] Signature: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted] IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-[redacted] CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/24/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	TOTAL NO. OF CONTAINERS	TOTAL VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [signature] Date 3-24-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type [redacted] Signature [redacted] Date 3/24/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
New River, NC 27258
INCINERATOR

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

APR 10 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1168 Porter Ave
New River, NC 27258
(336) 578-8900
EPA#: 01-02-1

STERICYCLE INC
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
MAR 25 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated regulated wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

ORIGINAL

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route/ [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-1588

3/31/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

GENERATOR

2A. DESCRIPTION OF [redacted]	CONTAINER TYPE	CONTAINERS	I.D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX85 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 3-31-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 3/31/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1188 Porter Avenue Haw River, NC 27258

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

APR - 6 2014

TREATMENT FACILITY

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility [redacted]

Stericycle, Inc.
1188 Porter Ave.
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

☐ 8C. Alternate Facility

STERICYCLE INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

APR 01 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and have received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] USE OF EMERGENCY CONTACT) CHEMTREC 1-800-[redacted] CUSTOMER NO. [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) [redacted]

4/7/2014

Customer Number: [redacted] Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1.	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed [redacted] Date: 4/7/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 4/7/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC 28620
INCINERATED

Phone #

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION:
Treatment process was corrected

APR 1 8 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility [redacted]

Stericycle, Inc.
1168 Porter Ave
New River, NC
(336) 575-8900
EPA#: 01-02-1

STERICYCLE, INC
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

APR 0 8 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated [redacted] at I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — MEDICAL WASTE TRACKING FORM NUMBER

Route#: [redacted] ASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted] STANDARD MANIFEST: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

4/14/2014

Customer Number: [redacted] Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X: Printed/Typed Name: Kathy Adams Signature: Kathy Adams Date: 4-14-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
Phone #: (800) 633-9278
☐ This is a Through Shipment
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type: [redacted] Signature: [redacted] Date: 4/14/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name: Signature: Date:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
Haw River, NC
INCINERATED
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name: Signature: Date:

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was collected

APR 20 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Avenue
Haw River, NC
(336) 578-8500
EPA#: 01-02-1

☐ 8C. Alternate Facility: [redacted]

☐ 8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Stericycle in accordance with the NCDENR re[redacted]
APR 15 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and have received the above indicated wastes in accordance with the requirement outlined in that authoriza[redacted]
Print/Type: Signature:

I certify that the waste provided does not contain regulated quantities of hazardous wastes as defined by R.C.R.A. Regulations, solid waste management regulations or radioactive materials above levels determined in F(8)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-00-STD [redacted]

Route# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1558

4/21/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TE28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.4 cu ft)	2	8.8 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	2	8.8 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national [illegible]

X Printed/Typed Name [redacted] Signature [redacted] Date 4-21-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone: (800) 633-9276
Applicable Permit Numbers:

TRANSPORTER Print/Type Name [redacted] Signature [redacted] Date 4-21-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

STERICYCLE
1166 Porter Avenue
[illegible]
INCINERATED

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

APR 25 2014

☐ 8A. Designated Facility ☑ 8B. Alternate Facility ☐ 8C. Alternate Facility ☐ 8D. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 27
(336) 578-8900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

APR 22 2014

Sara Johnson [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to [illegible] treated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER: [redacted]

STANDARD MANIFEST 001-10-05-STD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1509

4/28/2014

Consolidation Number [redacted] Generator's Registration # [redacted]

3A. DESCRIPTION OF WASTE	CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291/Regulated Medical Waste, n.o.s., 6.2,PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [signature] Date 4-28-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 4/28/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1166 Porter Avenue
INCINERATED

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process not corrected.

MAY 11 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 27258
(336) 578-2900
EPA#: 01-02-1

☐ 8C. Alternate Facility [redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

9/8/2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by [illegible] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER — STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/15/2014

CUSTOMER NUMBER [redacted] — GENERATOR'S REGISTRATION # [redacted]

8A. DESCRIPTION OF WASTE	8B. CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB26 - 26 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all [redacted]

Print [redacted] Sign [redacted] Date 5/15/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 COMPANY NAME: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Sig [redacted] Date 5/6/14

TRANSFERRED TO INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFERRED TO INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1165 Porter Avenue New River, NC [redacted] INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

MAY 12 2014

☐ 8A. Designated Facility

☒ 8B. Alternate Facility [redacted]

☐ 8C. Receiving Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1165 Porter Av [redacted]
New River, NC [redacted]
(888) 578-8900
EPA#: 01-02-1

Stericycle Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
Treatment by Steam Sterilization
with the NCDENR regulations.

MAY 08 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to receive regulated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

00320

ORIGINAL

Stericycle — Route: [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER — STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

5/12/2014

Customer Number [redacted] — Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	KEY: CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SQ01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams — Signature: Kathy Adams — Date: 5-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] — Signature: [redacted] — Date: 6/12/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [illegible] described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

TREATMENT FACILITY

☐ 9A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord,NC 28027
(800) 633-9278

☐ 9B. Alternate Facility:

Stericycle, Inc.
1188 Porter Ave,
Haw River, NC 272
(336) 578-9800
EPA#: G1-02-1

☐ 9C. Alternate Facility:

[redacted]

☐ 9D. Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This facility treatment by Steam Sterilization in accordance with the NCDENR regulations.

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [illegible] and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

PLEASE OF EMERGENCY CONTACT: CHEMTREC 1-800-

STANDARD MANIFEST

Route

CUSTOMER NO

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/13/2014

Customer Number

Generator's Registration #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed

Signature

Date 5/19/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name

Signature

Date 5/19/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 2 ADDRESS

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Signature

Date

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS:

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

STERICYCLE
1166 Porter Avenue
Haw River, NC 27258
INCINERATED

Print/Type Name

Signature

Date

TREATMENT FACILITY

7. DISCREPANCY INDICATION:
Treatment process was corrected

MAY 2 5 2014

☐ 8A. Designated Facility

☒ 8B. Alternate Facility

☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 2725
(336) 578-
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization
in accordance with the NCDENR regulations.

MAY 2 0 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [illegible] medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name

Signature

Daniel Hanslip

I certify that the waste provided does not contain regulated quantities of hazardous [illegible] as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST Gst-10-09-STD

Route#: [redacted] CUSTOMER NO. [redacted] [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1000

6/2/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: Kathy Adams Date: 6/2/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone # (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 6/2/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

JUN 14 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility

Stericycle, Inc
1168 Porter Ave,
Haw River, NC 27258
(336) 578-8900
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUN 03 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the Hazardous Waste Management Regulations or radioactive materials above levels determined in R[6](d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-10-08-STD

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-4285

6/9/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Container (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

2. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Printed/Typed Name [redacted] Signature [redacted] Date 6/9/14

PRIMARY TRANSPORTER

3. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ This is a Through Shipment.

Phone #:
Applicable Permit Numbers: SC1A102T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/9/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

4. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

4. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1165 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION
Treatment process was Corrected

JUN 16 2014

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
1165 Porter Ave,
Haw River, NC 27
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE INC
Alternate Facility:
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization
In accordance with the NCDENR rules

JUN 16 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to acce... that I have received the above indicated wastes in accordance with the requirement outlined in that authorizat...

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous wastes subject to the Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle [redacted] Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

6/16/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB26 - 28 Gal Reusable Tub (3.7 cu ft)		Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII			Cu.Ft.
[redacted] Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu.Ft.
	TOTALS ▶	1	4.4 Cu.Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [redacted] Date 6-16-14

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
Phone #: (800) 633-9278
Applicable Permit Number: [redacted]

☐ This is a Through Shipment

TRANSPORTER CERTIFICATION: [redacted] waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6-16-14

TRANSFER/2nd INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER/3rd INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Phone #:
Applicable Permit Number:

STERICYCLE
1165 Porter Ave
Haw River, NC 27258
INCINERATED

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

JUN 30 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility

Stericycle, Inc
1165 Porter Ave,
Haw River, NC 27
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility: [redacted]

STERICYCLE, INC.
Medical Waste Facility
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

JUN 17 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated [redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1859

6/23/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adam Signature [signature] Date 6-23-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment

Phone #: (800) 633-9278 Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/23/14

TRANSPORTER 2 / INTERMEDIATE HANDLER SERVICES

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER SERVICES

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE 1168 Porter Avenue New River, NC 27203 INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

JUN 2 9 2014

☐ 8A. Designated Facility ☐ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.. 4403 Republic Court Concord, NC 28027 (800) 633-9278

Stericycle, Inc. 1168 Porter Ave, New River, NC 27 [redacted] (866) 783-7422 EPA#: 01-02-1

☐ Stericycle, Inc. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

JUN 2 6 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

STANDARD MANIFEST [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 292-1588

6/30/2014

Customer Number [redacted] Generator Registration # [redacted]

GENERATOR

9A. DESCRIPTION OF WASTE	9B. CONTAINER TYPE	CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X [redacted] Printed/Typed Name [redacted] Signature [redacted] Date 6/30/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Name: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/30/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 2 Name: [redacted] EPA ID: [redacted] Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS: STERICYCLE 1166 Peter Ave New River, NC 28620 INCINERATED Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected JUL 1 3 2014

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc. 1166 Peter Ave New River, NC [redacted] (888) 783-7422 EPA#: 01-02-1.

☐ 8C. Alternate Facility:

STERICYCLE Alternate Facility: 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by (Steam Sterilization) in accordance with the NCDENR [redacted] JUL 1 3 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste [redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] BE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

STANDARD MANIFEST 001-10-08-BTO [redacted]

GENERATOR

1. Generator's Name, Address [illegible] e Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620
(864) 232-1589

7/7/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adam Signature Kathy Adam Date 7-7-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers:
SC14 -02T

TRANSPORTER CERTIFICATION: Received medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 7/7/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

JUL 20 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633 - 9278

8B. Alternate Facility: [redacted]
Stericycle, Inc.
1168 Porter Av
Haw River, NC
(866) 783 - 7422
EPA#: 01-02-1

Stericycle Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

JUL 08 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name _____ Signature _____

00033

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-05-STD

Route#: [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

GENERATOR

1. Generator's Name, Address [redacted] Phone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1886

7/14/2014

Customer Number: 8208536-001 Generator's Registration #: SC03-04100

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB97 - 97 Gal Wheeled Cart (12.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	BX55 - Medium Corrugated Box (5.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS42 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper [redacted] additional g[redacted]

X Printed/Typed Name: [redacted] Signature: [redacted] Date 7/14/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4409 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date 7/14/14

TRANSFER STATION / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

DISPOSAL FACILITY

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

JUL 21 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility [redacted]

Stericycle, Inc.
1168 Porter Ave
New River, NC [redacted]
(866) 783-7422
EPA#: [redacted]

STERICYCLE, Inc.
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

JUL 16 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] medical waste and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

8B I certify that this waste provided does not contain regulated quantities of hazardous wastes as defined by U.S. Hazardous Waste Management regulations or radioactive materials above levels determined in R61-63 of the S.C. Infectious Waste Management Regulations.

ORIGINAL

09/15/2015 TUE 10:22 FAX 004/020

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 STANDARD MANIFEST 001-10-06-GTD

Route#: [redacted] CUSTOMER N[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

7/21/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed [redacted] Signature [redacted] Date 7-21-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 7/21/14

TRANSFER 1 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 1 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSFER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1166 Porter Avenue
Haw River, NC 27258
INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

☐ 8A. Designated Facility

☑ 8B. Alternate Facility

Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 272[redacted]
(866) 783-7422
EPA#: 01-02-1

[redacted]

☐ 8C. Alternate Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This facilities treatment by Steam Sterilization in accordance with the NCDENR rep[redacted]

JUL 2 2 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

CD3354

ORIGINAL

Stericycle® Route# [redacted] MEDICAL WASTE TRACKING FORM NUMBER [redacted]

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted] STANDARD MANIFEST 001-10-09-010

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

7/28/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	CONTAINERS	VOLUME
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TE28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

5. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport by international and national [illegible]"

X Printed/Typed [redacted] Signature [redacted] Date 7-28-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 7/28/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

AUG 4 2014

☐ 9A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 9B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 272
(866) 783-7422
EPA#: 01-02-1

[redacted]

Certificate of Treatment
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

July 29 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept u... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous wastes as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle® Protecting People. Enriching Life.® Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

8/4/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2C. CONTAINER TYPE	2D. NO. OF CONTAINERS	2E. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS1B - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Ada... Signature [signature] Date 8-4-14

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 8-4-14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1169 Porter Avenue
Haw River, NC 27258
[redacted]

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process ~~not~~ corrected

AUG 18 2014

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:
Stericycle, Inc.
1169 Porter Ave.
Haw River, NC 2725
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
LMP Authorized Facility
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR re...
Aug 05 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept u... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

80335

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] 24 HOUR EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN; KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1088 8/11/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TE01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TE04/TE28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TE97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TE32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 8/11/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment Applicable Permit Numbers: SC1A-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 8/11/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New Bern, NC 28560 INCINERATED Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was collected

AUG 17 2014

TREATMENT FACILITY

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc. 1168 Porter Av[redacted] Haw River, NC [redacted] (866) 783-742[redacted] EPA#: 01-02-1

☐ 8C. Alternate Facility: STERICYCLE, Inc. 4403 Republic Court Concord, North Carolina 28027 This sterile treatment by Steam Sterilization in accordance with the NCDEN[redacted]

AUG 12 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and received the above-indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

8/18/2014

Customer Number [redacted] Generator's Registration # [redacted]

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	T801 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	T804/T828 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	T897 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	T832 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
Untreated, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.4 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: Kathy Adams (864) 232-1589 8/18/14

PRIMARY TRANSPORTER

4. TRANSPORTER'S ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: [redacted]
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type [redacted] Signature [redacted] Date 8/18/14

TRANSFER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
Haw River, NC 27258
RECEIVED

AUG 2 2 2014

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR [redacted]

AUG 19 2014

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 272
(866) 783-7422
EPA#: 01-02-1

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST

Route# [redacted] CUSTOMER NO [redacted] [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

8/25/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4.4 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SC91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.4 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 8-25-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 8/25/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

SEP 1 2014

7. DISCREPANCY INDICATION
Treatment process was collected

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR re

AUG 26 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and t received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous w Waste Management Regulations or radioactive materials above levels determined in R.61-105 of the S.C. Infectious Waste Management Regulations

0007

ORIGINAL

Stericycle

Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST T 001 10 04 STD

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

9/3/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.4 cu ft)	1	4. Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.1 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and [redacted]

X Printed/[redacted] Date 9/3/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/3/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1166 Porter Avenue
New River, NC 28635
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

SEP 11 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc
1166 Porter A
New River, NC
(866) 783-1422
EPA#: 01-02-1

☐ 8C. Alternate Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This signifies treatment by Steam Sterilization in accordance with the NCDENR

SEP 04 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste [redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

D08532

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

STANDARD MANIFEST [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

9/8/2014

Customer Number [redacted] Generator's Registration # [redacted]

GENERATOR

2A. DESCRIPTION OF WASTE	EB. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.1 cu ft)	1	4.1 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.1 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 9/8/14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/8/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1166 Porter Avenue
New River, NC 28625
INCINERATOR

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

SEP 22 2014

TREATMENT FACILITY

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
1166 Porter Ave,
New River, NC 28625
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR [redacted]

SEP 09 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and th[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous w[redacted] Waste Management Regulations or radioactive materials above levels determined in F[redacted] Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

Route# [redacted] CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-69-STD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

9/15/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

IX Printed/Typed Name Penny Booth Signature [signature] Date 9/15/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [illegible] Signature [signature] Date 9/15/14

TRANSFER(S) TO INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC 28611
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY DESCRIPTION
Treatment process was corrected

SEP 26 2014

STERICYCLE, INC
4403 Republic Court
Concord, NC 28027

8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility [redacted]

Stericycle, Inc.
1168 Porter Ave.
New River, NC 28611
(866) 783-7422
EPA#: 01-02-1

This confirms treatment by Steam Sterilization in accordance with the NODEN procedures.

SEP 16 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untr... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

DD073

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Route# [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER — STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1699

9/23/2014

CUSTOMER NUMBER [redacted] — GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	TB32 - 32 Gallon Reusable Tub (4.9 cu ft)		Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI			Cu Ft
UNIVERSAL Regulated Medical Waste, R.C.R.A. 6.2, POI	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 9/23/14 Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: [redacted]
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 9/23/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 NAME & ADDRESS:

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE 1168 Potter Avenue High Rise, NC 27265 INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

OCT 2 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Potter Ave,
High Rise, NC 27265
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility: [redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

SEP 2 8 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

0014

Stericycle — Route# [redacted] — 24 HR EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

9/29/2014

CUSTOMER NUMBER [redacted] — GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)	1	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2/PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adam Signature [signature] Date 9/29/14

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as [redacted]

Print/Type Name [redacted] Signature [redacted] Date 9/29/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Av
Haw River, NC
(866) 783-74
EPA#: 01-02-1

[redacted]

This facility is treatment by Steam Sterilization in accordance with the NCDENR regulations.

SEP 30 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

DISPOSAL

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 001-10-09-GTD

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

10/6/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX05 - Medium Corrugated Box (6.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national

[redacted] Signature [redacted] Date 10/6/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone # (800) 633-8278 Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/6/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, North Carolina 28635 INCINERATED Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected OCT 16 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-8278

☐ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave,
New River, NC 28635
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility [redacted]

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR [redacted]

OCT 07 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

0005

ORIGINAL

'Stericycle' Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 - (864) 232-1689

10/13/2014

Customer Number [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)	-	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national

X Printed/Typed Name [redacted] Signature [redacted] Date 10-13-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type [redacted] Signature [redacted] Date 10/13/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1166 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

OCT 20 2014

☐ 8A. Designated Facility ☑ 8B. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1166 Porter Ave,
Haw River, NC 2725[redacted]
(866) 783-7422
EPA#: 01-02-1

[redacted]

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
I certify treatment by Sterra Sc[redacted]
accordance with the NCDENR[redacted]

OCT 14 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

00086

I certify that the waste provided does not contain regulated quantities of hazardous wa[redacted] Waste Management Regulations or radioactive materials above levels determined in P(0.4[redacted] Management Regulations

ORIGINAL

Stericycle

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST 001-10-20-370

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 252-1589

10/20/2014

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-04106

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

2. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [signature] Date 10-20-14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/20/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

OCT 28 2014

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility [redacted]

STERICYCLE INC
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

OCT 21 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and treat the above described waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-63.6(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Including Medpak, Re-Keying Div. Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 292-1589

10/27/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste n.o.s. 6.2 PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [signature] Date 10-27-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9278 Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 10/22/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC 27258 INCINERATED NOV 6 2014 Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature [redacted] Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected.

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

☒ 8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave, New River, NC 27258 (866) 783-7422 EPA#: 01-02-1

Stericycle Facility 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR [redacted] OCT 29 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept us... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

STANDARD NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 2324539

11/3/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX35 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper [redacted] and labelled/placarded, and are in all respects in proper [redacted] and main [redacted] 11/3/14

[X] Printed/Typed Name [redacted] Signature [redacted] [illegible]9216

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted]
4409 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/3/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

☐ 8A. Designated Facility

Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility

Stericycle Inc.
1165 Porter Ave
New River, NC
(888) 783-7483
EPA#: 01-02-1

STERICYCLE
New River, NC [illegible]

NOV 0 4 2014

8C. Alternate Facility

STERICYCLE
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steri[illegible]
in accordance with the NCDENR

NOV 0 4 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

0014) I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

09/15/2015 TUE 10:34 FAX 020/020

Stericycle — Route#: [redacted] — PLEASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER — STANDARD MANIFEST 001-10-03-GYD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

11/10/2014

CUSTOMER NUMBER: [redacted] — GENERATOR'S REGISTRATION #: [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded and are in all respects in [redacted] and national government regulations.

X Printed/Typed Name: [redacted] Signature: [redacted] Date: 11/10/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: [redacted]
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 11/10/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
[redacted]
Haw River, NC 27258
RECEIVED
NOV 17 2014

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1166 Porter Ave
Haw River, NC 272
(866) 783-7429
EPA#: 01-02-1.

☐ 8C. Alternate Facility

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
[redacted] certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

NOV 17 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

11/17/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX65 - Medium Corrugated Box (6.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X [redacted] Printed/Typed Name [redacted] Signature [redacted] Date 11/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS:

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS: STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED

Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was collected

NOV 2 8 2014

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR

NOV 1 8 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and treat and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the Hazardous Waste Management Regulations or radioactive materials above levels determined in F(b)(3) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route#: [redacted] OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

11/24/2014

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by [redacted] are in all respects in

Printed/Typed [redacted] (864) [redacted] 11/24/14

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted]
4403 Republic Court
Concord, NC 28027
This is a Through Shipment

Phone #:
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 11/24/14

TRANSPORTER / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER(S):

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION
Treatment process was corrected

NOV 30 2014

TREATMENT FACILITY

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
[redacted] treatment by Steam Sterilization in accordance with the NCDENR re[redacted]

NOV 25 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

00119

I certify that the waste provided does not contain regulated quantities of hazardous waste [redacted] Waste Management Regulations or radioactive materials above levels determined in R(6)[c], of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

12/1/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

5. Generator's Certification: I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects [redacted]

X Printed/Typed Name [redacted] Signature [redacted] Date 12/1/14

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted] Phone #: [redacted]
4409 Republic Court
Concord, NC 28027
☐ This is a Through Shipment
Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name [redacted] Signature [redacted] Date 12/1/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: [redacted] Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above
Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

STERCYCLE
1188 Porter Avenue
New River, NC 27258
INCINERATED
DEC 7 2014

☐ 9A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 9B. Alternate Facility
Stericycle, Inc.
1188 Porter Ave,
New River, NC 272[redacted]
(866) 783-7422
EPA#: 01-02-1

☐ 9C. Alternate Facility [redacted]

STERILIZED FACILITY
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations
DEC 09 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept un[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

CUSTOMER NO [redacted]

STANDARD MANIFEST 001-10-58-STD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620

(864) 232-1589

12/8/2014

CUSTOMER NUMBER [redacted]

GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s. 6.2,PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national [illegible]

X Printed/Typed Name [redacted] Signature [redacted] Date 12-8-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/8/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

DEC 15 2014

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord,NC 28027
(800) 633-9278

☒ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility: [redacted]

STERICYCLE Treatment Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

DEC 8 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [illegible] and that I have received the above indicated wastes in accordance with the requirement outlined in that authori[illegible]

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

0018?

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

12/15/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 12/15/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 / TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9279 Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12/16/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC 27258 Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [illegible] described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

DEC 22 2014

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9279

☐ 8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave. New River, NC 27258 (866) 783-7422 EPA#: 01-02-1 [redacted]

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDEH [redacted] DEC 2[illegible] 201[illegible]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept unin[illegible] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(5)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

STANDARD MANIFEST [redacted]

Route# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

12/22/2014

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NUMBER OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Printed/Typed Name [redacted] Signature [redacted] Date 12/22/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS

Ster[redacted]
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9276

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 12/22/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATOR

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

JAN 14 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

☑ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

DEC 23 2014

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated [redacted] and that I received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

00244

I certify that the waste provided does not contain regulated quantities of hazardous wastes [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] CUSTOMER NO [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1559

1/5/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 1-5-15

PRIMARY TRANSPORTER

4. TRANSPORTER NUMBER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone # (800) 633-9278

Applicable Permit Numbers: [redacted]

TRANSPORTER certification: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 1/6/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #.

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Ave
New Bern, NC 28562
INCINERATED

Phone #.

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

JAN 16 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility:

Stericycle, Inc.
1168 Porter Ave,
New River, NC 28562
(888) 783-7[redacted]
EPA#: 01-02-1

☐ 8C. Alternate Facility

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
Certified treatment by Steam Sterilization
in accordance with the NCDENR Regulations

JAN 08 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept un... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous ... Waste Management Regulations or radioactive materials above levels determined in P(6) ... Management Regulations

CDHS

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route [redacted] 24 HR EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted] STANDARD MANIFEST DOCUMENT NO. [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

1/12/2015

Customer Number [redacted] Generator's Registration # [redacted]

3A. DESCRIPTION OF WASTE	3B. CONTAINER TYPE	3C. NO. OF CONTAINERS	3D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national g[redacted]

X [redacted] Printed/Type[redacted] Signature [redacted] Date 1/12/15

Phone #: [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted]
4409 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 1/19/15

Phone #

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

TRANSPORTER 3/ INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

STERICYCLE
New River, NC 28658
INCINERATOR

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected

JAN 17 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1166 Porter Ave.
New River, NC 28658
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility [redacted]

STERICYCLE, INC.
4409 Republic Court
Concord, North Carolina 28027
Certified treatment by Steam Sterilization
in accordance with the NCDENR regulations

JAN 18 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

80212

I certify that the waste provided does not contain regulated quantities of hazardous w[redacted] Waste Management Regulations or radioactive materials above levels determined in F(b)(b) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST [redacted]

Route# [redacted] CUSTOMER NO [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1888

1/19/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
[redacted] Regulated Medical Waste, n.o.s., 9.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature [signature] Date 1-19-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-8278
Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 1/19/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
STERICYCLE
1168 Porter Avenue
New Bern, NC 28560
INCINERATED

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected JAN 25 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-8278

☑ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave,
New River, NC 272[redacted]
(866) 783-7422
EPA#: 01-02-1

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR [redacted]

JAN 20 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to a[redacted] received the above indicated wastes in accordance with the requirement outlined in that authoriz[redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardou[redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

60123

ORIGINAL

Stericycle [redacted] Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-[redacted] CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620
(864) 232-1599

1/26/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2 PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national [redacted]

X Printed/Typed Name [redacted] Signature [redacted] Date 1-26-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste [redacted]

Print/Type Name [redacted] Signature [redacted] Date 1/26/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] described above.

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

JAN 21 2015

☐ 8A. Designated Facility*

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633 - 9278

☒ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

☐ 8C. Alternate Facility [redacted]

8D. Alternate Facility
STERICYCLE, INC.
4105 Republic Court
Concord, North Carolina 28027
is certified treatment by Steam Sterilization
accordance with the NCDENR [redacted]

JAN 27 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in [redacted] Management Regulations

ORIGINAL

Stericycle Route# [redacted] USE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER STN [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

2/2/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Print/Type Name Kathy Adams Signature Kathy Adams 2/2/15

PRIMARY TRANSPORTER

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #
Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 2/2/15

TRANSPORTER/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER # / TRANSPORTER # ADDRESS:

Phone #:
Applicable Permit Numbers: [redacted]

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER # / TRANSPORTER # ADDRESS:
1168 Porter Avenue
New River, NC 28635
INCINERATED

Phone #:
Applicable Permit Numbers: [redacted]

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature FEB 9 2015 Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected.

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave
New River, NC 2[redacted]
(866) 783-7422
EPA#: 01-02-1

STERICYCLE, Medical Facility
4403 Republic Court
Concord, North Carolina 28027
Is certified treatment by Steam Sterilization
in accordance with the NCDENR re[redacted]

FEB 0 8 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste [redacted] received the above indicated wastes in accordance with the requirement outlined in that authoriz[redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardo[redacted] Waste Management Regulations or radioactive materials above levels determined [redacted] Waste Management Regulations

ORIGINAL

Stericycle [redacted] Route: [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-4569

2/9/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PBII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed [redacted] Signature [redacted] Date 2/9/15 (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 2/9/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue Haw River, NC 27258 INCINERATED Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected FEB 11 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1

STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 Treatment by Steam Sterilization in accordance with the NCDENR regulations FEB 16 2015 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization [redacted]

Print/Type Name _____ Signature _____

00407

I certify that the waste provided does not contain regulated quantities of hazardous [redacted] Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]
STANDARD MANIFEST 601-10-06-RTC

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

2/16/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name [redacted] Signature [redacted] Date 2-16-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4408 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name [redacted] Signature [redacted] Date 2/16/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above
Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Hazelwood, NC 28738
INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected MAR - 2 2015

☐ 8A. Designated Facility:
Stericycle, Inc.
4408 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility: [redacted]
Stericycle, In
1168 Porter
Hazelwood, N
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC. Facility
4408 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam S
in accordance with the NCDENR re
FEB 17 2015
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to a
received the above indicated wastes in accordance with the requirement outlined in that auth
Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardo
Waste Management Regulations or radioactive materials above levels determined in R.61-105 of the S.C. Infectious Waste
Management Regulations

00036

ORIGINAL

Stericycle Route# 182-8 IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 292-1589

2/23/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

9A. DESCRIPTION OF WASTE	9B. CONTAINER TYPE	9C. NO. OF CONTAINERS	9D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2,PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national [redacted]

X [redacted] Signature [redacted] Date 2/23/15

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted]
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER [redacted] Print/Type Name [redacted] Signature [redacted] Date 2/23/15

Phone #:

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Phone #:

Applicable Permit Numbers:

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] as described above
1166 Porter Avenue
New River, NC 28620
INCINERATED

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633 - 9278

☑ 8B. Alternate Facility

Stericycle, Inc.
1166 Porter Ave,
New River, NC 272
(800) 783 - 7422
EPA #: 01-02-4

[redacted]

MAR [redacted] 2015

8C. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR [redacted]

FEB 2[redacted] 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

00053

I certify that the waste provided does not contain regulated quantities of hazardous w[redacted] Waste Management Regulations or radioactive materials above levels determined in Section [redacted] of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/2/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.*

X [redacted] Printed/Typed [redacted] Signature [redacted] Date 3-2-15

PRIMARY TRANSPORTER

4. TRANSPORTER [redacted] Phone #: (704) 633-9278
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/3/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE TRANSPORTER(S) / OTHER(S) ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

5. INTERMEDIATE HANDLER 5 / TRANSPORTER 5 ADDRESS: STERICYCLE 1168 Porter Avenue New Bern, NC 28560 INCINERATED Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected MAR 12 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility: [redacted]

Stericycle, Inc
1168 Porter Ave
New River, NC 28560
(866) 783-7422
EPA#: 01-02-1

STERICYCLE Alternate Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR permit

MAR 13 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to receive the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

0029

ORIGINAL

Stericycle

Route#: [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER #: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/9/2015

CUSTOMER NUMBER: [redacted] GENERATOR'S REGISTRATION #: [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
		1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed [redacted] Signature [redacted] Date 3/9/15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/9/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS
STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

MAR 16 2015

☐ 8A. Designated Facility ☐ 8B. Alternate Facility ☐ 8C. Alternate Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

MAR 10 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept u... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

000655

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

Route# [redacted] OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1599

3/16/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name KATH ADAMS Signature [redacted] Date 3-16-15

Phone #: (800) 633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/16/15

Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC 28611
INCINERATED

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

MAR 26 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave,
New River, NC 27
(866) 783-7422
EPA#: 01-02-1

[redacted]
CLE, INC.
blic Court
Carolina 28027
by Steam Sterilization
NCDENR regulations.
2015
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste a... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(8)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle — Routed [redacted] — IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/23/2015

Customer Number [redacted] — Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2 PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national gover[illegible]

X Printed/Typed Name [redacted] Signature [redacted] Date 3-23-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 NAME & ADDRESS: Stericycle, inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 3/23/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERCYCLE
1189 Porter Avenue
Haw River, NC 27258
INCINERATED

Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

MAR 30 2015

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
1189 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDHHR regulations

MAR 24 20[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to acce[illegible] received the above indicated wastes in accordance with the requirement outlined in that authorization[illegible]

Print/Type Name [redacted] Signature [redacted]

00242

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] USE OF EMERGENCY CONTACT) CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

STANDARD NUMBER [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

3/30/2015

Customer Number [redacted] Generator's Registration # SC23-04106

9A. DESCRIPTION OF WASTE	9B. CONTAINER TYPE	9C. NO. OF CONTAINERS	9D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SC91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: Kathy Adams Date: 3-30-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9276

Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: [redacted] Signature: [redacted] Date: 3-30-15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: [redacted] Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1168 Porter Avenue New River, NC 28655 INCINERATED Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected

APR 16 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

☑ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1168 Porter Ave.
New River, NC 28655
(866) 783-7422
EPA#: 01-02-1

STERICYCLE, INC. Alternate Facility 4403 Republic Court Concord, North Carolina 28027 certifies treatment by Steam Sterilization in accordance with the NCDSN [redacted]

MAR 31 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste at this site. I have received the above indicated wastes in accordance with the requirement outlined in that authorization [redacted]

Print/Type Name: _____ Signature: _____

001A I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations

ORIGINAL

Sterilcycle [redacted] Route: [redacted] OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted] STAND [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1599

4/6/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national gover[redacted]

X Printed/Typed Name [redacted] Signature [redacted] 4/6/15

4. TRANSPORTER Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 4/6/15

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATOR

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Amended manifest for SC Generator Certification Statement

Treatment process was corrected

APR 10 2015

8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:

Stericycle, Inc
1168 Porter Ave.
Haw River, NC 2725
(866) 783-7422
EPA#: 01-02-1

[redacted]

Concord, North Carolina 28027
This certificate issued by Stericycle
in accordance with the NCDENR re[redacted]

APR 07 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accep[redacted]al I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of S.C. Infectious Waste Management Regulations.

TREATMENT FACILITY

Stericycle

MEDICAL WASTE TRACKING FORM Number:

Route# [redacted] OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

STANDARD MANIFEST DOT 49 CFR 172 [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

4/13/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO OF CONTAINERS	2D. VOLUME
Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
Regulated Medical Waste, n.o.s., 6.2 PGII	SG01 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects [redacted] and national

X Printed/Type [redacted] Signature [redacted] Date [redacted]

PRIMARY TRANSPORTER

4. TRANSPORTER: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 63

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 4/13/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1168 Porter Avenue
New River, NC 28579
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was disrupted

APR 18 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility: [redacted]

Stericycle, Inc.
1168 Porter Av
New River, NC
(866) 783-1422
EPA#: 01-02-1

Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam & Incineration in accordance with the NCDENR regulations.

APR 18 2015 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to acc
received the above indicated wastes in accordance with the requirement outlined in that authorizatio

Print/Type Name _____ Signature _____

0125

ORIGINAL

Stericycle Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD -
GREENVILLE, SC 29605-4620
(864) 292-1889

4/20/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF W[redacted]	CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX35 - Medium Corrugated Box (3.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291 Regulated Medical Waste, n.o.s., 6.2,PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 4-20-15

4. TRANSPORTER ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 4/20/15

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER/TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted] described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE 1165 Porter Avenue [redacted] INCINERATED

APR 2 6 2015

7. DISCREPANCY INDICATION

Treatment allows Amended manifest for SC Generator Certification Statement

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:

Stericycle, Inc.
1165 Porter Ave,
Hazel River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

8C. Alternate Facility:

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
Certified treatment by Steam Sterilization in accordance with the NCDENR regulations

APR 21 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of S.C. Infectious Waste Management Regulations.

GENERATOR

TREATMENT FACILITY

Stericycle — Route# [redacted] — EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 — CUSTOMER NO. [redacted] — STANDARD [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1569

4/27/2015

CUSTOMER NUMBER 8206536-001 — GENERATOR'S REGISTRATION # SC23-041006

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX66 - Medium Corrugated Box (6.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 4/20/15

TRANSPORTER

4. TRANSPORTER 1 Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone # [redacted] Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 4/20/15

5. INTERMEDIATE HANDLER ADDRESS:

Phone #

Applicable Permit Numbers

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS:

Phone #

Applicable Permit Numbers

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

7. DISCREPANCY INDICATION

Treatment process was completed.

STERICYCLE
1100 Porter Avenue
New Hope, MN 55427
INCINERATED

MAY 3 2015

8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

8B. Alternate Facility [redacted]

Stericycle, Inc.
1100 Porter Avenue
New Hope, MN 55427
(866) 783-7422
EPA#: 01-021

STERICYCLE INC
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

APR 28 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Stericycle, Inc.

Print/Type Name Signature Date

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(a) of the S.C. Infectious Waste Management Regulations.

TREATMENT FACILITY

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

Route# 212-6

CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER

STAND[redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/4/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. Description of Waste	2B. Container Type	2C. No. of Containers	2D. Volume
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS18 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport by [illegible] and national gov[redacted]

Printed/Typed Name [redacted] Signature [redacted] Date 5-4-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 5/4/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS: STERICYCLE
1168 Porter Avenue
Haw River, NC 27258

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

MAY 1 0 2015

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was Expected.

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

[redacted]

☐ 8C. Alternate Facility

STERICYCLE, INC
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR [illegible]

MAY 0 6 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [illegible] received the above indicated wastes in accordance with the requirement outlined in that authorization

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous w[illegible] Management Regulations or radioactive materials above levels determined in F(6)(d) of the [illegible] Regulations.

ORIGINAL

Stericycle

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER STANDARD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620
(864) 232-1589

5/11/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

5. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 5-11-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 Phone # [redacted] Applicable Permit Numbers: [redacted]

☐ This is a Through Shipment

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 5/11/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: Phone # Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone #: Applicable Permit Numbers

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature Date

STERICYCLE 1160 Porter Avenue Hazel River, NC 27259 INCINERATED

7. DESIGNATED FACILITY: [redacted] treatment process corrected MAY 1 4:2015

TREATMENT FACILITY

☐ 9A. Designated Facility ☐ 9B. Alternate Facility ☐ 9C. Alternate Facility ☐ 9D. Alternate Facility

Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9276

Stericycle, Inc. 1160 Porter Ave. Hazel River, NO 27259 (866) 783-7422 EPA#: 01-02-1

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Signature Date

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R61(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted] STANDARD MANIFEST 001-10-88-8178 [redacted]

Route# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/18/2015

CUSTOMER NUMBER 8206536-001 GENERATOR'S REGISTRATION # SC23-0410G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects [redacted]

Printed/Typed [redacted] Date 5/18/15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 5/18/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 1 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1158 Porter Avenue
New Bern, NC 28560
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Treatment process was corrected.

MAY 31 2015

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility:
Stericycle, In[redacted]
1158 Porter
New River, [redacted]
(866) 782-7422
EPA#: 01-02-1

8C. Alternate Facility:
STERICYCLE, Inc.
4403 Republic Court
Concord, North Carolina 28027
Operator certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.

MAY 18 2015 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature Stericycle, Inc. Date _____

I certify that the waste provided does not contain regulated quantities ~~of hazardous waste as defined by S.C. Hazardous Waste~~ Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL.

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

CUSTOMER NO. [redacted]

STANDARD MANIFEST 001-10-46-STD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/22/2015

Customer Number: [redacted]

Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.12 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶		Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national governmental regulations.

[X] Printed/Typed Name: [redacted] Signature: [redacted] Date: 5/22/15 Phone #: (800) 883-8278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 5/22/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

TREATMENT FACILITY

☐ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility:
Stericycle, Inc.
4455 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:

STERICYCLE, INC
4403 Republic Court
Concord, NC 28027
This certified treatment facility is operated by Stericycle, Inc. in accordance with the NCDENR regulations.
MAY 28 2015
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept the wastes described herein and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Title _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(I)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

5/26/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)	5 Test	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SS44 - Medium Corrugated Box (4.12 cu ft)	Cancelled	Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶		Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name _____ Signature _____ Date _____

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800)633-9278 Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 5/26/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone # Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone # Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278	Stericycle, Inc. 4409 Porter Ave. New River, NC 27258 (866) 783-7422 EPA#: 01-02-1		

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

SC122

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21152

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1689

6/1/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII	TR04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, o.p.d., 6.2, PGII			Cu Ft.
UN3291 Regulated Medical Waste, o.p.d., 6.2 PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport by [redacted] according to applicable international and national governmental regulations.

Printed/Typed Name [redacted] Signature [redacted] Date 6/1/15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027 (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

[redacted] Signature [redacted] Date 6/1/15

TRANSFERRED / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS: Phone #

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSFERRED / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE
1168 Porter Avenue
New River, NC 27258
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was completed.

JUN 7 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8B. Alternate Facility: [redacted]
Stericycle, Inc.
4403 Republic Court
Concord, North Carolina 28027
Specific treatment by Steam Sterilization
in accordance with the NCDENR

HAW RIVER, NC
(866) 783-7422
EPA#: 01-02-1

JUN 09 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Stericycle, Inc.

Print/Type Name _____ Signature _____ Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R61(d) of the S.C. Infectious Waste Management Regulations.

001-45

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-19-08-STD

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER N[redacted]

Route# [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

6/8/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

9A. DESCRIPTION OF WASTE	9B. CONTAINER TYPE	9C. NO. OF CONTAINERS	9D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR04/TR28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS18 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 6-8-15 (800)633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: [redacted] Concord, NC 28027 ☐ This is a Through Shipment Phone #: Applicable Permit Number: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/8/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1169 Port Annex New River, NC 28269 INCINERATE! Phone #: Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected. JUN 14 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

Int'l. Alternate Facility: Stericycle, 1169 Port New River (866) 783-[redacted] EPA#: 01-02-1 [redacted]

Int'l. Alternate Facility: [redacted]

STERICYCLE Intermediate Facility: 4403 Republic Court Concord, North Carolina 28027 This container treated by Steam Sterilization in accordance with the NCDENR regulations JUN 09 2015 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to receive the above indicated wastes in accordance with the requirement outlined in that [redacted]

Print/Type Name _____ Signature _____

SJ319

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route# [redacted]

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-01-STD [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

6/15/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB26 - 26 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BXED - Medium Corrugated Box (15.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national

X Printed/T[redacted] Signatu[redacted] Date 6/15/15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 / TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: 800/633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/15/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:

Applicable Permit Number

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was affected

JUN 25 2015

8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility: Stericycle [redacted] Haw[redacted] (800[redacted] EPA#: 01-02-1

8C. Alternate Facility: [redacted]

STERICYCLE
1119 Tower Avenue
INCINERATED

STERICYCLE, INC
4403 Republic Court
Concord, North Carolina 28027
This facility treatment by Steam Sterilization
In accordance with the ACGIH[redacted]

JUN 16 2015

Stericycle, Inc.

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST [illegible]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. [redacted]

Route# [redacted]

GENERATOR

1. Generator's Name, Address and [illegible]

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

6/22/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WA...	CONTAINER TYPE	CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Kathy Adam Signature Kathy Adam Date 6-22-15

TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/22/15

INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

STERICYCLE
1168 Porter Ave
Haw River, NC 27258
INCINERATED
JUN 29 2015

INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

7. DISCREPANCY INDICATION [redacted] Treatment process was corrected

DESIGNATED FACILITY

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☐ 8C. Alternate Facility:

1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 8D. Alternate Facility:

STERICYCLE
4403 R... Court
Concord, NC 28027
This facilities treatment [illegible]
in accordance w[illegible]
JUN 2 8 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that auth[illegible]

Print/Type Name [redacted] Signature [redacted]

I certify that the waste provided does not contain regulated quantities of [illegible] S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route# [redacted] IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

MEDICAL WASTE TRACKING FORM NUMBER STANDARD MANIFEST [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-4589

6/29/2015

Customer Number [redacted] Generator's Permit/Action # [redacted]

GENERATOR

8A. DESCRIPTION OF WASTE	CONTAINER TYPE	8C. NO. OF CONTAINERS	8D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG81 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

9. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 6/29/15 Phone (800)633-9278

TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Number [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 6/29/15

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Date _____

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
INCINERATED
JUN 30 2015
[redacted]

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was corrected

8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

8B. Alternate Facility
1168 Porter Ave,
New River, NC 27258
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility
4403 Republic Court
Concord, North Carolina 28027
This entities treatment by Steam Sterilization in accordance with the NCDENR is

8D. Alternate Facility
[redacted]

JUN 30 2015

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agen[illegible] and that I have received the above indicated wastes in accordance with the requirement outlined in that a[illegible]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R61(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

7/6/2015

CUSTOMER Number [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 7/6/15

TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-6278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 7/6/15

INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
New River, NC
INCINERATED
JUL 19 2015

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Treatment process was corrected

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-6278

New River, NC 28538
(866) 783-7422
EPA#: 01-02-1

8B. Alternate Facility: Stericycle 4403 Republic Court Concord, North Carolina 28027

This certifies treatment by Steam Sterilization in accordance with the NCDEHNR

JUL 07 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state age... and that I have received the above indicated wastes in accordance with the requirement outlined in that ...

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of ... Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

09/15/2015 TUE 11:21 FAX 015/022

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO [redacted]

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

7/13/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BXD5 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.1 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG01 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.1 Cu Ft

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national

X [redacted] Signature [redacted] 7/13/15

TRANSPORTER

4. TRANSPORTER 1 (FROM GENERATOR) Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: [redacted] Applicable Permit Number: [redacted]

TRANSPORTER 1 I acknowledge receipt of medical waste described above. Print/Type Name [redacted] Signature [redacted] Date 7-13-15

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS. Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. Print/Type Name _____ Signature _____ Date _____

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS. Phone #: Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was Coff

8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278

8B. Alternate Facility: [redacted] (800) 733-7422 EPA#: 01-02-1

STERICYCLE Facility: 4403 Republic Court Concord, North Carolina 28027 certified treatment by Steam Sterilization in accordance with the NCDENR regulations JUL 14 2015 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state age [redacted] I have received the above indicated wastes in accordance with the requirement outlined in that

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of [redacted] Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 282-1589

7/20/2015

Customer Number: [redacted] Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	TOTAL NO. OF CONTAINERS	TOTAL VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SBB1 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name: Kathy Adam Signature: Kathy Adam Date: 7-2015

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9278
Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type [redacted] Signature [redacted] Date 7/30/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

STERICYCLE
1169 Porter Avenue
Concord, NC 28025
INCINERATED

Phone #
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was completed JUL 28 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☑ 8B. [redacted]

☐ 8C. Alternate Facility

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations
JUL 21 2015
[redacted]

☐ 8D. Alternate Facility:

TREATMENT FACILITY: I certify that I have [redacted] state ap[redacted] and that I have received the above indicated wastes in accordance with the requirement cited in the [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of [redacted] Hazardous Waste Management Regulations or radioactive materials above levels determine[redacted] te Management Regulations.

ORIGINAL

Stericycle

Route# [redacted] EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO: [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST 001-10-08-0100

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

7/27/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SG91 - Sharpe Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name: Kathy Adams Signature: [signature] Date: 7-27-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800) 633-9278

Applicable Permit Numbers: [redacted]

☐ This is a Through Shipment

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: [redacted] Signature: [redacted] Date: 7/30/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: [redacted]

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE
1168 Porter Avenue
New River, NC 28520

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was confirmed

JUL 30 2015

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility

Stericycle, Inc.
1168 Porter Avenue
New River, NC 28520
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility

Certifies treatment by Steam Sterilization in accordance with the NCDEQ

JUL 28 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state [illegible] wastes and that I have received the above indicated wastes in accordance with the requirement outlined in th[illegible]

Print/Type Name: [redacted] Signature: [redacted] Date: [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(9)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

Route: [redacted] CUSTOMER NO. [redacted] STANDARD MANIFEST [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605- 4620
(864) 232-1589

8/3/2015

CUSTOMER NUMBER [redacted] GENERATOR'S REGISTRATION # [redacted]

2A. DESCRIPTION OF	CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB07 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
	TOTALS ▶	1	4.12 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 8-3-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 ☐ This is a Through Shipment Phone #: (800) 633-9279 Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 8/3/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone #: Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE [redacted] Concord, NC 28027 INCINERATED

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was corrected AUG 12 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9279

8B. Alternate Facility: [redacted]

STERICYCLE 4403 Republic Court Concord, North Carolina [redacted] This certifies treatment by Steam Sterilization in accordance with the NCDHNR AUG 04 2015 [redacted]

8C. Alternate Facility: [redacted]

TREATMENT FACILITY: I certify that I have [redacted] waste and that I have received the above indicated wastes in accordance with the requirement outlined in that [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

CUSTOMER NO. [redacted]

STANDARD MANIFEST 021-10-06-ATT [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

8/10/2015

Customer Number 8206536-001 Generator's Registration # SC23-041.0G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national gov

X Printed/Typed Name [redacted] Signature [redacted] Date 8-10-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

Phone #: (800)833-9278

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 8/10/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE
1165 Porter Avenue
Haw River, North Carolina 27258
INCINERATED

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Treatment process was corrected

AUG 17 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 833-9278

☑ 8B. Alternate Facility

Stericycle, Inc.
1165 Porter Ave
Haw River, NC 27258
(866) 782-[redacted]
EPA#: 01-02-[redacted]

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
Waste treatment by Steam Sterilization
In accordance with PERMIT/CERTIFICATE [redacted]

AUG 17 2015

☐ 8C. Alternate Facility

☐ 8D. Alternate Facility

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to receive the above indicated wastes in accordance with the requirement outlined in that permit/certificate and that I have received the above indicated wastes in accordance with the requirement outlined in that

Print/Type Name _____ Signature _____

ODHEC

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER

Route# [redacted] IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER #: [redacted] STANDARD NUMBER: [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4520
(864) 232-1589

8/17/2015

Customer Number: [redacted] Generator's Registration #: [redacted]

2A. DESCRIPTION OF WASTE	CONTAINER TYPE	# CONTAINERS	VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 90 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.12 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.12 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Print/Typed Name: [redacted] Signature: [redacted] Date: 8/17/15 Phone #: (800) 633-9276

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4409 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: [redacted] Signature: [redacted] Date: 8/17/15

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name: _____ Signature: _____ Date: _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1169 Porter Avenue New Bern, NC 28560

Phone #:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name: _____ Signature: _____ Date: _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment process was collected

AUG 31 2015

☐ 8A. Designated Facility: Stericycle, Inc. 4409 Republic Court Concord, NC 28027 (800) 633-9276

☐ 8B. Alternate Facility: Stericycle 1169 Porter Avenue New Bern, North Carolina 28027 (866) 783-7422 EPA#: NCD 981 020 321

STERICYCLE 4409 Republic Court Concord, North Carolina 28027 certifies treatment by Steam Sterilization in accordance with the NCDENR regulations

AUG 18 2015

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to receive the above described waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name: _____ Signature: _____

030065

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

CUSTOMER NO. [redacted]

MEDICAL WASTE TRACKING FORM NUMBER [redacted]

STANDARD MANIFEST DOH-10-06-STD

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620
(864) 232-1589

8/24/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR04/TR2R - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB44 - Medium Corrugated Box (4.12 cu ft)	1	4.1 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	TR32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGIII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.1 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name Kathy Adams Signature Kathy Adams Date 8-24-15

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027

☐ This is a Through Shipment

Phone #: (800) 633-9276

TRANSPORTER 1 [redacted] Applicable Permit Numbers: [redacted]

Print/Type Name [redacted] Signature [redacted] Date 8/24/15

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER 2 ADDRESS:

Phone #:

Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

6. INTERMEDIATE HANDLER'S / TRANSPORTER'S ADDRESS:
STERICYCLE
3160 Porter Avenue
[redacted]
INCINERATED

Phone #:

Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

Treatment process was deflected SEP 18 2015

☐ 8A. Designated Facility

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276

☑ 8B. Alternate Facility

Stericycle
[redacted]
EPA#: 01-02-1

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
certifies treatment by Steam Sterilization
in accordance with the NCDENR regulations
AUG 25 2015
[redacted]

☐ 8C. Alternate Facility

TREATMENT FACILITY: I certify that I have been authorized by the applicable st... received the above indicated wastes in accordance with the requirement outlined ... that I have

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of Hazardous Waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in f(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

Stericycle

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST [redacted]

Route# [redacted]

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. [redacted]

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: KATHY ADAMS
GREENVILLE WOMENS CLINIC
1142 GROVE RD
GREENVILLE, SC 29605-4620 (864) 232-1589

8/31/2015

Customer Number [redacted] Generator's Registration # [redacted]

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gal Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gal Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	1	4.1 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB32 - 32 Gallon Reusable Tub (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
	TOTALS ▶	1	4.1 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations"

X Printed/Typed Name Kathy Adams Signature [signature] Date 8-31-15 Phone #: (800)633-9278

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc. 4403 Republic Court Concord, NC 28027

☐ This is a Through Shipment

Applicable Permit Numbers: [redacted]

TRANSPO[redacted] as described

Print/Type Name [redacted] Signature [redacted] Date [signature] Phone #:

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER / TRANSPORTER ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____ Phone #:

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: STERICYCLE 1142 Grove Avenue Greenville, NC 27858

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature INCINERATED Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Treatment access was corrected SEP 7 2015

☐ 8A. Designated Facility:

Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9278

☒ 8B. Alternate Facility: [redacted]

STERICYCLE
4403 Republic Court
Concord, North Carolina 28027
[redacted] treatment by Steam S[redacted] in accordance with the NCDENR [redacted]
SEP 01 2015
EPA [redacted]

☐ 8C. Alternate Facility:

TREATMENT FACILITY: I certify that I have been authorized by the applicable stat[redacted] and that I have received the above indicated wastes in accordance with the requirement outlined in [redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities [redacted] by S.C. Hazardous Waste Management Regulations or radioactive materials above levels deter[redacted]tious Waste Management Regulations.

ORIGINAL

MCNAIR
ATTORNEYS

15 RFR 67

September 28, 2015

M. Elizabeth Crum

lcrum@mcnair.net
T 803.753.3240
F 803.933.1484

Via E-mail (lisa.longshore@dhec.sc.gov)
Via Hand Delivery

Lisa L. Longshore, Clerk of the Board
SC Department of Health and
Environmental Control
2600 Bull Street
Columbia, SC 29201

RECEIVED
SEP 28 2015
SC Department of Health and Environmental Control

Re: Written Request for Final Review (RFR)

Dear Ms. Longshore:

Pursuant to §44-1-60, Planned Parenthood South Atlantic, 2712 Middleburg Dr., Suite 109, Columbia, SC 29204-2478 ("PPSAT"), hereby submits this written Request for Final Review (RFR) of the Department's Administrative Order executed September 11, 2015 and the required filing fee of One Hundred Dollars ($100.00).

PPSAT seeks to amend, modify or rescind the staff Administrative Order with regard to the following citations: Reg. 61-12 § 204.A; Reg. 61-12 § 208; Reg. 61-12 § 304.H and Reg. 61-12 § 605.D. The grounds for this request are set forth as to each citation in the attached Requests for Consideration of Cited Violation, attached hereto and incorporated herein as if fully set forth herein.

The relief requested is the rescinding and dismissal of Findings of Fact contained in paragraphs 1, 10, 15, and 20 of the Administrative Order, and of Conclusions of Law contained in paragraphs 5, 14, 19, 24 and 26, subparagraphs a, j, o, and t. A copy of the Administrative Order is also attached.

The address of the Requestor is the undersigned counsel and:

Jenny Black, CEO
Planned Parenthood South Atlantic
PO Box 3528
Chapel Hill, NC 27515-3258

Please provide me with an Acknowledgment of RFR. We will continue to engage in mediation and settlement discussions during the final review process as encouraged by the Board.

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

Thank you for your attention to this matter.

Very truly yours,

McNAIR LAW FIRM, P.A.

M. Elizabeth Crum
Celeste T. Jones
Pamela A. Baker
Counsel for Planned Parenthood South Atlantic

MEC:sd

[redacted]

McNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW
P.O. BOX 11390
COLUMBIA, SC 29211

261215

PAY One hundred and 00/100*****

DATE
September 28, 2015

AMOUNT
$ ***100.00***

TO THE ORDER OF
SOUTH CAROLINA DHEC
ATTENTION: BUREAU OF FINANCIAL MANAGEMENT
2600 BULL STREET
COLUMBIA, SC 29201

TWO SIGNATURES REQUIRED FOR PAYMENTS OF $1,000.00 AND OVER

VOID AFTER 90 DAYS

[redacted]

McNAIR LAW FIRM, P.A. - OPERATING ACCOUNT
COLUMBIA, SC 29211

261215

Payee: SOUTH CAROLINA DHEC

Vendor ID: [redacted] InvoiceRef: 09282015,
MA

Check #: 261215
Check Date: Sep 28/15
[redacted]

Invoice Num	Invoice Date	Reference	Invoice Amount	Amount Paid	Discount Taken	Payment Amt
09282015	Sep 28/15		100.00	100.00	0.00	100.00

Disb Date	Disb ID	Disbursement Description	Client	Matter	Amount
9/28/2015	3943864	FILING FEES	[redacted]	00008	$100.00

VENDOR: SOUTH CAROLINA DHEC; INVOICE#: 09282015; DATE: 9/28/2015 - FILING FEE FOR RFP

Disbursements Total: $100.00

	Totals:	$100.00	$100.00	$0.00	$100.00

Safeguard
RECORDED FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL

D H E C

PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director

Promoting and protecting the health of the public and the environment

September 11, 2015

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

CERTIFIED MAIL
ELECTRONIC RECEIPT REQUESTED
91 7199 9991 7033 6612 9698

Dear Ms. Black:

Please find enclosed the Department's Administrative Order, executed September 11, 2015. This Administrative Order represents a final staff determination regarding the Department's enforcement action against Planned Parenthood of South Atlantic.

Also, enclosed are instructions regarding the process should you elect to submit a Request for Final Review (RFR) by the S.C. Board of Health and Environmental Control.

Should you have questions, please contact me at (803) 545-4370.

Sincerely,

Gwen C. Thompson

Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing

Enclosures: Administrative Order, executed September 11, 2015
Appeal Guidelines

CC: Shelly Bezanson Kelly, DHEC
Eva C. Johnson, DHEC
Ashley C. Biggers, DHEC
Emily Adams, Administrator

CERTIFICATE OF SERVICE

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on September 11, 2015, served upon the necessary parties the Department's certified letter and contents (**91 7199 9991 7033 6612 9698**), dated September 11, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

Additional copies were mailed to the following address:

Emily Adams, Administrator
Planned Parenthood of South Atlantic
2712 Middleburg Drive, STE 107
Columbia, S.C. 29204-2478

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:

Kristen M. Collins
DHEC Employee

Columbia, South Carolina

September 11, 2015
Date

Sworn to before me this 11
Day of September, 2015
Katrina S Davis
Katrina S Davis
NOTARY PUBLIC for S.C.
My Commission Expires: 3/23/19

Katrina S Davis
State of South Carolina Notary Public Seal
My Commission Expires March 23, 2019
Katrina S Davis

STATE OF SOUTH CAROLINA
THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE:
Planned Parenthood South Atlantic, Licensee
Planned Parenthood of South Atlantic
2712 Middleburg Drive, Suite 107
Columbia, S.C. 29204-4908

ADMINISTRATIVE ORDER

Planned Parenthood of South Atlantic ("Planned Parenthood" or "the Facility") is an abortion clinic licensed by the South Carolina Department of Health and Environmental Control ("DHEC" or "the Department") pursuant to the *State Certification of Need and Health Facility Licensure Act* ("the Act"), S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.*, and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2011). The Department visited Planned Parenthood of South Atlantic on August 31, 2015, to conduct a general inspection and complaint investigation. Based upon the violations cited and taking into consideration the severity of the violations, the Department has determined it appropriate to suspend the license of Planned Parenthood of South Atlantic and impose a civil monetary penalty.

FINDINGS OF FACT

1. Planned Parenthood South Atlantic is the licensee of Planned Parenthood of South Atlantic, an abortion clinic located in Columbia, South Carolina.

2. On August 31, 2015, Department representatives conducted a general inspection and a complaint investigation. As a result of the inspections, the Department representatives cited the following violations of Regulation 61-12:

	Section	Description of violation
1.	204.A	Documentation of personal background information for 2 staff members was not available for review.
2.	204.C	The Facility did not have documentation of training/certification in cardiopulmonary resuscitation (CPR) for 3 staff members.
3.	204.E	The Facility did not have documentation of orientation for 3 staff members.
4.	204.F.1	The Facility did not have documentation of training in infection control for 2 staff members.
5.	204.F.2	The Facility did not have documentation of training in fire protection for 3 staff members.
6.	204.F.3	The Facility did not have documentation of training in patient confidentiality for a staff member.
7.	204.F.4	The Facility did not have documentation of training in licensing regulations for a staff member.
8.	204.G.1	The Facility did not have a job description for 2 staff members.
9.	204.H	The job description documented in the personnel file of a Facility physician was not in accordance with the requirements of § 302.A, Regulation 61-12, *Standards for Licensing Abortion Clinics*, which states, in part, "Abortions performed in abortion clinics shall be

		performed only on patients who are within 18 weeks from the first day of their last menstrual period. Those beyond 18 weeks shall be performed in a hospital. Specifically, Appendix A of the job description documented, in part, "...per surgical abortion procedure between 16.0 and 19.6 weeks."
10.	208	The Facility did not comply with a provision of the Woman's Right to Know Act, specifically S.C. Code Ann. § 44-41-330(A)(1). In 5 of 25 medical records reviewed, the record documented that an abortion procedure was performed sooner that 60 minutes following completion of the ultrasound.
11.	301.D.4	The Facility did not adhere to and follow the provisions for tissue examination and disposal in its Infection Prevention Manual, which in Chapter 3 included a policy specific to South Carolina generator requirements and which stated, in part, "...weigh waste prior to sending off site for disposal." When asked if the Facility's infectious waste was weighed prior to it leaving the Facility, staff stated, "No. We do not weigh the waste at the Facility."
12.	301.K	The Facility did not have a written policy and procedure regarding registration of fetal death or death certificates.
13.	303.A.1	The Facility's emergency drug cart did not have a listing of the contents on the cart.
14.	303.C	Expired medications were stored in the Facility's patient care areas and pharmacy., e.g., Methylergonovine 0.2 mg expired 6/15/15 (9 bottles with 12 tablets per bottle); RhoGam expired 8/8/15 (2 boxes with 5 syringes per box); Influenza Virus Vaccine expired 6/2015 (1 vial); Lactated Ringers IV fluid expired 10/2014 (2-1000 ml bags).
15.	304.H	Products of conception resulting from abortion procedures were not managed and properly disposed of by incineration in accordance with Regulation 61-105, *South Carolina Infectious Waste Management. See* 8 S.C. Code Ann. Regs. 61-105 § T.9 (2012)
16.	401.A.1	A) For 25 records of clients reviewed during the general inspection, 8 of whom were minors, 8 of the minors' records either did not include the name of the minor's mother or did not include the name of the minor's father. B) For 25 records of clients reviewed during the investigation, 1 of whom was a minor, the minor's record did not include the name of the minor's father.
17.	401.A.12.e	A) In 25 of 25 client records review during the general inspection, the records did not document the names of clinical assistants in attendance during the abortion procedure. B) In 25 of 25 client records review during the investigation, the records did not document the names of clinical assistants in attendance during the abortion procedure.
18.	403.A.1	A) In 4 of 5 records reviewed, the record documented that the abortion procedures were reported to the Department's Office of Vital Records at time intervals ranging from 13 to 33 days after the abortion procedures were performed and not within 7 days of the procedure as required. B) In 1 of 5 records review, the record did not document that the abortion procedure was reported to the Department's Office of Vital Records.
19.	602.B	Sterile gloves were stored and mixed with non-sterile supplies, including non-sterile examination gloves, in the work cabinet of the procedure room nearest to the waiting room.
20.	605.D	Waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was not managed and properly disposed of by incineration in accordance with the requirements of Regulation 61-105. Manifest dated 10/17/14, 10/31/14. 12/5/14 and 12/12/14 were stamped "steam sterilized."

21.	808.A	The water temperature measured in excess of 125 degrees Fahrenheit when tested at the following hand sink fixtures: A) At the staff hand washing sink in the procedure room nearest the waiting room (133.6 degrees F). B) At the staff hand washing sink in the recovery room (133.4 degrees F). C) At the patient bathroom sink in the recovery area (131.3 degrees F).

3. As a result of the above, the Department determined that suspension of the license of Planned Parenthood of South Atlantic and the imposition of a civil monetary penalty is appropriate at this time.

CONCLUSIONS OF LAW

1. The Department is the agency of the State of South Carolina responsible for licensing abortion facilities pursuant to the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.* (2002), and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2012).

2. An abortion facility may not be operated in South Carolina without first obtaining a license from the Department. S.C. Code § 44-7-260(A)(4) (2002), S.C. Code Ann. § 44-41-75(A) (2002), and 3 S.C. Code Ann. Regs. 61-12 § 102.A (2012).

3. The Department is authorized to make inspections and investigations as considered necessary. S.C. Code Ann. § 44-7-150(1) (2002) and 3 S.C. Code Ann. Regs. 61-12 § 102.F.1 (2012).

4. The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violation of the Act or departmental regulations. S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014); *see also* 3 S.C. Code Ann. Regs. 61-12 § 103 (2012).

5. Abortion clinics shall obtain and verify information on applications for employment from all employees as to the personal background of the employee. 3 S.C. Code Ann. Regs. 61-12 § 204.A.

6. Abortion clinics shall ensure that all staff members are currently certified in CPR by the American Red Cross or American Heart Association. *Id.* § 204.C.

7. Abortion clinics shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures. *Id.* § 204.E.

8. Abortion clinics shall plan and provide inservice training in infection control to all employees and volunteers. *Id.* § 204.F.1.

9. Abortion clinics shall plan and provide inservice training in fire protection to all employees and volunteers. *Id.* § 204.F.2.

10. Abortion clinics shall plan and provide inservice training in confidentiality of patient information and records, and protecting patient rights to all employees and volunteers. *Id.* § 204.F.3.

11. Abortion clinics shall plan and provide inservice training in licensing regulations to all employees and volunteers. *Id.* § 204.F.4.

12. Abortion clinics shall maintain written job descriptions that adequately describe the duties of every position. *Id.* § 204.G.1.

13. Abortion clinics shall maintain a personnel file for each employee and volunteer that accurately documents a current job description that reflects the individual's responsibilities and work assignments. *Id.* § 204.H.

14. Abortion clinics shall comply with the Woman's Right to Know Act, S.C. Code Ann. § 44-41-310, *et seq.* *Id.* § 208.

15. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include tissue examination/disposal. *Id.* § 301.D.4.

16. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include registration of fetal death or death certificates. *Id.* § 301.K.

17. Abortion clinics shall place a listing of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. *Id.* § 303.A.1.

18. Abortion clinics shall ensure that medicines and drugs maintained and used in the Facility shall not be expired. *Id.* § 303.C.

19. Abortion clinics shall ensure that products of conception resulting from abortion procedures are managed in accordance with requirements for pathological waste pursuant to Regulation 61-105, *South Carolina Infectious Waste Management.* *Id.* § 304.H.

20. Abortion clinics shall ensure that patients' records include the father's and mother's names when the patient is a minor. *Id.* § 401.A.1.

21. Abortion clinics shall ensure that patients' records include the names of clinical assistants in attendance when abortion procedures are performed. *Id.* § 401.A.12.c.

22. Abortion clinics shall ensure that any abortion performed is reported to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure. *Id.* § 403.A.1.

23. Abortion clinics shall ensure that sterile equipment and supplies are not mixed with unsterile supplies. *Id.* § 602.B.

24. Abortion clinics shall ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, is managed in accordance with Regulation 61-105. *Id.* § 605.D.

25. Abortion clinics shall ensure that patient and staff handwashing lavatories supplied with hot water are thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit. *Id.* § 808.

26. Based upon the foregoing findings of fact, the Department finds that the Facility violated Regulation 61-12 as follows:

a. The Facility violated Section 204.A on August 31, 2015, by failing to have documentation of personal background information for 2 staff members. Violation of Section 204.A is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

b. The Facility violated Section 204.C on August 31, 2015, by failing to have documentation of training/certification in CPR for 3 staff members. Violation of Section 204.C is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

c. The Facility violated Section 204.E on August 31, 2015, by failing to have documentation of orientation for 3 staff members. Violation of Section 204.E is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

d. The Facility violated Section 204.F.1 on August 31, 2015, by failing to have documentation of training in infection control for 2 staff members. Violation of Section 204.F.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

e. The Facility violated Section 204.F.2 on August 31, 2015, by failing to have documentation of training in fire protection for 3 staff members. Violation of Section 204.F.2 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

f. The Facility violated Section 204.F.3 on August 31, 2015, by failing to have documentation of training in confidentiality of patient information and records, and protecting patient rights for a staff member. Violation of Section 204.F.3 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

g. The Facility violated Section 204.F.4 on August 31, 2015, by failing to have documentation of training in licensing regulations for a staff member. Violation of Section 204.F.4 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

h. The Facility violated Section 204.G.1 on August 31, 2015, by failing to have documentation of job descriptions for 2 staff members. Violation of Section 204.G.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

i. The Facility violated Section 204.H on August 31, 2015, by failing to have a current job description for a staff member that was in accordance with Section 302.A. Regulation 61-12, *Standards for Licensing Abortion Clinics*. Violation of Section 204.H is a Class II penalty and carries a penalty range of

$100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

j. The Facility violated Section 208 on August 31, 2015, by failing on five occasions to comply with Section 44-41-330(A)(1) of the Woman's Right to Know Act. Violation of Section 208 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $1,000 monetary penalty for this violation.

k. The Facility violated Section 301.D.4 on August 31, 2015, by failing to adhere to its written patient care policies and procedures with respect to tissue examination/disposal. Violation of Section 301.D.4 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

l. The Facility violated Section 301.K on August 31, 2015, by failing to have a written procedure and policy regarding registration of fetal death or death certificate. Violation of Section 301.K is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

m. The Facility violated Section 303.A.1 on August 31, 2015, by failing to have a listing of the of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. Violation of Section 303.A.1 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

n. The Facility violated Section 303.C on August 31, 2015, by failing to ensure that medications and drugs maintained in the Facility were not expired. Violation of Section 303.C is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

o. The Facility violated Section 304.H on August 31, 2015, by failing to ensure that products of conception resulting from abortion procedures were managed and properly disposed of by incineration in accordance with Section T.9 of Regulation 61-105, *South Carolina Infectious Waste Management.* Violation of Section 304.H is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

p. The Facility violated Section 401.A.1 on August 31, 2015, by failing to document the names of the father and/or mother in the medical record of minors. Violation of Section 401.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

q. The Facility violated Section 401.A.12.e on August 31, 2015, by failing to document in medical records the names of clinical assistants in attendance during abortion procedures. Violation of Section 401.A.12 is a Class III penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

r. The Facility violated Section 403.A.1 on August 31, 2015, by failing to report abortion procedures performed to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure being performed. Violation of Section 403.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

s. The Facility violated Section 602.B on August 31, 2015, by failing to ensure that sterile supplies and equipment were not mixed with unsterile supplies. Violation of Section 602.B is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

t. The Facility violated Section 605.D on August 31, 2015, by failing to ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was managed in accordance with Regulation 61-105. Violation of Section 605.D is a Class III penalty.

u. The Facility violated Section 808.A on August 31, 2015, by failing to ensure that patient and staff handwashing lavatories supplied with hot water were maintained at a temperature between 100 and 125 degrees Fahrenheit. Violation of Section 808.A is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

27. In consideration of the above, the Department determined that the following discipline is warranted at this time.

NOW, THEREFORE IT IS ORDERED THAT, pursuant to S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014) and 3 S.C. Code Ann. Regs. 61-12 § 103 (2011):

1. The license of Planned Parenthood of South Atlantic is hereby suspended until further notice from the Department, which will be contingent upon the facility complying with the conditions set forth below.

2. The Department assesses a $7,500 monetary penalty against Planned Parenthood of South Atlantic for the above noted violations. Payment of the $7,500 assessed monetary penalty is due within 30 days of execution of this Administrative Order by certified check or money order payable to the S.C. Department of Health and Environmental Control. Payment shall be sent to the following address:

Attention: Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, S.C. 29201

If payment is late for any reason not otherwise approved by the Department, the Department may assess additional monetary penalties and/or initiate additional enforcement action against Planned Parenthood of South Atlantic, up to and including revocation of the Facility's license to operate as an abortion clinic.

3. The Department will lift the suspension upon the following conditions:

a) Planned Parenthood's payment of the imposed monetary penalty.

b) Planned Parenthood's timely submission of a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the date of those action in

regard to the violations contained in the Department's reports of visits for the August 31, 2015 general inspection and August 31, 2015 investigation.

c) Planned Parenthood providing to the Department evidence of Planned Parenthood's training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Women's Right To Know Act, S.C. Code Ann. §§ 44-41-310, *et seq.*, and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

4. Planned Parenthood shall ensure that all files and records are maintained and preserved as required by Regulation 61-12.

IT IS SO ORDERED.

THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Shelly Beaulson Kelly
Director of Health Regulation

9-11-15
Date

Gwen C. Thompson
Bureau Chief for Health Facilities Licensing

9/11/15
Date

Reviewed by:

Ashley Biggers, Esquire
Chief Counsel for Health Regulation

9-11-15
Date

South Carolina Board of Health and Environmental Control

Guide to Board Review

Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars ($100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
   - The grounds for amending, modifying, or rescinding the staff decision;
   - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
   - the relief requested;
   - a copy of the decision for which review is requested; and
   - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:

   South Carolina Board of Health and Environmental Control
   Attention: Clerk of the Board
   2600 Bull Street
   Columbia, South Carolina 29201

   Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.
NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference. The Conference will be publically noticed and should:
    - include the place, date and time of the Conference;
    - state the presentation times allowed in the Conference;
    - state evidence may be presented at the Conference;
    - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
    - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
    - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
        - Type of decision (permit, enforcement, etc.) and description of the program.
        - Parties
        - Description of facility/site
        - Applicable statutes and regulations
        - Decision and materials relied upon in the administrative record to support the staff decision.
    - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
    - Rebuttal by Department staff [15 minutes]
    - Rebuttal by Requestor(s) [10 minutes]

    Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council.. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

BHFL 06 – AB

Abortion Clinic Routine Inspection Standard Operating Procedure

Purpose

To define the process to be followed for a routine inspection of an Abortion Clinic according to Regulation 61-12.

Key Staff Involved

Field Manager, Inspection Staff, Administrative Manager and Staff

Process steps

1. A monthly list of facilities due to be licensed within the next 90 days is generated in EFIS by Administrative Manager and emailed to the Field Manager.
2. The Field Manager uses this list to schedule an unannounced inspection prior to the issuance of the licenses. The inspectors' schedule is located on the OneDrive.
3. The Field Manager:
   - Schedules a nurse and inspector to conduct an inspection at an abortion clinic.
   - Designates the Lead Inspector on the schedule.
4. The Lead Inspector:
   - Downloads 3 years of prior inspection reports for the facility in order to review the compliance history.
   - Obtains copies of required checklists, and a copy of the regulation.
   - Confirms facility hours of operation.
   - Assures that a State car is available.
   - Determines the specific duties to be performed by the inspector in regards to the inspection process.
5. Upon arrival, the Lead Inspector introduces the inspection team and presents business cards. Inspectors are required to wear their DHEC issued ID badges.
6. The Administrator or designee provides a place for the inspection team to meet and process inspection paperwork.
7. The Lead Inspector:
   - Reviews the scope and purpose of the inspection with the Administrator or designee.
   - The Administrator is given a list of documents to be collected for review:
     A. Log of procedures performed; from this log, **the nurse will select 25 medical records to be reviewed.** Selected records **shall** include minors.
     B. Personnel and medical records of staff to include at a minimum all physicians, one registered nurse, the office manager and/or administrator, a sterilization technician and two new hires, if available.
     C. Documentation listed on DHEC Document Review Form 1666 (Figure 1.0).

8. The Administrator assigns escort(s) for the walkthrough with Inspector(s). The Inspector conducts a general walkthrough of the facility according to DHEC Facility Walkthrough Checklist Form DHEC 1645 (Figure 2.0).
9. Upon completion of the walkthrough, the Inspector returns to the meeting area and assists with the review of the remaining documentation.
    - The Nurse reviews the medical records using patient Medical Records DHEC Form 1671 (Figure 3.0).
    - The Nurse or Inspector will review the staff records using Staff Records Review DHEC Form 1673 (Figure 4.0).
    - The Nurse or Inspector will review documentation listed on Documentation Review DHEC Form 1666 (Figure 1.0).
10. If documents are missing, the inspection team will request the Administrator or Designee to provide them with the missing documentation. All deficiencies are noted.
11. If an Imminent Danger situation is identified, the Lead Inspector shall contact the Field Manager to inform management. The violation must be corrected before the Inspector(s) leave(s) the site and noted in the Report of Visit (ROV) (SEE BHFL-10).
12. An Exit Conference is conducted with the Administrator or Designee:
    - The Lead Inspector verifies all facility contact information to include email address
    - The Lead Inspector discusses findings but not specific citations.
13. Lead Inspector enters the citations on the appropriate ROV and uploads the inspection report into STETON the next time he/she is in the office, or the following Monday, whichever is earliest.
14. The STETON report is automatically emailed to the administrative staff, support manager, field manager, and division director that oversee the abortion clinics.
15. The administrative staff emails the ROV and the invoice to the facility.

Date of Last Review

September 24, 2015

FIGURE 1.0

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Documentation Review

Abortion Clinic

Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	**R. 61-12**	**Notes**
Operational policies and procedures for: 1. Purpose, scope and quality of services 2. Compliance with fed, state & local laws 3. Personnel 4. Person responsible for operation/maintenance 5. Annual review 6. Quality Improvement 7. Patient rights and grievance procedures 8. Safety & maintenance 9. Incident reporting 10. Consent	201.B [II]	
Individual appointed to act in absence of administrator	202[II]	
Current memorandums of agreement and credentialing documentation	203.B	
Current copy of Regulation 61-12	203.C [III]	
Annual heating, ventilation, and air conditioning inspection report.	203.E [II]	
Person designated as TB coordinator	204.B.8 [II]	
Personnel (including health) records for _____ employees, including at least one new employee, and employee who is ACLS qualified	204.H [II]	

Quarterly clinical staff meeting minutes for past year	205.B [II]	
Physician(s) Licensed in SC and qualified (training & experience)	205.C.1 [I]	
Agreement with board certified Ob-Gyn physician who has admitting privileges at a local hospital	205.C.2 [I]	
Staff attendance records for the past six months (RN on duty during all procedures)	205.D.2 [II]	
Adequate supply of Women's Right to Know Act material	208 [I]	
Patient care policies & procedures: A. Admission criteria B. Physician & nurse responsibilities C. Pre-op to include H&P, spec exams, lab procedures/ultrasound requirements D. Abortion procedure to include IV's, fluids, analgesia/anesthesia, tissue exam/disposal E. Post-op care/recovery room/emergency care F. Education of patient/family G. Follow-up to include post-op visit H. Mgt/referral of high risk patients I. Transfer of patients J. Infection control K. Registration of fetal death or death certificates, if applicable	301 [II]	
Emergency cart (drawers, list of contents)	303.A.1 [III]	
Reference source, e.g., Physicians Desk Reference	303.A.2 [II]	
Controlled substance registration, if applicable.	303.E.1 [II]	
Documentation of admitting privileges of all physicians or documented arrangement with hospital(s) to receive emergency transfers of patients.	305.A [I]	
Documentation informing local EMS of location of clinic and nature of medical problems resulting from abortions.	305.C [I]	
Consultation arrangements	307 [II]	
Written quality improvement plan, specifying the responsible coordinating individual	308.A [II]	
Documented quarterly review of a minimum of 5% of medical records per quarter, with not less than 5 records reviewed.	308.D [II]	
QI program reviewed annually with deficiencies included.	308.H [II]	

Medical records for _____ patients, to include _____ minors, and all patients > 14 weeks from the first day of the last menstrual period	401	
Records of incidents, accidents and emergencies	403.B [II]	
Safety policies and procedures for equipment, gases, liquids, drugs, supplies, and services	501.A [II]	
Preventative maintenance records of patient monitoring equipment, if applicable. Equipment must be tested at least annually.	503.B [II]	
Contract with nearest fire department, of outside fire-protected area	701.A [I]	
Record of fire drills held every 3 months, including names of participating staff	701.F [I]	

FIGURE 2.0

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Facility Walk Through

Abortion Clinic

Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	R. 61-12	Notes
License posted conspicuously	102.B [III]	
RN on duty if patients in facility	205.D.2 [II]	
dequate supply of Women's Right to Know Act material	208 [I]	
Patient rights posted conspicuously	209.B [II]	
Emergency cart (drawers, list of contents)	303.A.1[I]	
Meds storage area (refrigerator with thermometer, narcotics); meds within expiration dates	303.C [II]	
Records of controlled substances	303.F [II]	
Poisonous substances labeled and stored separately	303.G [II]	
Lab supplies within expiration dates	304.G [II]	
Appropriate number of recovery beds/recliners	306.A [II]	
Oxygen	306.B [I]	
Suction	306.C [I]	
Resuscitation equipment (minimum resuscitation bags and airways)	306.D [I]	
rile suturing equipment/supplies	306.G [II]	

Containers with covers for soiled linen/waste materials	306.I [II]	
Medical records filing area secure	402 [II]	
Evacuation plan posted in appropriate locations	502.A [I]	
Facility maintenance (good repair, wooden surfaces sealed)	503.A [II]	
Sharps system utilized, covered	601 [II]	
Sterile supplies/equipment not mixed with un-sterile; stored dust-proof, moisture-free, properly labeled	602.B [II]	
Sterilization equip - documentation of each load run; biological test run daily - results logged; internal and external chemical indicators; calibration at least annually	602.C[II]	
Date of expiration or event-related for sterile supplies	602.D [II]	
Adequate supply and storage of clean linen or disposable material	603[II]	
General housekeeping	604.A[II]	
Cleaning materials stored safely; harmful agents locked	604.B[II]	
Refuse and waste (Collection, storage and disposal)	605[II]	
Outside areas free of rubbish, grass, accumulations of water, ice, etc.	606[II]	
Fire extinguishers (inspected monthly)	701.D.1 [I]	
Corridors free from obstruction	701.G[I]	
Gases (containers stored/secured properly)	703 [I]	
Telephones available (one per floor - not a pay phone)	806.C [III]	
Paper towels and soap in restrooms	807.D.1 [III]	
Audible signal system in patient toilet/bath	807.D.2 [III]	
Minimum temperature of 72 degrees Fahrenheit and a maximum temperature of 76 degrees Fahrenheit in patient areas	807.L.1 [III]	
Hot water temperature 100-125 F	808.A[II]	
Emergency lighting	809.A [I]	

Notes:

FIGURE 3.0

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Patient Medical Records Review

Abortion Clinic

Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	**R. 61-12**	**Patient ID**	**Patient ID**	**Patient ID**	**Patient ID**	**Patient ID**	**Patient ID**
Lab test: pregnancy test if +, urinalysis, Hematocrit or hemoglobin, Rh factor	304.B [II]						
Lab reports	304.E [II]						
A face sheet with name, address, telephone number, SSN, DOB, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency	401.A.1 [II]						
Signed consent	401.A.2 [II]						
Date of initial examination	401.A.3 [II]						
Date of abortion	401.A.4 [II]						
Referring & attending physician's names and phone	401.A.5 [II]						
story and Physical within 15 days of	401.A.6-7						

rocedures (including medications and estimated gestational age)	[II]						
Results of diagnostic tests and/or examinations, e.g., X-ray, electrocardiography, clinical laboratory, pathology, consultations, ultrasound (See Section 301.C.2 gestational age equal to or more than 14 weeks)	401.A.8 [II]						
Inspection Items	**R. 61-12**	**Patient ID**	**Patient ID**	**Patient ID**	**Patient ID**	**Patient ID**	**Patient ID**
Pre-op diagnosis	401.A.9 [II]						
Counselor's notes	401.A.10 [II]						
Doctor's orders	401.A.11 [II]						
Complete record of abortion procedure to include: a. Vital signs b. Name of procedure performed; c. Anesthetic agent utilized; d. Name of attending physician performing the procedure; e. Names of clinical assistants in attendance, f. Signature of physician performing the procedure.	401.A.12 [II]						
Nurses' notes	401.A.13 [II]						
Progress notes to include post-anesthesia note if general anesthesia used	401.A.14 [II]						
tending physician's description of	401.A.15 [II]						

gross appearance of tissue removed							
Final diagnosis	401.A.16 [II]						
Patient's condition on discharge	401.A.17 [II]						
Post-op orders & follow-up care	401.A.18 [II]						
Documented verification that patient was given the Woman's Right-to-Know Act material	401.A.19 [II]						
Copy of court order if unemancipated minor or mentally incompetent	401.A.20 [II]						
Medical record completed and signed within 72 hours	401.B [II]						
Abortion/fetal death report completed within 7 days	403.A.1 [II]						

Notes:

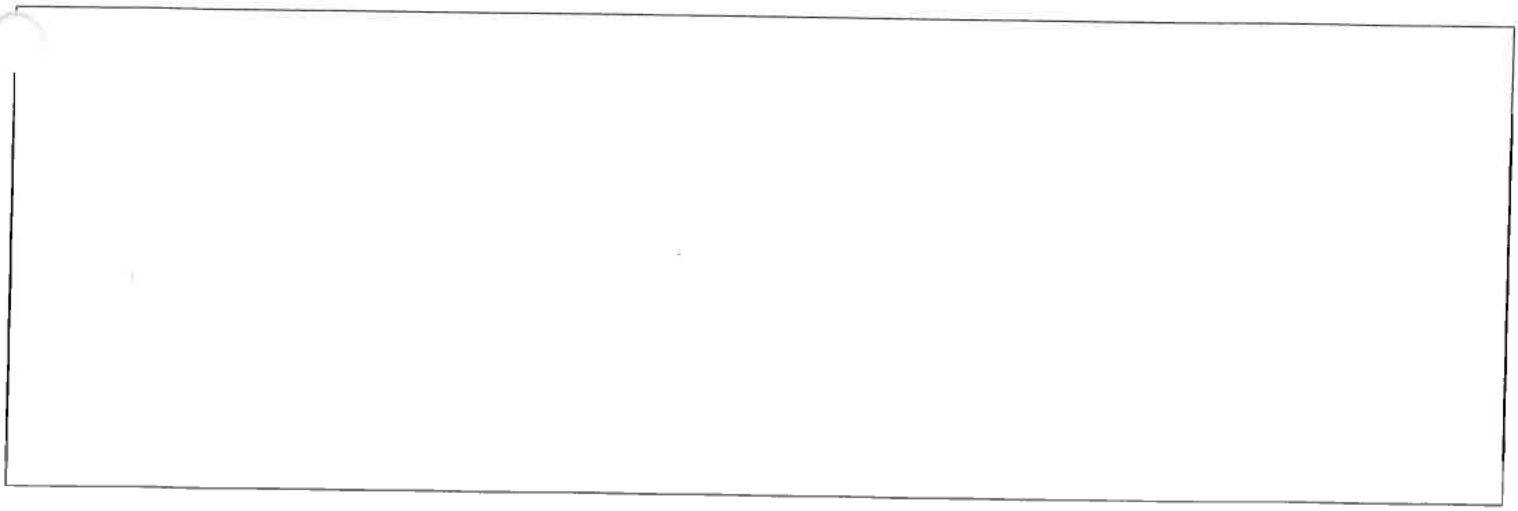

FIGURE 4.0

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Staff Records Review

Abortion Clinic

Bureau of Health Facilities Licensing

Facility: **Date:**

Inspection Items	**R. 61-12**	**Staff ID**	**Staff ID**	**Staff ID**	**Staff ID**	**Staff ID**	**Staff ID**
Date of Hire	204 [II]						
Application	204.A [II]						
Background Check	204.A [II]						
Date of Physical	204.A [I]						
Date of PPD	204.B [II]						
Date of first patient contact	204.B [II]						
CPR / ACLS	204.C [II]						
Orientation	204.E [II]						
In-service Training	204.F [II]						
Infection Control (universal precautions/blood borne pathogens)	204.F.1 [II]						
Fire protection (use of extinguishers, evacuation)	204.F.2 [II]						
Patient Confidentiality	204.F.3 [II]						

Licensing regulations	204.F.4 [II]						
Job Description	204.G [II]						
MD licensed and qualified, if applicable	205.C.1 [I]						
Notes:							

BHFL-08 Complaint Intake and Triage Standard Operating Procedure

Purpose

This defines the Complaint Intake and Triage process in the overall Licensing Complaint Process.

Key Staff Involved

Complaint Nurse, Investigators, and Administrative Staff

Process Steps

Note: Licensing complaints are received by mail, telephone, fax, email, referred through other agencies, or through the Bureau's webpage: http://www.scdhec.gov/Health/FindingQualityHealthcare/FileaComplaint/FileaComplaint-AllOtherHealthcareFacilities/f).

1. Staff determines how the complaint was received (Online or Other).
2. For all complaints determined not to be pertinent to the health care facilities within BHFL domain, the Complaint Nurse is responsible for notifying the complainant. If at all possible and within reason, the Complaint Nurse should try to provide contact information for the appropriate agency (i.e. name of agency, phone number, website, etc.) so that the complainant can contact them easily on their own. The Complaint Nurse shall forward the complaint to the appropriate agency. For complaints received online, the Complaint Nurse shall close the complaint in the online complaint log. For complaints received by other means (fax, email, phone, etc), the Complaint Nurse will save file information to the T:\REGULATN\LICENSE\4_Operations_Support\Complaints\2015.
   Note: An acknowledgement letter is generated for all complaints (See Figure 1.0 and 2.0).
3. For complaints submitted online and accepted for investigation, the Complaint Nurse shall review and determine the priority level. For complaints submitted by other means (fax, email, phone, etc) and accepted for investigation, the Complaint Nurse shall enter the information into the online complaint system (http://intraprod/HRComplaints/), review and determine the priority level.
   Note: The system will automatically generate a complaint number.
4. For complaints determined to be imminent danger, follow the Imminent Danger Process (BHFL-10). For complaints determined to not be imminent danger, follow the Complex and Non-Complex Healthcare Issues Process (BHFL-11).

Note: For unlicensed Tattoo Facility complaints, the complaint is referred by mail to the appropriate local law enforcement agency and is not processed any further by BHFL. (See Step 2)

Note: When complaints concerning unlicensed facilities (other than Tattoo Facilities) are accepted for investigation, the Complaint Nurse shall notify the Administrative Staff to enter the information into EFIS and STETON so that a facility ID number can be generated. This will create an identifier that can be associated with the facility and the allegations. (See Step 3)

Date of Last Review

September 24, 2015

Figure 1.0

Confidential
Complaint ID: _____

Date

Complainant Name
Address

Dear Complainant Name:

This letter serves to acknowledge that the Department's Bureau of Health Facilities Licensing (BHFL) received your complaint concerning Name of Facility. Per our review, your complaint does not allege facts that would result in potential violations of the state licensing laws administered and enforced by BHFL.

We recommend you contact Name Agency or suggested contact at phone number and website at your convenience.

Our goal is to ensure a satisfactory and professional complaint investigation process. If contacting BHFL, please reference the above complaint ID that has been assigned to your complaint.

Sincerely,

Bureau of Health Facilities Licensing
(803) 545-4370

Figure 2.0

Confidential
Complaint ID: _____

Date

Complainant Name
Address

Dear Complainant Name:

This letter serves to acknowledge that the Department's Bureau of Health Facilities Licensing (BHFL) received your complaint concerning Name of Facility. Your complaint is very important to us and will be investigated to determine if Name of Facility is in violation of applicable state licensing laws. Depending on the severity of the complaint, the investigative process may take up to 90 days. Once the investigation is complete, you will receive a letter with the results of our findings.

If contacting BHFL, please reference the above complaint ID that has been assigned to your complaint.

Sincerely,

Bureau of Health Facilities Licensing
(803) 545-4370

Figure 3.0

Bureau of Health Facilities Licensing Guidelines for Complaint Prioritization

Priority Level	Type of Complaint	Timeline for Investigation
Level 1	Immediate jeopardy situations, such as but not limited to: • Severe temperature in facility • No staff • Meds not available • No water • No food • Serious Fire/Life safety issues • sewage problems • Death of a resident by alleged neglect/abuse or unknown cause	**IMMEDIATELY** **24-48 hours (2 working days) of BHFL intake**
Level 2	• Patient/resident care issues • Unlicensed activities • No care plan • No patient/resident physical • TB test issues • Infection control issues • Medication management issues • Level of Care • No administrator • Patient rights	**Within 30 days of BHFL intake**
Level 3	• Staff training • Facility staff issues • Improper discharge • Fiscal management • Transportation issues • Maintenance issues • Pet issues • No evacuation plan • Vermin	**Within 60 days of BHFL intake**
Level 4	• Other as determined by BHFL that allege non-compliance can be reviewed with documents sent by facility or telephonically	**Within 90 days of BHFL intake**

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 44-41-10, *et seq*, and 44-7-110, *et seq*.

Notice of Drafting:

The Department of Health and Environmental Control proposes to amend Regulation 61-12, *Standards for Licensing Abortion Clinics*. Interested persons may submit written comments to Gwen C. Thompson, Bureau Chief, Bureau of Health Facilities Licensing, South Carolina Department of Health and Environmental Control, 2600 Bull Street, Columbia, South Carolina 29201 or via email at HealthRegComm@dhec.sc.gov. To be considered, all comments must be received no later than 5:00 p.m. June 22, 2015, the close of the comment period.

Synopsis:

Regulation 61-12 has not been substantively updated since 1996. This amendment is necessary to update definitions, references, and codification. The amendment also pertains to provisions including licensing requirements, accident and incident reporting requirements, abortion reporting, inspections and violations, complaint reporting, patient rights, infection control, inservice training, record maintenance and retention, personnel requirements, fire and life safety requirements, and construction design requirements. The Department also intends to add language to incorporating current provider-wide exceptions and memoranda applicable to abortion clinics. The Department may also include stylistic changes, which may include corrections for clarity and readability, grammar, punctuation, codification, and overall improvement of the text of the regulation.

Legislative review will be required.

	STATUTES	REGULATIONS	REQUIREMENTS	REQUIREMENTS	REQUIREMENTS
INFECTIOUS WASTE	44-93-10 through -240 South Carolina Infectious Waste Management Act. Specifically 44-93-100(2)(c)	61-105, South Carolina Infectious Waste Management	44-93-100(2)(c) In-state generators that produce less than 50 pounds of infectious waste a month must comply with: products of conception, meaning fetal tissues and embryonic tissues resulting from implantation in the uterus, must be managed in accordance with requirements for pathological waste pursuant to Infectious Waste Management Act and Regulation. 61-105.D(ff) Definition of products of conception – fetal tissues and embryonic tissues resulting from implantation in the uterus.	61-105.E(1) Sets forth Categories of Infectious Waste 61-105.E(1)(d)Pathological Waste includes products of conception , and other body parts excluding tissues which have been preserved with formaldehyde or other approved preserving agents. 61-105.E(2)(f) Excludes from definition of Infectious Waste, Inter alia, Products of conception intended to be interred, cremated, or donated for medical research.	61-105.T(9)Treatment of Infectious Waste provides that products of conception must be incinerated, cremated, interred, or donated for medical research. 61-105(E)(1) and (T)(9) Require products of conception to be treated with formaldehyde or other approved preserving agents or incinerated, cremated, interred or donated for medical research.
VITAL RECORDS	44-41-60, Abortions shall be reported	61-19, Vital Statistics	Abortions must be reported by performing physician (or, if performed in an abortion clinic or hospital, by the institution's designated representative on behalf of the performing physician) to DHEC state registrar of Vital Statistics within 7 days after the abortion is performed. The names of the patient and physician may ynot be reported on the form or otherwise disclosed to the state registrar.	The form must indicate from whom consent was obtained or circumstances waiving consent.	Fetal deaths (death prior to complete expulsion or extraction from the mother which is NOT an induced termination of pregnancy) of 20 completed weeks of gestation or more, or a weight of 350 grams or more, must be reported within 5 days after delivery.
HEALTH SERVICES	44-41-340, Publication of materials regarding available assistance, etc. 2015-16 Appropriations Act: • Proviso 34.38, Fetal Pain Awareness		DHEC shall cause to be published the following materials: • Geographically indexed materials designed to inform the woman of public and private agencies and services available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies, which include a comprehensive list of the agencies available, a description of the services they offer, and a description of the manner, including telephone numbers, in which they may be contacted; • Materials designed to inform the woman of the probable anatomical and physiological characteristics of the embryo or fetus at 2-week gestational increments from the time when a woman can be known to be pregnant to full term; • Materials designed to inform the woman of the principal types of abortion procedures and the major risks associated with each procedure, as well as the major risks associated with carrying a fetus to full-term; • Materials designed to inform the woman that medical assistance benefits may be available for prenatal care, childbirth, and neonatal care by providing the names, addresses, and phone numbers of appropriate agencies that provide or have information available on these benefits; • Materials designed to inform the woman of the mechanisms available for obtaining child support payments; • A list of health care providers that offer to perform ultrasounds free of charge (arranged geographically, to include name, address, hours of operation, and telephone numbers). Providers that would like to be included on this list may contact DHEC and provide the required information.	DHEC must update this list annually before September 1st. • A plainly worded explanation of how a woman may calculate the gestational age of her embryo or fetus; • A scientifically accurate statement concerning the contribution that each parent makes to the genetic constitution of their biological child; • Forms for notifications, certifications, and verifications required by 44-41-330. Materials listed above to be provided in the following manner: • The materials must be easily comprehendible and must be printed in a typeface large enough to be clearly legible. • The materials required under this section must be available from DHEC upon request and in an appropriate number to any person, facility, or hospital. • The materials required under this section must be available on DHEC's website in a format suitable for downloading The website must be capable of permitting the user to print a time and date stamped certification identifying when the materials are downloaded. • The Department's website must also provide a link to the internet website maintained by healthcare providers, facilities, and clinics that offer to perform ultrasounds free of charge that have requested to be placed on the list maintained by the Department.	Proviso 34.38. (DHEC: Fetal Pain Awareness): • The department must utilize at least one hundred dollars to prepare printed materials concerning information that unborn children at twenty weeks gestation and beyond are fully capable of feeling pain and the right of a woman seeking an abortion to ask for and receive anesthesia to alleviate or eliminate pain to the fetus during an abortion procedure. • The materials must be provided to each abortion provider in the State and must be placed in a conspicuous place in each examination room at the doctor's office. • The materials must contain only the following information: "Fetal Pain Awareness An unborn child who is twenty weeks old or more is fully capable of experiencing pain. Anesthesia provided to a woman for an abortion typically offers little pain prevention for the unborn child. If you choose to end your pregnancy, you have a right to have anesthesia or analgesic administered to alleviate the pain to your unborn child during the abortion." The materials must be easily comprehendible and must be printed in a typeface large and bold enough to be clearly legible.

HEALTH LICENSING	44-41-10 through -85, Abortions Generally 44-41-310 through -380, Woman's Right to Know 44-7-110 through -394, State Certification of Need and Health Facility Licensure Act 2015-16 Appropriations Act: • Proviso 34.51, Abortion Clinic Certification	61-12, Standards for Licensing Abortion Clinics	**Infectious Waste:** • Facility must register as an infectious waste generator as outlined in Reg. 61-105. • All waste meeting the definition of "infectious waste" as defined in Reg. 61-105 must be managed according to the requirements of that regulation. • Products of conception resulting from the abortion procedure must be managed in accordance with the requirements for pathological waste pursuant to Reg. 61-105. • Facility must have policies and procedures for managing infectious waste from generation to disposal according to Reg. 61-105. **Limitation on Abortions that can be performed in abortion clinics:** • Only on patients who are within 18 weeks from the 1st day of their last menstrual period. If beyond 18 weeks, must be performed in a hospital. • If abortion clinic is also licensed as an ambulatory surgical facility, it may perform abortions on patients who are up to 26 weeks after the 1st day of their last menstrual period. • Clinics performing abortions beyond 14 weeks from 1st day of last menstrual period must meet requirements of Section 309 of R.6-12 (re: physician certifications and admitting privileges, equipment on premises, and required lab test/procedures) [Note: Per 44-41-20, abortion is a criminal act except when performed under the following circumstances: • During the 1st trimester, performed with the pregnant woman's consent by her attending physician pursuant to his professional judgment. • During the 2nd trimester, performed with the pregnant woman's consent by her attending physician in **Consent of the patient:** No abortion may be performed without first obtaining signed and dated consent of the pregnant woman per 44-41-30. • If woman adjudicated incompetent, consent is b spouse or legal guardian if married; by parent or legal guardian if not married. • Consent may be waived if physician determines medical emergency exists involving life of or grave physical injury to woman, or pregnancy is result of incest. (If incest, physician must report to DHSS and law enforcement.) **Minors:** No abortion may be performed upon a minor unless consent is obtained per 44-41-31. • Minor = female under age of 17 • Attending physician or agent or referring physician or agent must obtain informed written consent, signed and witnessed, of pregnant minor and: one parent; legal guardian; a grandparent; or any person standing in loco parentis to minor for a period of not less than 60 days (which requires affidavit regarding the length and nature of their relationship with minor and acknowledgment of penalties for false representation). • If minor is emancipated, only minor's consent is required, along with order of court. **Woman's Right to Know Act:** Clinics must comply with 44-41-310, et seq., and maintain adequate supply of current printed material from DHEC which has not been altered in content. • Physician or health professional working with physician who will be performing abortion must inform woman of the procedure to be performed, the probable gestational age of the embryo or fetus at time abortion to be performed. • If ultrasound is performed, abortion may not be performed sooner than 60 minutes following completion of ultrasound. Must inform woman before ultrasound procedure of her right to view the ultrasound image at her	Accidents and incidents resulting in serious injury shall be reported to DHEC within 10 days, including but not limited to: those leading to hospitalization; those leading to death, other than a fetal death; and adverse drug reactions. If a death occurs, it must be reported no later than the next working day. (Oher accidents and incidents not falling into the above reporting categories - facility must immediately prepare a record. **Clinical staff:** • Abortions shall be performed only by physicians who are licensed to practice medicine in this state and who are properly qualified by training and experience to perform pregnancy termination procedures. • The facility shall have a signed written agreement with at least 1 physician board-certified in OBGYN (if not one on staff) who has admitting privileges at one or more local hospitals with OBGYN services to ensure his/her availability to the staff and patients during all operating hours. • A physician must remain on the premises until all patients are stable and ready for discharge. A physician must sign the discharge order and be readily accessible and available until the last patient has been discharge. • Nursing care shall be under the supervision of a registered nurse currently licensed in this state. • An RN shall be on duty to provide or supervise all nursing care of patients in preparation, during the termination procedure, the recovery period and until discharge by the attending physician. • LPNs, working under appropriate direction and supervision of an RN, may be employed as components of the nursing staff. • Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. • If ultrasonography is conducted in the clinic, the procedure shall be conducted by a physician or by an ultrasound technici an who shall have documented evidence of completion of a training course in ultrasonography. **Medical Records:** The attending physician must complete and sign the medical record within 72 hours following discharge. The medical record must include at a minimum: • Face sheet of patient id info (see 401.A.1) • Signed consent for procedure • Date of initial examination • Date of abortion • Referring and attending physicians' names and phone numbers • Complete medical history to include medications currently being taken • Physical exam, to extent necessary to determine health of patient, w/in 15 days of procedure, including detail of findings of pelvic exam and estimated gestational age • Results of diagnostic tests and/or exams • Pre-op diagnosis • Counselor's notes • Physician's orders • Complete record of abortion procedure to include: (1) vital signs (2) name of procedure performed (3) anesthetic agent utilized (4) name of attending physician performing procedure (5) names of clinical assistants in attendance (6) signature of physician performing procedure • Nurses' notes • Progress reports to include a post-anesthesia note if general anesthesia is utilized • Attending physician's description of gross appearance of tissue removed	o Plans for follow-up of patient after discharge from facility; o Management and appropriate referral of high-risk conditions; o Transfer of patients who, during the course of pregnancy termination are determined to need care beyond that of the facility; o Infection control and sanitation procedures to include duties and responsibilities of the infection control committee;o Registration of fetal death or death certificates, when applicable. • Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs, supplies, and services • Provisions for reporting and investigating accidental events regarding patients, visitors, and personnel and corrective action to be taken • Provisions for disseminating safety-related information to employees and users of the facility • Provision for syringe and needle handling and storage • Provisions for managing infectious waste from generation to disposal according to R.61-105 • Plan for evacuation of patients, staff, and visitors in case of fire or other emergency • Ensure compliance with all relevant federal, state, and local laws that govern operations of the facility. **Administrative records and documents shall be on file at the facility include:** • Current policies and procedures regarding operation of the facility; • Current memorandums of agreement and credentialing documentation; • A current copy of R.61-12; • Annual elevator safety inspections, if applicable; • Annual heating, ventilation, and air conditional inspection report. **Quality Improvement:** Facility shall have QIP for patient care; ongoing process for monitoring and evaluating patient care services, staffing, infection prevention and control, housekeeping, sanitation, safety, maintenance of physical plant and equipment, patient care statistics, and discharge planning services. Shall include quarterly review of a minimum of 5% of medical records of patients undergoing procedures during a given quarter, but not less than 5 records shall be reviewed (See Section 308 for additional info.) **Pharmaceutical Services:** See Section 303 of R.61-12 for requirements. **Lab Services:** See Section 304 of R.61-12 for requirements. **Emergency Care:** See Section 305 of R.61-12 for requirements. **Equipment and Supplies:** See Section 306 of R.61-12 for requirements. **Personnel:** • See Section 204.B for TB requirements • All professional staff shall be currently certified with American Red Cross or American Heart Association CPR and capable of recognizing symptoms of distress. A professional member who is legally qualified to perform advanced cardiac life support must be present while patients are undergoing abortion procedures/recovery in the facility. • Must have written orientation program to include, at a minimum, fire safety and other safety measures, medical emergencies, and infection control. • In-service training programs shall be planned for all employees and volunteers, and records kept, to include: infection control; fire protection; confidentiality of patient records; licensing regulations. • Personnel file must be maintained for reach employee and volunteer (job description, documentation of orientation and in-service, etc.)

HEALTH LICENSING			request during or after the ultrasound procedure. • Must present woman with written form with statement of right to review DHEC written materials describing fetal development, list of agencies that offer alternatives to abortion, and describe medical assistance benefits that may be available for prenatal care, childbirth, and neonatal care, and right to view ultrasound image. This form must be signed and dated by physician to perform procedure and pregnant woman. • Woman must certify in writing before abortion that this info was furnished do her, and that she has been informed of her rights to review above info. • No abortion may be performed sooner than 24 hours after woman receives above written materials and makes the above certification. • Alternative certification: if clinic mails the woman the above info, or she obtains it from a county health department, and she certifies in writing before abortion that she received the materials more than 24 hours before the abortion is scheduled to be performed, then the above waiting period does not apply. • If woman is a minor, above info must also be furnished to parent/ legal guardian/ grandparent/ other person standing in loco parentis of minor for a period of not less than 60 days, and that person must also make a certification. If woman is under adjudication of incompetency, info must be provided to spouse or legal guardian if married, or parent or legal guardian if unmarried, who must make the certification, unless a court order says otherwise. **Reporting requirements:** • All abortions performed must be reported to Vital Records by performing physician on standard form within 7 days; • A fetal death must be reported pursuant to R.61-19, Vital Statistics;	• Final diagnosis • Condition on discharge • Post-op orders and follow-up care • Documented verification that the woman has been presented printed materials as required by the Woman's Right-to-Know Act • In the case of an unemancipated minor or mentally incompetent person, a copy of the court order or written consent authorizing the abortion All records shall be treated as confidential and stored in a safe location for a minimum of 10 years. **Policies and Procedures facility must have:** • Patient care policies and procedures, to include: o Admission criteria o Physician and nurse responsibilities for services offered o Specific details regarding the pre-operative procedures performed, to include verification of pregnancy, estimation of gestational age, identification of any pre-existing conditions or complications o Special exams, lab procedures, and/or consultations required, to include ultrasonography required when gestational age is clinically estimated to be equal to or more than 14 weeks from the 1st day of the last menstrual period as established by the physician's performance of a bimanual physical exam. Ultrasound is recommended when gestational age is equal to or more than 12 weeks from the 1st day of the last menstrual period. o The actual abortion procedure, to include use of iv's, fluids, analgesia/anesthesia, tissue examination/disposal o Post-procedure care/recovery room procedures to include emergency care o Provisions for the education of patient, family, and others as appropriate pre and post-procedure care;	**Functional Safety and Maintenance:** See Chapter 5 of R. 61-12 for functional safety and maintenance requirements. **Infection Control and Sanitation:** See Chapter 6 of R. 61-12 for infection control and sanitation requirements. **Fire Protection and Prevention:** See Chapter 7 of R. 61-12 for fire protection and prevention requirements. **Design and Construction:** See Chapter 8 of R. 61-12 for design and construction requirements. **Proviso 34.51. (Abortion Clinic Certification)** • Prior to January 31, 2015, a facility other than a hospital that is licensed and certified by the department to perform abortions must file a report with the department that provides the number of physicians that performed an abortion at the facility between July 1, 2014 and December 31, 2014, who did not have admitting privileges at a local certified hospital and staff privileges to replace on-staff physicians at the certified hospital and the percentage of these physician in relation to the overall number of physicians who performed abortions at the facility. • The report must include a summation of any abortion that resulted in an outcome which required a level of aftercare that exceeds what is customarily provided by physicians in such cases in accordance with accepted medical practice and indicate whether or not the abortion was performed by a physician with admitting privileges at a local certified hospital and staff privileges to replace on-staff physicians at the certified hospital. •Any summation of any abortion must not divulge any information that is privileged or required to be maintained as confidential by any provision of law. An applicable facility must remit a twenty-five dollar filing fee to the department for the report required by this provision.

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Title 44 - Health

CHAPTER 93

Infectious Waste Management

SECTION 44-93-10. Short title.

This chapter may be cited as the "South Carolina Infectious Waste Management Act".

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-20. Definitions.

(A) "Infectious waste" or "waste" means:

(1) sharps;

(2) cultures and stocks of infectious agents and associated biologicals;

(3) human blood and blood products;

(4) pathological waste;

(5) contaminated animal carcasses, body parts, and bedding of animals intentionally exposed to pathogens; and

(6) isolation waste pursuant to the "Guidelines for Isolation Precautions in Hospitals", Centers for Disease Control.

Nothing in this chapter prohibits a generator of infectious wastes from designating and managing wastes in addition to those sted above as infectious wastes.

(B) "Infectious waste management" means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious wastes.

(C) "Board" means the South Carolina Board of Health and Environmental Control which is charged with responsibility for implementation of the Infectious Waste Management Act.

(D) "Director" means the director of the department or his authorized agent.

(E) "Containment" means the packaging of infectious waste or the containers in which infectious waste is placed.

(F) "Department" means the Department of Health and Environmental Control, including personnel of the department authorized by the board to act on behalf of the department or board.

(G) "Dispose" means to discharge, deposit, inject, dump, spill, leak, or place any infectious waste into or on any land or water including groundwater so that the substance may enter the environment or be emitted into the air or discharged into any waters, including groundwater.

(H) "Facility" means a location or site within which infectious waste is treated, stored, or disposed of.

(I) "Generator" means the person producing infectious waste except waste produced in a private residence.

(J) "Generator facility" means a facility that treats infectious waste that is owned or operated by a combination or association of nerators, a nonprofit professional association representing generators or a nonprofit corporation controlled by generators, nprofit foundation of hospitals, or nonprofit corporations wholly owned by hospitals, if the waste is generated in this State and treatment is provided on a nonprofit basis.

(K) "Person" means an individual, partnership, co-partnership, cooperative, firm, company, public or private corporation,

political subdivision, agency of the State, county, or local government, trust, estate, joint structure company, or any other legal entity or its legal representative, agent, or assigns.

(L) "Storage" means the actual or intended holding of infectious wastes, either on a temporary basis or for a period of time, in the manner as not to constitute disposing of the wastes.

(M) "Transport" means the movement of infectious waste from the generation site to a facility or site for intermediate storage.

(N) "Treatment" means a method, technique, or process designed to change the physical, chemical, or biological character or composition of infectious waste so as to sufficiently reduce or eliminate the infectious nature of the waste.

(O) "Expand" means an increase in the capacity of the facility or an increase in the quantity of infectious waste received by a facility that exceeds a permit condition.

HISTORY: 1989 Act No. 134, Section 1; 1993 Act No. 181, Section 1148.

SECTION 44-93-30. Regulations, procedures, and standards.

The department shall promulgate regulations, procedures, or standards necessary to carry out the provisions of this chapter and to protect the health and safety of the public, the health of living organisms and the environment from the effects of improper, inadequate, or unsound infectious waste management. The regulations must address, without limitation, criteria for determining whether waste is within the definition of infectious waste, standards for containment, storage, and treatment of infectious waste, report and recordkeeping requirements, procedures and requirements for registration as generators, facilities, and transporters of infectious waste, and for conditions and issuance of permits.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-40. Department administrative and public health emergency infectious waste management powers.

(A) To carry out the provisions and purposes of this chapter, the department may establish and collect registration and permit ees in connection with the provisions of this chapter; conduct inspections, investigations, obtain samples, and conduct esearch with respect to the operation and maintenance of a site or facility in which infectious waste is generated or managed; and issue, deny, revoke, suspend, or modify registration, permits, or orders under such conditions as it may prescribe for the operation of infectious waste treatment facilities or sites. No permit or registration may be revoked without first providing an opportunity for a hearing as provided pursuant to Article 3, Chapter 23 of Title 1, the Administrative Procedures Act.

(B) After the declaration of a public health emergency, as defined in Section 44-4-130, the department may exercise, for such period as the state of public health emergency exists, the following powers, in addition to any existing powers it has, for the safe disposal of infectious waste:

(1) to adopt and enforce measures to provide for the safe disposal of infectious waste as may be reasonable and necessary for emergency response. These measures may include, but are not limited to, the collection, storage, handling, destruction, treatment, transportation, and disposal of infectious waste;

(2) to require any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of infectious waste under the laws of this State, and any landfill business or other such property, to accept infectious waste or provide services or the use of the business, facility, or emergency. When necessary during the state of the public health emergency, the business or facility must coordinate with the department on the management or supervision of the business or facility; and

(3) to procure, by order or otherwise, any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of infectious waste under the laws of this State and any landfill business or other such property as may be reasonable and necessary for emergency response, with the right to take immediate possession thereof.

HISTORY: 1989 Act No. 134, Section 1; 2002 Act No. 339, Section 26, eff July 2, 2002.

SECTION 44-93-50. Powers of commissioner.

The director, upon receipt of information that an aspect of infectious waste management, within a publicly or privately-owned property, may present an imminent or substantial hazard to the health of persons or to the environment, may take such action as he determines necessary to protect the health of persons or the environment. The action the director may take may include,

but is not limited to:

(1) entering the premises at any time where the infectious waste is located in order to assess what actions may be necessary;

(2) issuing or modifying an order directing the person responsible for the waste to take the steps necessary to prevent the act or eliminate the practice which constitutes the hazard;

(3) commencing an action enjoining the acts or practices. Upon a showing by the department that a person has engaged in the acts or practices, a permanent or temporary injunction, restraining order, or other order may be granted;

(4) inspecting and obtaining samples from a person of any wastes, including samples from a vehicle in which wastes are being transported, as well as samples of a container or label. If available, upon request, the department shall provide a sample of equal volume or weight to the owner, operator, or agent in charge of the waste. The department also shall provide the owner, operator, or agent in charge with a copy of the results of an analysis of the samples once the results have been evaluated properly by the department to determine their validity.

HISTORY: 1989 Act No. 134, Section 1; 1993 Act No. 181, Section 1149.

SECTION 44-93-60. Storage of infectious waste.

(A) Storage of infectious waste must be in such a manner and location which affords protection from animals and weather conditions and which minimize exposure to the public.

(B) Infectious waste must be segregated from other waste at the point of origin and maintained in separate containers until it is treated.

(C) Infectious waste must be contained in approved disposable or reusable containers that are appropriate for the type and quantity of waste, must withstand handling, transfer, and transportation without impairing the integrity of the container, must be closed tightly and secured, and are compatible with selected storage and treatment processes.

(D) Sharps must be contained in rigid, puncture-resistant containers which are secured tightly to preclude loss of the contents.

(E) Containers of infectious waste must be labeled properly, clearly identifiable as infectious waste, and readily distinguishable from other waste.

(F) Infectious waste must be stored under conditions and for periods of time as provided pursuant to regulations.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-70. Transportation of infectious waste.

(A) Infectious waste must be transported in such a manner that the integrity of the waste containers is maintained and that occupational hazards are minimized.

(B) No infectious waste may be received for transportation or transported into or within this State if it is not properly contained, identified, labeled, and manifested pursuant to department regulations.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-80. Treatment and disposal of infectious waste.

(A) Infectious waste treated must be treated at a facility meeting the requirements of Section 44-93-120.

(B) Infectious waste must be treated as soon as practicable by one of the following treatment methods in accordance with the regulations promulgated under this chapter and any other applicable state or federal law and regulations:

(1) incineration;

(2) steam sterilization;

(3) chemical disinfectant; or

(4) any other department-approved treatment method.

(C) After treatment, the waste may be disposed of as any other waste if it is not subject to any other state or federal regulation.

(D) The following infectious waste may be disposed of pursuant to regulation before treatment:

(1) an approved liquid or semi-liquid waste may be discharged directly into a department-approved wastewater disposal system; and

(2) recognizable human anatomical remains may be disposed of by interment.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-90. Registration of infectious waste generators; identification of generator on waste labels and containers.

(A) All in-state generators of infectious waste shall register with the department within ninety days after regulations are promulgated by the department.

(B) Pursuant to regulations, all generators of infectious waste shall place proper, clearly legible, generator identification on all labels and containers of infectious waste before transfer or transportation.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-100. Generators exempt from provisions of chapter.

All in-state generators that produce less than fifty pounds of infectious waste a month are exempt from the provisions of this chapter except they shall comply with:

(1) the provisions of Section 44-93-90(A) of this chapter; and

(2) the management of the following infectious waste:

(a) sharps must be managed pursuant to this chapter and any regulations promulgated under this chapter;

(b) cultures and human blood and blood products must be managed pursuant to this chapter and any regulations promulgated under this chapter;

(c) products of conception, meaning fetal tissues and embryonic tissues resulting from implantation in the uterus, must be managed in accordance with requirements for pathological waste pursuant to this chapter and any regulations promulgated under this chapter;

(d) all other infectious waste may be disposed of as other solid waste.

HISTORY: 1989 Act No. 134, Section 1; 1995 Act No. 1, Section 4; 2002 Act No. 351, Section 1, eff July 20, 2002.

SECTION 44-93-110. Waste treatment, storage, or disposal facility prohibited from accepting certain infectious waste.

It is unlawful for a person who owns or operates a waste treatment, storage, or disposal facility within this State to accept any infectious waste generated in a jurisdiction which prohibits by law the treatment, storage, or disposal of that infectious waste within that jurisdiction.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-120. Permit requirements.

Upon promulgation of regulations as specified in Section 44-93-30, no person may operate an infectious waste treatment or disposal facility or generator facility without first obtaining a permit as required by department regulations.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-125. Permit to expand or construct facility; exceptions.

No person may expand or construct a new facility without a permit issued by the department. To obtain a permit, the applicant shall demonstrate the need for a facility or expansion. To determine if there is a need, infectious waste generated out-of-state may not be considered without department approval.

This section does not apply to:

(1) facilities owned by counties, municipalities, or public service districts which accept only infectious waste generated in this State;

(2) facilities that are owned or operated by the generator of the waste and this waste is generated in this State;

(3) generator facilities; or

(4) facilities currently operating under permits issued by the department, or to the renewal of existing permits issued by the department if there is no expansion of the capacity as prescribed in the conditions of the permit.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-130. Refusal to issue or renew registration to transport, or permit to operate; rehabilitation.

(A) The director may refuse to issue or renew a registration to transport infectious waste or a permit to operate a facility if he finds that within five years of the application for a registration or permit, the applicant has been:

(1) convicted of a crime involving moral turpitude by a court of law and all appeals have been exhausted;

(2) convicted pursuant to a violation of this chapter or any other laws of this State pertaining to solid or hazardous waste punishable as a felony; or

(3) adjudicated in contempt of a court order pertaining to the enforcement of a provision of this chapter or any other state or federal laws governing hazardous waste.

(B) The director may issue a registration or permit if the person has affirmatively demonstrated rehabilitation. The director, in making this determination, shall consider whether:

(1) the person has established formal controls and environmental auditing programs which would enhance compliance and prevent the occurrence of future violations; and

(2) the personal conduct of the person after the conviction or adjudication as it relates to the provisions and purposes of this chapter and any subsequent recommendations of other persons since rehabilitation.

HISTORY: 1989 Act No. 134, Section 1; 1993 Act No. 181, Section 1150.

SECTION 44-93-140. Unlawful to fail to comply with statute or regulations.

Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-150. Enforcement; penalties.

(A) Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply with the permit, regulation, standard, or requirement or the department may bring civil action for injunctive relief in the appropriate court; or, the department may request that the Attorney General bring civil or criminal enforcement action under subsection (B) or (C) of this section. Violation of a court order issued pursuant to this section is contempt of the issuing court and punishable as provided by law. The department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard. After exhaustion of administrative remedies, a person against whom a civil penalty is invoked by the department may appeal the decision of the department or board to the Court of Common Pleas.

(B) A person who violates a provision of Section 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation.

(C) A person who wilfully violates a provision of Section 44-93-140 is guilty of a misdemeanor and, upon conviction, must be fined not more than ten thousand dollars for each day of violation or imprisoned for not more than one year, or both. If the conviction is for a second or subsequent offense, the punishment must be by a fine not to exceed twenty-five thousand dollars for each day of violation or imprisonment not to exceed two years, or both.

(D) Each day of noncompliance with an order issued pursuant to this chapter or noncompliance with a permit, regulation, standard, or requirement pursuant to this chapter constitutes a separate offense.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-160. Fees on commercial treatment of infectious waste; reports; penalties.

(A) There is a fee on the treatment of infectious waste in this State equal to thirty dollars a ton for the first one thousand five hundred tons in a month and eight dollars a ton in excess of one thousand five hundred tons a month on the pretreatment weight of infectious waste to be imposed upon facilities required to be permitted pursuant to this chapter.

(B) The owner or operator of a facility required to be permitted pursuant to this chapter treating infectious waste shall submit, not later than the tenth day of each month, to the Department of Health and Environmental Control:

(1) a report detailing the total weight of infectious waste received for treatment during the preceding month and its point of origin;

(2) a check made payable to the department for the fee due for the preceding month;

(3) in case of failure to file a return on or before the date prescribed by law or failure to pay a fee on or before the date prescribed by law, there must be added a penalty of twenty-five percent of the amount of fee due. The department may revoke a permit to operate for failure to pay any fees, penalties, or interest required by law. Upon payment the department may reinstate the permit to an operator of a permitted treatment facility treating infectious waste in this State. The penalty provided by this item may be reduced or waived by the department for reasonable cause.

(C) A person treating infectious waste who fails to remit the fee or penalty as provided by law must be charged interest at the rate of one percent a month. Interest must be calculated on the full amount of the fee or portion of it, exclusive of penalties, from the time the fee or penalty was due and paid in its entirety.

HISTORY: 1989 Act No. 134, Section 1; 1990 Act No. 612, Part II, Section 6A; 1994 Act No. 497, Part II, Section 30B; 1997 Act No. 155, Part II, Section 78A.

SECTION 44-93-165. Infectious Waste Program Fund; establishment; funding.

The department shall establish an Infectious Waste Program Fund to ensure the availability of funds to carry out the department's responsibilities under this chapter. This fund must be financed by the fees imposed pursuant to Section 44-93-160. From the revenue derived from the fees on infectious waste, an amount equal to eight dollars a ton for the first one thousand five hundred tons in a month must be deposited into the Infectious Waste Program Fund.

HISTORY: 1994 Act No. 497, Part II, Section 30A; 1997 Act No. 155, Part II, Section 78B.

SECTION 44-93-170. Infectious Waste Contingency Fund.

The department shall establish an Infectious Waste Contingency Fund to ensure the availability of funds for response actions necessary at permitted infectious waste treatment facilities and necessary from accidents in the transportation of infectious waste and to defray the cost of governmental response actions associated with infectious waste. After funding of the Infectious Waste Program Fund, as provided for in Section 44-93-165, the Infectious Waste Contingency Fund must be financed by the remaining fees imposed pursuant to Section 44-93-160. The fees credited to the Infectious Waste Contingency Fund must be allocated as follows: an amount equal to two-thirds of the fees must be deposited into the fund and an amount equal to one-third of the fees must be held in a separate and distinct account within the fund for the purpose of being returned to each county in which the fee imposed by Section 44-93-160 is collected. When the amount of fees held in the Infectious Waste Contingency Fund meets or exceeds three hundred fifty thousand dollars, all fees remaining after funding the Infectious Waste Program Fund must be placed in the account established for counties and distributed as provided for in this section. When the balance in the Infectious Waste Contingency Fund reaches $250,000 or less, all fees remaining after funding the Infectious Waste Program Fund must be retained by the contingency fund until the fund reaches $350,000. Interest earned by the funds must be credited to the general fund of the State. Proceeds of the county account returned to a county pursuant to this section must be released by the State Treasurer upon the written request of a majority of the legislative delegation of the recipient county.

HISTORY: 1989 Act No. 134, Section 1; 1990 Act No. 612, Part II, Section 6B; 1992 Act No. 501, Part II Section 20A; 1994 Act No. 497, Part II, Section 30C; 1996 Act No. 458, Part II, Section 103.

SECTION 44-93-180. Inspection of treatment facilities; fees.

The department shall assign as may be necessary a health inspector to serve at a commercial infectious waste treatment facility located in South Carolina for the purpose of assuring the protection of the health and safety of the public by monitoring the receipt, handling, treatment, and disposal of infectious waste at these sites. The department shall establish a fee schedule to cover the costs of implementing this inspection program. The fee must be collected from the commercial infectious waste facilities based upon the amount of infectious waste received.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-190. Chapter inapplicable to treatment or disposal of hazardous waste.

This chapter does not apply to the treatment or disposal of hazardous waste regulated under the South Carolina Hazardous Waste Management Act.

HISTORY: 1989 Act No. 134, Section 1.

SECTION 44-93-210. Annual estimate of amount of infectious waste; infectious waste treatment facilities.

(A) Annually the department shall estimate and publish the amount of infectious waste it expects to be generated within this State during the succeeding calendar year. No permitted infectious waste treatment facility may treat more than the amount the department allows it to treat by permit.

(B) For purposes of this section, a permitted infectious waste treatment facility means a site where infectious waste is incinerated regardless of the number of incinerator units or the ownership of the units.

HISTORY: 1990 Act No. 612, Part II, Section 6C; 1996 Act No. 307, Section 1; 1997 Act No. 155, Part II, Section 78C.

SECTION 44-93-220. Monthly incineration limits for infectious waste from July through December, 1990.

From July through December, 1990, no more than fifteen hundred tons of infectious waste may be burned in any one month by a permitted commercial infectious waste incinerator facility in this State.

HISTORY: 1990 Act No. 612, Section 6D, Part II.

SECTION 44-93-230. Construction of infectious waste provisions.

The provisions of Sections 44-93-210 and 44-93-220 must be construed as separate provisions. If a provision is judged to be invalid by a court of law of this State, the court's decree shall apply only to the provision and action specified and shall have no effect on any other provision unless stated in the court's decree. The invalidity does not affect other provisions or applications of Sections 44-93-210 and 44-93-220 which may be given effect without the invalid provision or application and, pursuant to this

requirement, the provisions of this section are severable.

HISTORY: 1990 Act No. 612, Part II, Section 6E.

SECTION 44-93-240. Fines for exceeding infectious waste incineration limits; disposition of money collected.

In the event the infectious waste tonnage limitations in any month are unlawfully exceeded, at a commercial waste incinerator facility, a five dollar per ton increase in the fees imposed pursuant to Section 44-93-160(A) is imposed retroactively on the excess tonnage burned in that month. The funds received from this fee increase must also be deposited in the Infectious Waste Contingency Fund established in Section 44-93-170. The fee increase imposed by this section is in addition to any other civil or criminal penalties which may be imposed by law for the tonnage violation.

HISTORY: 1990 Act No. 612, Part II, Section 6F.

CHAPTER 41
Abortions

ARTICLE 1
Abortions Generally

SECTION 44-41-10. Definitions.

As used in this chapter:

(a) "Abortion" means the use of an instrument, medicine, drug, or other substance or device with intent to terminate the pregnancy of a woman known to be pregnant for reasons other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.

(b) "Physician" means a person licensed to practice medicine in this State.

(c) "Department" means the South Carolina Department of Health and Environmental Control.

(d) "Hospital" means those institutions licensed for hospital operation by the department in accordance with Article 3, Chapter 7 of this title and which have also been certified by the department to be suitable facilities for the performance of abortions.

(e) "Clinic" shall mean any facility other than a hospital as defined in subsection (d) which has been licensed by the Department, and which has also been certified by the Department to be suitable for the performance of abortions.

(f) "Pregnancy" means the condition of a woman carrying a fetus or embryo within her body as the result of conception.

(g) "Conception" means the fecundation of the ovum by the spermatozoa.

(h) "Consent" means a signed and witnessed voluntary agreement to the performance of an abortion.

(i) "First trimester of pregnancy" means the first twelve weeks of pregnancy commencing with conception rather than computed on the basis of the menstrual cycle.

(j) "Second trimester of pregnancy" means that portion of a pregnancy following the twelfth week and extending through the twenty-fourth week of gestation.

(k) "Third trimester of pregnancy" means that portion of a pregnancy beginning with the twenty-fifth week of gestation.

(l) "Viability" means that stage of human development when the fetus is potentially able to live outside of the mother's womb with or without the aid of artificial life support systems. For the purposes of this chapter, a legal presumption is hereby created that viability occurs no sooner than the twenty-fourth week of pregnancy.

(m) "Minor" means a female under the age of seventeen.

(n) "Emancipated minor" means a minor who is or has been married or has by court order been freed from the care, custody, and control of her parents.

(o) "In loco parentis" means any person over the age of eighteen who has placed himself or herself in the position of a lawful parent by assuming obligations which are incidental to the parental relationship and has so served for a period of sixty days.

HISTORY: 1962 Code Section 32-681; 1974 (58) 2837; 1990 Act No. 341, Sections 2, 3; 1995 Act No. 1, Section 2.

SECTION 44-41-20. Legal Abortions.

Abortion shall be a criminal act except when performed under the following circumstances:

(a) During the first trimester of pregnancy the abortion is performed with the pregnant woman's consent by her attending physician pursuant to his professional medical judgment.

(b) During the second trimester of pregnancy the abortion is performed with the pregnant woman's consent by her attending physician in a hospital or clinic certified by the Department.

(c) During the third trimester of pregnancy, the abortion is performed with the pregnant woman's consent, and if married and living with her husband the consent of her husband, in a certified hospital, and only if the attending physician and one additional consulting physician, who shall not be related to or engaged in private practice with the attending physician, certify in writing to the hospital in which the abortion is to be performed that the abortion is necessary based upon their best medical judgment to preserve the life or health of the woman. In the event that the preservation of the woman's mental health is certified as the reason for the abortion, an additional certification shall be required from a consulting psychiatrist who shall not be related to or engaged in private practice with the attending physician. All facts and reasons supporting such certification shall be set forth by the attending physician in writing and attached to such certificate.

HISTORY: 1962 Code Section 32-682; 1974 (58) 2837.

SECTION 44-41-30. Persons from whom consent is required.

(A) Consent is required before the performance of an abortion from the pregnant woman in every case and in the case of a minor, it must be obtained pursuant to the provisions of Section 44-41-31.

(B) In the case of a woman who is under adjudication of mental incompetency by a court of competent jurisdiction, consent must be obtained from her spouse or a legal guardian if she is married; if she is not married, from one parent or a legal guardian.

(C) Notwithstanding the consent required in subsections (A) and (B) consent must be waived if:

(1) a physician determines that a medical emergency exists involving the life of or grave physical injury to the pregnant woman; or

(2) the pregnancy is the result of incest.

(D) In cases of incest the physician performing the abortion shall report the alleged incest to the local county department of social services or to a law enforcement agency in the county where the child resides or is found. Failure to report is a violation punishable under the child abuse laws of this State.

(E) Nothing in this section permits a physician to perform an abortion without first obtaining the consent of the pregnant woman if she is capable of giving consent.

HISTORY: 1962 Code Section 32-683; 1974 (58) 2837; 1990 Act No. 341, Section 4.

SECTION 44-41-31. Abortion upon minors; consent requirements; support obligations of parent or legal guardian who refuses to give consent for minor's abortion; penalty for false representation.

(A) No person may perform an abortion upon a minor unless consent is obtained in accordance with one of the following provisions:

(1) the attending physician or his agent or the referring physician or his agent has secured the informed written consent, signed and witnessed, of the pregnant minor and:

(a) one parent of the minor; or

(b) a legal guardian of the minor; or

(c) a grandparent of the minor; or

(d) any person who has been standing in loco parentis to the minor for a period not less than sixty days;

(2) the minor is emancipated and the attending physician or his agent has received the informed signed written consent of the minor; or

(3) the attending physician or his agent has obtained the informed signed written consent of the minor and has received the order of the court obtained by the minor pursuant to this chapter.

(B) If a parent or legal guardian refuses to give the informed written consent for the minor's abortion and there has been a judicial finding of refusal of consent, and the minor has a child or children as a result of that pregnancy, the duty imposed by law of supporting the child or children extends to the minor and jointly and severally to the refusing parent or legal guardian and the natural father until the minor reaches the age of eighteen years or is emancipated.

(C) Any person standing in loco parentis and who consents to the abortion of the minor as permitted in subsection (A)(1) of this section shall sign an affidavit indicating the nature and length of his or her relationship with the minor. The affidavit must state the penalties for wilfully or knowingly making a false representation. Anyone who knowingly or wilfully makes a false representation in the affidavit shall be guilty of a misdemeanor and, upon conviction, must be fined not more than three thousand dollars or imprisoned for not more than one year.

HISTORY: 1990 Act No. 341, Section 1.

SECTION 44-41-32. Petitioning court for right to obtain abortion without consent of parent or legal guardian.

Every minor has the right to petition the court for an order granting her the right to obtain an abortion without the consent required in Section 44-41-31(1). In seeking this relief the following procedures apply:

(1) The minor may prepare and file a petition in either the circuit or family court. The petition may be filed in the name of Jane Doe to protect the anonymity of the minor.

(2) The Adoption and Birth Parent Services Division of the Department of Social Services, upon request of the minor, must provide assistance to the minor in preparing and filing the petition. Preparation and filing of the petition must be completed within forty-eight hours after the request. The Department of Social Services shall promulgate regulations establishing the procedures to be followed in providing this assistance.

(3) Upon the filing of the petition, the court shall appoint a guardian ad litem for the minor, taking into consideration the preference of the minor. The minor may participate in court proceedings on her own behalf, but the court shall advise her that she has a right to court-appointed counsel and shall provide her with counsel upon her request.

(4) All proceedings pursuant to this section must be given precedence over other matters pending before the court.

(5) The court shall hold a hearing and rule on the merits of the petition within seventy-two hours of the filing of the petition. This time may be extended upon the request of the minor. The court shall consider the emotional development, maturity, intellect, and understanding of the minor; the nature and possible consequences of the abortion and of the alternatives to the abortion; and other evidence that the court may find useful in determining whether the minor should be granted the right on her own behalf to consent to the abortion or whether the abortion is in the best interest of the minor.

HISTORY: 1990 Act No. 341, Section 1.

SECTION 44-41-33. Court order granting or denying minor right to obtain abortion.

(A) The court shall enter a written order stating findings of fact and conclusions of law in support of its decision to:

(1) grant the minor the right on her own behalf to consent to the abortion if the court finds that the minor is mature and well-informed enough to make the abortion decision on her own;

(2) grant consent for the abortion if the court finds that the performance of the abortion would be in the minor's best interest; or

(3) deny the petition if the court finds that the minor is immature and that performance of the abortion would not be in the minor's best interest. If the father of the child born after the denial of the petition is identified by adjudication, he shall share in the expenses of the delivery and rearing of the child as determined by the court. Orders issued under this item shall specify that the minor shall have the right to counseling services, appropriate prenatal care, delivery, neonatal, and post-natal care, the cost of which may be paid by the State. Additionally, the State shall have subrogation rights against the father for payments made by the State on behalf of the child.

(B) The court shall immediately issue a written order to the minor, her guardian ad litem, attorney, or other person designated by the minor to receive notice on her behalf.

HISTORY: 1990 Act No. 341, Section 1.

SECTION 44-41-34. Appeals; hearings closed to public; records to be sealed; Supreme Court to adopt rules.

(A) A minor has the right to appeal to the Supreme Court a decision rendered pursuant to Section 44-41-33. She is entitled to an anonymous and expeditious appellate review which takes precedence over other matters pending before the court.

(B) A minor who declares she has insufficient funds to pursue the procedures provided in this section or in Section 44-41-32 must not be required to pay the costs associated with these procedures.

(C) The notice of intent to appeal must be filed with the court issuing the order described in Section 44-41-33 within seventy-two hours from the date the order is received. The record on appeal must be completed and the appeal must be perfected within ten days from the filing of the notice of intent to appeal. These filing requirements are not considered jurisdictional and may be extended by the Supreme Court upon request of the minor for good cause shown.

(D) All hearings conducted under Sections 44-41-32 and 44-41-34 must be closed to the public. All records related to these sections and Section 44-41-33 are not open to public examination and must be sealed by the court.

(E) The Supreme Court shall adopt rules governing the administration of the courts or practice and procedure before such courts necessary to carry out the provisions of Sections 44-41-32, 44-41-33, and 44-41-34.

HISTORY: 1990 Act No. 341, Section 1.

SECTION 44-41-35. Failure to obtain required consent.

Failure to obtain required consent constitutes prima facie evidence of interference with family relations in appropriate civil actions. The law of this State does not preclude the award of exemplary damages in an appropriate civil action relevant to violations concerning a minor. Nothing in this chapter may be construed to limit the common law rights of parents.

HISTORY: 1990 Act No. 341, Section 1.

SECTION 44-41-36. Penalty for failing to conform with requirements of Sections 44-41-10 through 44-41-36 when performing abortion on minor; justified reliance on representations of minors or other persons.

(A) A person who intentionally performs an abortion with knowledge that, or with reckless disregard as to whether, the person upon whom the abortion is to be performed is an unemancipated minor, and who intentionally or knowingly fails to conform to any requirement in Sections 44-41-10 through 44-41-36 is guilty of a misdemeanor and, upon conviction, must be fined not less than two thousand dollars nor more than ten thousand dollars or imprisoned for not more than three years, or both. No part of the minimum fine may be suspended. For conviction of a third or subsequent offense, the sentence must be imprisonment for not less than sixty days nor more than three years, none of which may be suspended.

(B) A physician or any person employed or connected with a physician, hospital, or health care facility performing abortions who acts in good faith is justified in relying on the representations of the unemancipated minor or of any other person providing the information required under this chapter. A physician or other person who furnishes professional services related to an act authorized or required by this chapter and who relies upon the information furnished pursuant to this chapter may not be held to have violated any criminal law or to be civilly liable for the reliance, provided that the physician or other person acted in good faith.

HISTORY: 1990 Act No. 341, Section 1.

SECTION 44-41-37. Disclosure of consent requirements when counseling or discussing abortion with minor; brochure for use in counseling pregnant minors.

A physician or other professional person or agency counseling or discussing with a minor the question of her obtaining an abortion shall fully inform her of the procedures she must follow under law to obtain an abortion without the consent required in Section 44-41-31(1).

The Adoption and Birth Parent Services Division of the Department of Social Services shall develop and distribute brochures to health and education professionals for use in counseling pregnant minors. This brochure shall include the following:

(1) how to access her local health department for prenatal care;

(2) how to access her local Adoption and Birth Parent Services Division of the Department of Social Services or any private not for profit adoption service;

(3) the parental consent requirement as outlined in this bill;

(4) the judicial by-pass procedure as referred in Sections 44-41-32, 44-41-33, and 44-41-34; and

(5) how to access her local mental health center for counseling services.

HISTORY: 1990 Act No. 341, Section 1.

SECTION 44-41-40. Certain hospitals or clinics may refuse to perform abortions.

No private or nongovernmental hospital or clinic shall be required to admit any patient for the purpose of terminating a pregnancy, nor shall such institutions be required to permit their facilities to be utilized for the performance of abortions. No cause of action shall arise against any such hospital or clinic for refusal to perform or to allow the performance of an abortion if the institution has adopted a policy not to admit patients for the purpose of terminating pregnancies; provided, that no hospital or clinic shall refuse an emergency admittance.

HISTORY: 1962 Code Section 32-684; 1974 (58) 2837.

SECTION 44-41-50. Medical employees shall not be required to aid in abortions; providing necessary aftercare following abortion.

(a) No physician, nurse, technician or other employee of a hospital, clinic or physician shall be required to recommend, perform or assist in the performance of an abortion if he advises the hospital, clinic or employing physician in writing that he objects to performing, assisting or otherwise participating in such procedures. Such notice will suffice without specification of the reason therefor.

(b) No physician, nurse, technician or other person who refuses to perform or assist in the performance of an abortion shall be liable to any person for damages allegedly arising from such refusal.

(c) No physician, nurse, technician or other person who refuses to perform or assist in the performance of an abortion shall because of that refusal be dismissed, suspended, demoted, or otherwise disciplined or discriminated against by the hospital or clinic with which he is affiliated or by which he is employed. A civil action for damages or reinstatement of employment, or both, may be prosecuted by any person whose employment or affiliation with a hospital or clinic has been altered or terminated in violation of this chapter.

(d) Any physician who performs an abortion shall also provide, for proper compensation, necessary aftercare for his patient unless released by the patient in writing. The extent of aftercare required shall be that care customarily provided by physicians in such cases in accordance with accepted medical practice.

HISTORY: 1962 Code Section 32-685; 1974 (58) 2837.

SECTION 44-41-60. Abortions shall be reported.

Any abortion performed in this State must be reported by the performing physician on the standard form for reporting abortions to the state registrar, Department of Health and Environmental Control,

within seven days after the abortion is performed. The names of the patient and physician may not be reported on the form or otherwise disclosed to the state registrar. The form must indicate from whom consent was obtained or circumstances waiving consent.

HISTORY: 1975 (59) 187; 1978 Act No. 587 Section 4; 1990 Act No. 341, Section 5; 1995 Act No. 1, Section 12.

SECTION 44-41-70. Promulgation of rules and regulations for certification of hospitals and other facilities.

(a) The department shall promulgate and enforce regulations for the certification of hospitals as defined in Section 44-41-10(d) as suitable facilities for the performance of abortions.

(b) The department shall promulgate and enforce regulations for the licensing and certification of facilities other than hospitals as defined in Section 44-41-10(d) wherein abortions are to be performed as provided for in Section 44-41-20(a) and (b).

HISTORY: 1962 Code Section 32-686; 1974 (58) 2837; 1995 Act No. 1, Section 3.

SECTION 44-41-75. Licensing of certain abortion facilities; regulations.

(A) A facility in which any second trimester or five or more first trimester abortions are performed in a month must be licensed by the department to operate as an abortion clinic and must comply with the provisions of Article 3.

(B) The department shall promulgate regulations concerning sanitation, housekeeping, maintenance, staff qualifications, emergency equipment and procedures to provide emergency care, medical records and reports, laboratory, procedure and recovery rooms, physical plant, quality assurance, infection control, and information on and access to patient follow-up care necessary to carry out the purposes of this section.

HISTORY: 1995 Act No. 1, Section 1.

SECTION 44-41-80. Performing or soliciting unlawful abortion; testimony of woman may be compelled.

(a) Any person, except as permitted by this chapter, who provides, supplies, prescribes or administers any drug, medicine, prescription or substance to any woman or uses or employs any device, instrument or other means upon any woman, with the intent to produce an abortion shall be deemed guilty of a felony and, upon conviction, shall be punished by imprisonment for a term of not less than two nor more than five years or fined not more than five thousand dollars, or both. Provided, that the provisions of this item shall not apply to any woman upon whom an abortion has been attempted or performed.

(b) Except as otherwise permitted by this chapter, any woman who solicits of any person or otherwise procures any drug, medicine, prescription or substance and administers it to herself or who submits to any operation or procedure or who uses or employs any device or instrument or other means with intent to produce an abortion, unless it is necessary to preserve her life, shall be deemed guilty of a misdemeanor and, upon conviction, shall be punished by imprisonment for a term of not more than two years or fined not more than one thousand dollars, or both.

(c) Any woman upon whom an abortion has been performed or attempted in violation of the provisions of this chapter may be compelled to testify in any criminal prosecution initiated pursuant to subsection (a) of this section; provided, however, that such testimony shall not be admissible in any civil or criminal action against such woman and she shall be forever immune from any prosecution for having solicited or otherwise procured the performance of the abortion or the attempted performance of the abortion upon her.

HISTORY: 1962 Code Section 32-687; 1974 (58) 2837.

SECTION 44-41-85. Performance of partial-birth abortion by physician; felony; cause of action against physician.

(A) A physician who knowingly performs a partial-birth abortion and thereby kills a human fetus is guilty of a felony and, upon conviction, must be fined not less than five thousand dollars or imprisoned for not less than five years, or both. This section shall not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, a physical illness, or a physical injury if no other medical procedure would suffice for that purpose.

(B) As used in this section:

(1) the term "partial-birth abortion" means an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

(2) the term "physician" means a physician, surgeon, or osteopath authorized to practice medicine in this State and licensed pursuant to Chapter 47 of Title 40. However, an individual who is not a physician, but who directly and knowingly performs a partial-birth abortion is also subject to the provisions of this section.

(C)(1) The father, if married to the mother at the time she receives a partial-birth abortion, and if the mother has not attained the age of eighteen years at the time of the abortion, the maternal grandparents of the fetus have a cause of action against the physician or other person unlawfully performing a partial-birth abortion and may obtain appropriate relief, unless the pregnancy resulted from the plaintiff's criminal conduct or the plaintiff consented to the abortion.

(2) Such relief includes, but is not limited to:

(a) actual damages which shall be trebled;

(b) punitive damages for all injuries, psychological and physical, occasioned by the violation of this section; and

(c) reasonable costs and attorney's fees.

(D) A woman upon whom a partial-birth abortion is performed may not be prosecuted for a violation of this section, for a conspiracy to violate this section, or for any other offense which is based on a violation of this section.

HISTORY: 1997 Act No. 11, Section 1.

ARTICLE 3
Woman's Right to Know

SECTION 44-41-310. Short title.

This article may be cited as the "Woman's Right to Know Act".

HISTORY: 1995 Act No. 1, Section 8.

SECTION 44-41-320. Definitions.

As used in this article:

(1) "Medical emergency" means that condition which, on the basis of the physician's good faith judgment, so complicates a pregnancy as to necessitate an immediate abortion to avert the risk of her death or for which a delay will create serious risk of substantial and irreversible impairment of major bodily function.

(2) "Probable gestational age of the embryo or fetus" means what, in the judgment of the attending physician based upon the attending physician's examination and the woman's medical history, is with reasonable probability the gestational age of the embryo or fetus at the time the abortion is planned to be performed.

HISTORY: 1995 Act No. 1, Section 8.

SECTION 44-41-330. Conditions for performance; information requirements; waiting period; minors or mentally incompetent persons; retention of records.

(A) Except in the case of a medical emergency and in addition to any other consent required by the laws of this State, no abortion may be performed or induced unless the following conditions have been satisfied:

(1) The woman must be informed by the physician who is to perform the abortion or by an allied health professional working in conjunction with the physician of the procedure to be involved and by the physician who is to perform the abortion of the probable gestational age of the embryo or fetus at the time the abortion is to be performed. If an ultrasound is performed, an abortion may not be performed sooner than sixty minutes following completion of the ultrasound. The physician who is to perform the abortion or an allied health professional working in conjunction with the physician must inform the woman before the ultrasound procedure of her right to view the ultrasound image at her request during or after the ultrasound procedure.

(2) The woman must be presented by the physician who is to perform the abortion or by an allied health professional working in conjunction with the physician a written form containing the following statement: "You have the right to review printed materials prepared by the State of South Carolina which describe fetal development, list agencies which offer alternatives to abortion, and describe medical assistance benefits which may be available for prenatal care, childbirth, and neonatal care. You have the right to view your ultrasound image." This form must be signed and dated by both the physician who is to perform the procedure and the pregnant woman upon whom the procedure is to be performed.

(3) The woman must certify in writing, before the abortion, that the information described in item (1) of this subsection has been furnished her, and that she has been informed of her opportunity to review the information referred to in item (2) of this subsection.

(4) Before performing the abortion, the physician who is to perform or induce the abortion must determine that the written certification prescribed by item (3) of this subsection or the certification required by subsection (D) has been signed. This subsection does not apply in the case where an abortion is performed pursuant to a court order.

(B) Nothing herein limits the information provided by the physician who is to perform the abortion or allied health professional to the person upon whom the abortion procedure is to be performed.

(C) No abortion may be performed sooner than twenty-four hours after the woman receives the written materials and certifies this fact to the physician or the physician's agent.

(D) If the clinic or other facility where the abortion is to be performed or induced mails the printed materials described in Section 44-41-340 to the woman upon whom the abortion is to be performed or induced or if the woman obtains the information at the county health department and if the woman verifies in writing, before the abortion, that the printed materials were received by her more than twenty-four hours before the abortion is scheduled to be performed or induced, that the information described in item (A)(1) has been provided to her, and that she has been informed of her opportunity to review the information referred to in item (A)(2), then the waiting period required pursuant to subsection (C) does not apply.

(E) In the event the person upon whom the abortion is to be performed or induced is an unemancipated minor, as defined in Section 44-41-10, the information described in Section 44-41-330(A)(1) and (2) must be furnished and offered respectively to a parent of the minor, a legal guardian of the minor, a grandparent of the minor, or any person who has been standing in loco parentis to the minor for a period of not less than sixty days. The parent, legal guardian, grandparent, or person who has been standing in loco parentis, as appropriate, must make the certification required by Section 44-41-330(A)(3). In the event the person upon whom the abortion is to be performed is under adjudication of mental incompetency by a court of competent jurisdiction, the information must be furnished and offered respectively to her spouse or a legal guardian if she is married; if she is not married, from one parent or a legal guardian. The spouse, legal guardian, or parent, as appropriate, must make the certification required by Section 44-41-330(A)(3). This subsection does not apply in the case of an abortion performed pursuant to a court order.

(F) A clinic or other facility must maintain, for three years after the abortion is performed or induced, the woman's written verification that the information was so provided and the printed materials were so offered. In the case of an unemancipated minor or mentally incompetent person, the clinic or other facility is required to maintain a copy of the court order or the medical records and written consent for three years after the procedure is performed.

(G) This section does not apply if a clinic or other facility where abortions are performed or induced does not have, through no fault of the clinic or facility and if the clinic or facility can demonstrate through written evidence the unavailability of the materials described in Section 44-41-340.

HISTORY: 1995 Act No. 1, Section 8; 2008 Act No. 222, Section 1, eff May 14, 2008; 2010 Act No. 268, Section 1, eff June 24, 2010.

SECTION 44-41-340. Publication of materials regarding available assistance, etc.

(A) The South Carolina Department of Health and Environmental Control shall cause to be published the following printed materials:

(1) geographically indexed materials designed to inform the woman of public and private agencies and services available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies, which include a comprehensive list of the agencies available, a description of the services they offer, and a description of the manner, including telephone numbers, in which they may be contacted;

(2) materials designed to inform the woman of the probable anatomical and physiological characteristics of the embryo or fetus at two-week gestational increments from the time when a woman can be known to be pregnant to full term. Any photograph, drawing or other depiction must state in bold letters, which are easily legible, stating the magnification of the photograph, drawing or depiction if it is not the actual size of the embryo or fetus at the age indicated. The materials must be objective, nonjudgmental, and designed to convey only accurate scientific information about the embryo or fetus at the various gestational ages;

(3) materials designed to inform the woman of the principal types of abortion procedures and the major risks associated with each procedure, as well as the major risks associated with carrying a fetus to full-term;

(4) materials designed to inform the woman that medical assistance benefits may be available for prenatal care, childbirth, and neonatal care by providing the names, addresses, and phone numbers of appropriate agencies that provide or have information available on these benefits;

(5) materials designed to inform the woman of the mechanisms available for obtaining child support payments.

(6) a list of health care providers, facilities, and clinics that offer to perform ultrasounds free of charge. The list must be arranged geographically and shall include the name, address, hours of operation, and telephone number of each entity listed. A health care provider, facility, or clinic that would like to be included on this list may contact the department and provide the required information. The department must update this list annually before September first;

(7) a plainly worded explanation of how a woman may calculate the gestational age of her embryo or fetus;

(8) a scientifically accurate statement concerning the contribution that each parent makes to the genetic constitution of their biological child;

(9) forms for notifications, certifications, and verifications required by Section 44-41-330.

(B) The materials must be easily comprehendible and must be printed in a typeface large enough to be clearly legible.

(C) The materials required under this section must be available from the South Carolina Department of Health and Environmental Control upon request and in appropriate number to any person, facility, or hospital.

(D)(1) The materials required under this section must be available on the department's Internet website in a format suitable for downloading. The website must be capable of permitting the user to print a time and date stamped certification identifying when the materials are downloaded.

(2) The department's Internet website also must provide a link to the Internet website maintained by health care providers, facilities, and clinics that offer to perform ultrasounds free of charge that have requested to be placed on the list maintained by the department.

HISTORY: 1995 Act No. 1, Section 8; 2010 Act No. 268, Sections 2, 3 eff June 24, 2010.

SECTION 44-41-350. Penalties for noncompliance with this article.

A physician who performs an abortion when the physician knows or should know that the provisions of this article have not been complied with before the abortion is guilty of a misdemeanor and, upon conviction:

(1) for a first or second offense, must be fined not more than one thousand dollars. No term of imprisonment may be imposed for a first or second offense.

(2) for a third or subsequent offense, must be imprisoned not more than three years or fined not more than five thousand dollars, or both.

HISTORY: 1995 Act No. 1, Section 8.

SECTION 44-41-360. Preservation of anonymity of woman having abortion.

In every proceeding or action brought under this article, the court shall rule whether the anonymity of any woman upon whom an abortion is performed or attempted shall be preserved from public disclosure if she does not give her consent to such a disclosure. The court, upon motion of any person or upon its own motion, shall make such a ruling and, upon determining that her anonymity be preserved, shall issue orders to the parties, witnesses, and counsel, and shall direct the sealing of the record and exclusion of individuals from courtrooms or hearing rooms to the extent necessary to safeguard her identity from public disclosure. Each order under this section must be accompanied by specific written findings

explaining why the anonymity of the woman should be preserved from public disclosure, why the order is essential to that end, how the order is narrowly tailored to serve that interest, and why no reasonable, less restrictive alternative exists. This section may not be construed to conceal the identity of the plaintiff or of the prosecutrix or of witnesses from the defendant or to abridge or deny the defendant's ability to conduct discovery under applicable rules of court or the defendant's right to a trial by jury or to cross examination.

HISTORY: 1995 Act No. 1, Section 8.

SECTION 44-41-370. Applicability of article.

This article applies only to facilities in which any second trimester or five or more first trimester abortions are performed in a month.

HISTORY: 1995 Act No. 1, Section 8.

SECTION 44-41-380. Severability of provisions of article.

If any provision, word, phrase, or clause of Article 3, Chapter 41, Title 44 of the 1976 Code, or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect the provisions, words, phrases, clauses, or applications of Article 3, Chapter 41, Title 44 which can be given effect without the invalid provision, word, phrase, clause, or application, and, to this end, the provisions, words, phrases, and clauses of Article 3, Chapter 41, Title 44 are declared to be severable.

HISTORY: 1995 Act No. 1, Section 10; 2010 Act No. 268, Section 4, eff June 24, 2010.

ARTICLE 3

State Certification of Need and Health Facility Licensure Act

SECTION 44-7-110. Short title.

This article may be cited as the "State Certification of Need and Health Facility Licensure Act".

HISTORY: 1962 Code Section 32-761; 1952 Code Section 32-761; 1947 (45) 510; 1971 (57) 376; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-120. Declaration of purpose.

The purpose of this article is to promote cost containment, prevent unnecessary duplication of health care facilities and services, guide the establishment of health facilities and services which will best serve public needs, and ensure that high quality services are provided in health facilities in this State. To achieve these purposes, this article requires:

(1) the issuance of a Certificate of Need before undertaking a project prescribed by this article;

(2) adoption of procedures and criteria for submittal of an application and appropriate review before issuance of a Certificate of Need;

(3) preparation and publication of a State Health Plan;

(4) the licensure of facilities rendering medical, nursing, and other health care.

HISTORY: 1962 Code Section 32-763; 1952 Code Section 32-763; 1947 (45) 510; 1971 (57) 376; 1979 Act No. 51 Section 1; 1981 Act No. 16, Section 1; 1988 Act No. 670, Section 1; 1992 Act No. 511, Section 1.

SECTION 44-7-130. Definitions.

As used in this article:

(1) "Affected person" means the applicant, a person residing within the geographic area served or to be served by the applicant, persons located in the health service area in which the project is to be located and who provide similar services to the proposed project, persons who before receipt by the department of the proposal being reviewed have formally indicated an intention to provide similar services in the future, persons who pay for health services in the health service area in which the project is to be located and who have notified the department of their interest in Certificate of Need applications, the State Consumer Advocate, and the State Ombudsman. Persons from another state who would otherwise be considered "affected persons" are not included unless that state provides for similar involvement of persons from South Carolina in its certificate of need process.

(2) "Ambulatory surgical facility" means a facility organized and administered for the purpose of performing surgical procedures for which patients are scheduled to arrive, receive surgery, and be discharged on the same day. The owner or operator makes the facility available to other providers who comprise an organized professional staff.

(3) "Board" means the State Board of Health and Environmental Control.

(4) Reserved.

(5) "Competing applicants" means two or more persons or health care facilities as defined in this article who apply for Certificates of Need to provide similar services or facilities in the same service area within a time frame as established by departmental regulations and whose applications, if approved, would exceed the need for services or facilities.

(6) "Community residential care facility" means a facility which offers room and board and provides a degree of personal assistance for two or more persons eighteen years old or older.

(7) "Day-care facility for adults" means a facility for adults eighteen years or older which offers in a group setting a program of individual and group activities and therapies. The program is directed toward providing community-based care for those in need of a supportive setting for less than twenty-four hours a day, thereby preventing unnecessary institutionalization, and shall provide a minimum of four and a maximum of fourteen hours of operation a day.

(8) "Department" means the Department of Health and Environmental Control.

(9) "The federal act" means Title VI of the United States Public Health Service Act (the Hill-Burton Construction Program); Title XVI of the United States Public Health Service Act (National Health Planning and Resources Development Act of 1974 - Public Law 93-641); grants for all center and facility construction under Public Law 91-211 (community mental health centers' amendments to Title II, Public Law 88-164, Community Mental Health Centers Act); grants for all facility construction under Public Law 91-517 (developmental disabilities services and facilities construction amendments of 1970 to Part C, Title I, grants for construction of facilities for persons with intellectual disability - Public Law 88-164); and other federal programs as may exist or be enacted which provide for the construction of hospitals or related health facilities.

(10) "Health care facility" means acute care hospitals, psychiatric hospitals, alcohol and substance abuse hospitals, nursing homes, ambulatory surgical facilities, hospice facilities, radiation therapy facilities, rehabilitation facilities, residential treatment facilities for children and adolescents, intermediate care facilities for persons with intellectual disability, narcotic treatment programs, and any other facility for which Certificate of Need review is required by federal law.

(11) "Health service" means clinically related, diagnostic, treatment, or rehabilitative services and includes alcohol, drug abuse, and mental health services for which specific standards or criteria are prescribed in the State Health Plan.

(12) "Hospital" means a facility organized and administered to provide overnight medical or surgical care or nursing care of illness, injury, or infirmity and may provide obstetrical care, and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.

Hospital may include residential treatment facilities for children and adolescents in need of mental health treatment which are physically a part of a licensed psychiatric hospital. This definition does not include facilities which are licensed by the Department of Social Services.

(13) "Nursing home" means a facility with an organized nursing staff to maintain and operate organized facilities and services to accommodate two or more unrelated persons over a period exceeding twenty-four hours which is operated either in connection with a hospital or as a freestanding facility for the express or implied purpose of providing intermediate or skilled nursing care for persons who are not in need of hospital care.

(14) "Facility for chemically dependent or addicted persons" means a facility organized to provide outpatient or residential services to chemically dependent or addicted persons and their families based on an individual treatment plan including diagnostic treatment, individual and group counseling, family therapy, vocational and educational development counseling, and referral services.

(15) "Person" means an individual, a trust or estate, a partnership, a corporation including an association, joint stock company, insurance company, and a health maintenance organization, a health care facility, a state, a political subdivision, or an instrumentality including a municipal corporation of a state, or any legal entity recognized by the State.

(16) "Residential treatment facility for children and adolescents" means a facility operated for the assessment, diagnosis, treatment, and care of two or more "children and adolescents in need of mental health treatment" which provides:

(a) a special education program with a minimum program defined by the South Carolina Department of Education;

(b) recreational facilities with an organized youth development program; and

(c) residential treatment for a child or adolescent in need of mental health treatment.

(17) "Solely for research" means a service, procedure, or equipment which has not been approved by the Food and Drug Administration (FDA) but which is currently undergoing review by the FDA as an investigational device. FDA research protocol and any applicable Investigational Device Exemption (IDE) policies and regulations must be followed by a facility proposing a project "solely for research".

(18) "Children, adolescents, and young adults in need of mental health treatment" in a residential treatment facility means a child, adolescent, or young adult under age twenty-one who manifests a

substantial disorder of cognitive or emotional process, which lessens or impairs to a marked degree that child's, adolescent's, or young adult's capacity either to develop or to exercise age-appropriate or age-adequate behavior. The behavior includes, but is not limited to, marked disorders of mood or thought processes, severe difficulties with self-control and judgment including behavior dangerous to self or others, and serious disturbances in the ability to care for and relate to others.

(19) "Intermediate care facility for persons with intellectual disability" means a facility that serves four or more persons with intellectual disability or persons with related conditions and provides health or rehabilitative services on a regular basis to individuals whose mental and physical conditions require services including room, board, and active treatment for their intellectual disability or related conditions.

(20) "Freestanding or mobile technology" means medical equipment owned or operated by a person other than a health care facility for which the total cost is in excess of that prescribed by regulation and for which specific standards or criteria are prescribed in the State Health Plan.

(21) "Like equipment with similar capabilities" means medical equipment in which functional and technological capabilities are identical to the equipment to be replaced; and the replacement equipment is to be used for the same or similar diagnostic, therapeutic, or treatment purposes as currently in use; and does not constitute a material change in service or a new service.

(22) "Facilities wherein abortions are performed" means a facility, other than a hospital, in which any second trimester or five or more first trimester abortions are performed in a month.

(23) "Radiation therapy facility" means a person or a health care facility which provides or seeks to provide mega-voltage therapeutic services to patients through the use of high energy radiation.

(24) "Birthing center" means a facility or other place where human births are planned to occur. This does not include the usual residence of the mother or any facility that is licensed as a hospital or the private practice of a physician who attends the birth.

(25) "Freestanding emergency service" also referred to as an off-campus emergency service, means an extension of an existing hospital emergency department that is an off-campus emergency service and that is intended to provide comprehensive emergency service. The hospital shall have a valid license and be in operation to support the off-campus emergency service. A service that does not provide twenty-four hour, seven day per week operation or that is not capable of providing basic services as defined for hospital emergency departments must not be classified as a freestanding emergency service and must not advertise or display or exhibit any signs or symbols that would identify the service as a freestanding emergency service.

HISTORY: 1962 Code Section 32-762; 1952 Code Section 32-762; 1947 (45) 510; 1952 (47) 2042; 1958 (50) 1634; 1959 (51) 356; 1961 (52) 550; 1964 (53) 2117; 1971 (57) 376; 1979 Act No. 51 Section 1; 1981 Act No. 16, Section 2; 1983 Act No. 68 Section 1; 1987 Act No. 184 Sections 2, 3; 1988 Act No. 527, Sections 1, 2; 1988 Act No. 670, Section 1; 1990 Act No. 501, Section 1; 1990 Act No. 612, Part II, Section

64; 1992 Act No. 511, Sections 2-5, 16; 1993 Act No. 164, Part II, Section 17A; 1995 Act No. 1, Section 5; 1998 Act No. 303, Section 1; 1998 Act No. 351, Section 1; 1999 Act No. 10, Section 1; 2000 Act No. 248, Section 3; 2010 Act No. 278, Sections 2, 3, eff July 1, 2010; 2011 Act No. 47, Sections 1, 8, 9, eff June 7, 2011; 2011 Act No. 61, Section 1, eff June 15, 2011; 2014 Act No. 173 (H.3567), Section 1, eff May 16, 2014.

SECTION 44-7-140. Department as sole agency for control of program.

The department is designated the sole state agency for control and administration of the granting of Certificates of Need and licensure of health facilities and other activities necessary to be carried out under this article.

HISTORY: 1962 Code Section 32-762.1; 1952 Code Section 32-762.1; 1951 (47) 132; 1971 (57) 376; 1979 Act No. 51 Section 1; 1988 Act No. 397, Section 4. 670, Section 1.

SECTION 44-7-150. Duties of department.

In carrying out the purposes of this article, the department shall:

(1) require reports and make inspections and investigations as considered necessary;

(2) to the extent that is necessary to effectuate the purposes of this article, enter into agreements with other departments, commissions, agencies, and institutions, public or private;

(3) adopt in accordance with Article I of the Administrative Procedures Act substantive and procedural regulations considered necessary by the department and approved by the board to carry out the department's licensure and Certificate of Need duties under this article, including regulations to deal with competing applications;

(4) accept on behalf of the State and deposit with the State Treasurer, any grant, gift, or contribution made to assist in meeting the cost of carrying out the purpose of this article and expend it for that purpose;

(5) The department may charge and collect fees to cover the cost of operating the Certificate of Need program, including application fees, filing fees, issuance fees, and nonapplicability/exemption determination fees. The department shall develop regulations which set fees as authorized by this article. The level of these fees must be determined after careful consideration of the direct and indirect costs incurred by the department in performing its various functions and services in the Certificate of Need program. All fees and procedures for collecting fees must be adopted pursuant to procedures set forth in the Administrative Procedures Act. Any fee collected pursuant to this section in excess of seven hundred fifty thousand dollars must be retained by the department and designated for the administrative costs of the Certificate of Need program. The first seven hundred fifty thousand dollars collected pursuant to this section must be deposited into the general fund of the State. Until fees are promulgated through regulation, all fees established as of January 1, 2009, remain in effect.

HISTORY: 1962 Code Section 32-764; 1952 Code Section 32-764; 1947 (45) 510; 1971 (57) 376; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 2010 Act No. 278, Section 4, eff July 1, 2010.

SECTION 44-7-160. Certificate of Need required under certain circumstances.

A person or health care facility as defined in this article is required to obtain a Certificate of Need from the department before undertaking any of the following:

(1) the construction or other establishment of a new health care facility;

(2) a change in the existing bed complement of a health care facility through the addition of one or more beds or change in the classification of licensure of one or more beds;

(3) an expenditure by or on behalf of a health care facility in excess of an amount to be prescribed by regulation which, under generally acceptable accounting principles consistently applied, is considered a capital expenditure except those expenditures exempted in Section 44-7-170(B)(1). The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the development, acquisition, improvement, expansion, or replacement of any plant or equipment must be included in determining if the expenditure exceeds the prescribed amount;

(4) a capital expenditure by or on behalf of a health care facility which is associated with the addition or substantial expansion of a health service for which specific standards or criteria are prescribed in the South Carolina Health Plan;

(5) the offering of a health service by or on behalf of a health care facility which has not been offered by the facility in the preceding twelve months and for which specific standards or criteria are prescribed in the South Carolina Health Plan;

(6) the acquisition of medical equipment which is to be used for diagnosis or treatment if the total project cost is in excess of that prescribed by regulation.

HISTORY: 1962 Code Section 32-765; 1952 Code Section 32-765; 1947 (45) 510; 1971 (57) 376; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1992 Act No. 511, Section 6; 2010 Act No. 278, Section 5, eff July 1, 2010.

SECTION 44-7-170. Institutions and transactions exempt from article.

(A) The following are exempt from Certificate of Need review:

(1) the acquisition by a person of medical equipment to be used solely for research, the offering of an institutional health service by a person solely for research, or the obligation of a capital expenditure by a person to be made solely for research if it does not:

(a) affect the charges imposed by the person for the provision of medical or other patient care services other than the services that are included in the research;

(b) change the bed capacity of a health care facility; or

(c) substantially change the medical or other patient care services provided by the person.

A written description of the proposed research project must be submitted to the department in order for the department to determine if these conditions are met. A Certificate of Need is required in order to continue use of the equipment or service after the equipment or service is no longer being used solely for research;

(2) the offices of a licensed private practitioner whether for individual or group practice except as provided for in Section 44-7-160(1) and (6);

(3) the replacement of like equipment for which a Certificate of Need has been issued which does not constitute a material change in service or a new service.

(B) This article does not apply to:

(1) an expenditure by or on behalf of a health care facility for nonmedical projects for services such as refinancing existing debt, parking garages, laundries, roof replacements, computer systems, telephone systems, heating and air conditioning systems, upgrading facilities which do not involve additional square feet or additional health services, replacement of like equipment with similar capabilities, or similar projects as described in regulations;

(2) facilities owned and operated by the South Carolina Department of Mental Health and the South Carolina Department of Disabilities and Special Needs, except an addition of one or more beds to the total number of beds of the departments' health care facilities existing on July 1, 1988;

(3) educational and penal institutions maintaining infirmaries for the exclusive use of student bodies and inmate populations;

(4) any federal health care facility sponsored and operated by this State;

(5) community-based housing designed to promote independent living for persons with mental or physical disabilities. This does not include a facility defined in this article as a "health care facility";

(6) kidney disease treatment centers including, but not limited to, free standing hemodialysis centers and renal dialysis centers;

(7) health care facilities owned and operated by the federal government.

(C) Before undertaking a project enumerated in subsection (A), a person shall obtain a written exemption from the department as may be more fully described in regulation.

HISTORY: 1962 Code Section 32-766; 1952 Code Section 32-766; 1947 (45) 510; 1964 (53) 2117; 1965 (54) 472; 1968 (55) 2815; 1971 (57) 376; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1992 Act No. 322, Section 1; 1992 Act No. 511, Section 7; 1998 Act No; 303, Sections 2, 3; 2003 Act No. 27, Section 1, eff upon approval (became law without the Governor's signature on May 15, 2003); 2010 Act No. 278, Section 6, eff July 1, 2010.

SECTION 44-7-180. Health planning committee; appointment, composition, terms, and allowances; State Health Plan; fees to cover costs of certificate of need program.

(A) There is created a health planning committee comprised of fourteen members. The Governor shall appoint twelve members, which must include at least one member from each congressional district. In addition, each of the following groups must be represented among the Governor's appointees: health care consumers, health care financiers, including business and insurance, and health care providers, including an administrator of a licensed for-profit nursing home. The chairman of the board shall appoint one member. The South Carolina Consumer Advocate or the Consumer Advocate's designee is an ex officio nonvoting member. Members appointed by the Governor are appointed for four-year terms, and may serve only two consecutive terms. Members of the health planning committee are allowed the usual mileage and subsistence as provided for members of boards, committees, and commissions. The committee shall elect from among its members a chairman, vice chairman, and such other officers as the committee considers necessary to serve a two-year term in that office.

(B) With the advice of the health planning committee, the department shall prepare a South Carolina Health Plan for use in the administration of the Certificate of Need program provided in this article. The plan at a minimum must include:

(1) an inventory of existing health care facilities, beds, specified health services, and equipment;

(2) projections of need for additional health care facilities, beds, health services, and equipment;

(3) standards for distribution of health care facilities, beds, specified health services, and equipment including scope of services to be provided, utilization, and occupancy rates, travel time, regionalization, other factors relating to proper placement of services, and proper planning of health care facilities; and

(4) a general statement as to the project review criteria considered most important in evaluating Certificate of Need applications for each type of facility, service, and equipment, including a finding as to whether the benefits of improved accessibility to each such type of facility, service, and equipment may outweigh the adverse affects caused by the duplication of any existing facility, service, or equipment.

The South Carolina Health Plan must address and include projections and standards for specified health services and equipment which have a potential to substantially impact health care cost and accessibility.

Nothing in this provision shall be construed as requiring the department to approve any project which is inconsistent with the South Carolina Health Plan.

(C) Upon approval by the health planning committee, the South Carolina Health Plan must be submitted at least once every two years to the board for final revision and adoption. Once adopted by the board, the plan may later be revised through the same planning and approval process. The department shall adopt by regulation a procedure to allow public review and comment, including regional public hearings, before adoption or revision of the plan.

HISTORY: 1962 Code Section 32-768; 1952 Code Section 32-768; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1992 Act No. 511, Section 8; 2010 Act No. 278, Section 7, eff July 1, 2010.

SECTION 44-7-185. Repealed by 2010 Act No. 278, Section 24, eff July 1, 2010.

SECTION 44-7-190. Project Review Criteria; weighing of criteria.

(A) The department shall adopt, upon approval of the board, Project Review Criteria which, at a minimum, must provide for the determination of need for health care facilities, beds, services and equipment, including demographic needs, appropriate distribution, and utilization; accessibility to underserved groups; availability of facilities and services without regard to ability to pay; absence of less costly and more effective alternatives; appropriate financial considerations, including method of financing, financial feasibility, and cost containment; consideration of impact on health systems resources; site and building suitability; consideration of quality of care; and relevant special considerations as may be appropriate. The Project Review Criteria must be adopted as a regulation pursuant to the Administrative Procedures Act.

(B) The project review criteria promulgated in regulation must be used in reviewing all projects under the Certificate of Need process. When the criteria are weighted to determine the relative importance for the specific project, the department may reorder the relative importance of the criteria no more than one time after the project review meeting. When an application has been appealed, the department may not change the weighted formula.

HISTORY: 1962 Code Section 32-769; 1952 Code Section 32-769; 1947 (45) 510; 1951 (47) 506; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 2010 Act No. 278, Section 8, eff July 1, 2010.

SECTION 44-7-200. Application for Certificate of Need; notice; prohibited communications.

(A) An application for a Certificate of Need must be submitted to the department in a form established by regulation. The application must address all applicable standards and requirements set forth in departmental regulations, Project Review Criteria of the department, and the South Carolina Health Plan.

(B) Within twenty days before submission of an application, the applicant shall publish notification that an application is to be submitted to the department in a newspaper serving the area where the project

is to be located for three consecutive days. The notification must contain a brief description of the scope and nature of the project. No application may be accepted for filing by the department unless accompanied by proof that publication has been made for three consecutive days within the prior twenty-day period and payment of the initial application fee has been received.

(C) Upon publication of this notice and until a contested case hearing is requested pursuant to Section 44-1-60(G):

(1) members of the board and persons appointed by the board to hold a final review conference on staff decisions may not communicate directly or indirectly with any person in connection with the application; and

(2) no person shall communicate, or cause another to communicate, as to the merits of the application with members of the board and persons appointed by the board to hold a final review conference on staff decisions.

A person who violates this subsection is subject to the penalties provided in Section 1-23-360.

(D) After receipt of an application with proof of publication and payment of the initial application fee, the department shall publish in the State Register a notice that an application has been accepted for filing. Within thirty days of acceptance of the application, the department may request additional information as may be necessary to complete the application. The applicant has thirty days from the date of the request to submit the additional information. If the applicant fails to submit the requested information within the thirty-day period, the application is considered withdrawn.

(E) After a Certificate of Need application has been filed with the department, state and federal elected officials are prohibited from communicating with the department with regard to the Certificate of Need application at any time. This prohibition does not include written communication of support or opposition to an application. Such written communication must be included in the administrative record.

HISTORY: 1962 Code Section 32-770; 1952 Code Section 32-770; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1990 Act No. 471, Section 1; 1992 Act No. 511, Section 9; 2010 Act No. 278, Sections 9, 10, eff July 1, 2010.

SECTION 44-7-210. Certificate of Need review procedures.

(A) After the department has determined that an application is complete, affected persons must be notified in accordance with departmental regulations. The notification to affected persons that the application is complete begins the review period; however, in the case of competing applications, the review period begins on the date of notice to affected persons that the last of the competing applications is complete and notice is published in the State Register. The staff shall issue its decision to approve or deny the application no earlier than thirty calendar days, but no later than one hundred twenty calendar days, from the date affected persons are notified that the application is complete,

unless a public hearing is timely requested as may be provided for by department regulation. If a public hearing is properly requested, the staff's decision must not be made until after the public hearing, but in no event shall the decision be issued more than one hundred fifty calendar days from the date affected persons are notified that the application is complete. The staff may reorder the relative importance of the project review criteria no more than one time during the review period. The staff's reordering of the relative importance of the project review criteria does not extend the review period provided for in this section.

(B) The department may not issue a Certificate of Need unless an application complies with the South Carolina Health Plan, Project Review Criteria, and other regulations. Based on project review criteria and other regulations, which must be identified by the department, the department may refuse to issue a Certificate of Need even if an application complies with the South Carolina Health Plan. In the case of competing applications, the department shall award a Certificate of Need, if appropriate, on the basis of which, if any, most fully complies with the requirements, goals, and purposes of this article and the State Health Plan, Project Review Criteria, and the regulations adopted by the department.

(C) On the basis of staff review of the application, the staff shall make a staff decision to grant or deny the Certificate of Need and the staff shall issue a decision in accordance with Section 44-1-60(D). Notice of the decision must be sent to the applicant and affected persons who have asked to be notified. The decision becomes the final agency decision unless a timely written request for a final review is filed with the department as provided for in Section 44-1-60(E).

However, a person may not file a request for final review in opposition to the staff decision on a Certificate of Need unless the person provided written notice to the department during the staff review that he is an affected person and specifically states his opposition to the application under review.

(D) The staff's decision is not the final agency decision until the completion of the final review process provided for in Section 44-1-60(F).

(E) A contested case hearing of the final agency decision must be requested in accordance with Section 44-1-60(G). The issues considered at the contested case hearing considering a Certificate of Need are limited to those presented or considered during the staff review.

(F) Notwithstanding any other provision of law, including Section 1-23-650(C), in a contested case arising from the department's decision to grant or deny a Certificate of Need application, grant or deny a request for exemption under Section 44-7-170, or the issuance of a determination regarding the applicability of Section 44-7-160, the following apply:

(1) each party may name no more than ten witnesses who may testify at the contested case hearing;

(2) each party is permitted to take only the deposition of a person listed as a witness who may testify at the contested case hearing, unless otherwise provided for by the Administrative Law Court;

(3) each party is permitted to serve only ten interrogatories pursuant to Rule 33 of the South Carolina Rules of Civil Procedure;

(4) each party is permitted to serve only ten requests for admission, including subparts; and

(5) each party is permitted to serve only thirty requests for production, including subparts.

The limitations provided for in this subsection are intended to make the contested case process more efficient, less burdensome, and less costly to the parties in Certificate of Need cases. Therefore, the Administrative Law Court may, by court order, lift these limitations beyond the parameters set forth in this subsection only in exceptional circumstances when failure to do so would cause substantial prejudice to the party seeking additional discovery.

(G) Notwithstanding any other provision of law, in a contested case arising from the department's decision to grant or deny a Certificate of Need application, grant or deny a request for exemption under Section 44-7-170, or the issuance of a determination regarding the applicability of Section 44-7-160, the Administrative Law Court shall file a final decision no later than eighteen months after the contested case is filed with the Clerk of the Administrative Law Court, unless all parties to the contested case consent to an extension or the court finds substantial cause otherwise.

HISTORY: 1962 Code Section 32-771; 1952 Code Section 32-771; 1947 (45) 510; 1971 (57) 376; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1990 Act No. 471, Sections 2, 3; 1992 Act No. 511, Section 10; 1998 Act No. 303, Section 4; 2010 Act No. 278, Section 11, eff July 1, 2010.

SECTION 44-7-220. Administrative Law Court review of Certificate of Need decisions.

(A) A party who is aggrieved by the Administrative Law Court's final decision may seek judicial review of the final decision in accordance with Section 1-23-380.

(B) If the relief requested in the appeal is the reversal of the Administrative Law Court's decision to approve the Certificate of Need application or approve the request for exemption under Section 44-7-170 or approve the determination that Section 44-7-160 is not applicable, the party filing the appeal shall deposit a bond with the Clerk of the Court of Appeals within five calendar days after filing the petition to appeal. The bond must be secured by cash or a surety authorized to do business in this State in an amount equal to five percent of the total cost of the project or one hundred thousand dollars, whichever is greater, up to a maximum of one million five hundred thousand dollars. If the Court of Appeals affirms the Administrative Law Court's decision or dismisses the appeal, the Court of Appeals shall award to the party whose project is the subject of the appeal all of the bond and also may award reasonable attorney's fees and costs incurred in the appeal. If a party appeals the denial of its own Certificate of Need application or of an exemption request under Section 44-7-170 or appeals the determination that Section 44-7-160 is applicable and there is no competing application involved in the appeal, the party filing the appeal is not required to deposit a bond with the Court of Appeals.

(C)(1) Furthermore, if at the conclusion of the contested case or judicial review the Administrative Law Court or the Court of Appeals finds that the contested case or a subsequent appeal was frivolous, the Administrative Law Court or the Court of Appeals may award damages incurred as a result of the delay, as well as reasonable attorney's fees and costs, to the party whose project is the subject of the contested case or judicial review.

(2) As used in this subsection, "frivolous appeal" means any one of the following:

(a) taken solely for purposes of delay or harassment;

(b) where no question of law is involved;

(c) where the contested case or judicial review is without merit.

HISTORY: 1962 Code Section 32-772; 1952 Code Section 32-772; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1990 Act No. 471, Section 4; 2010 Act No. 278, Section 12, eff July 1, 2010.

SECTION 44-7-225. State Health Plan in effect at application and at decision.

The department, the Administrative Law Court, and the Court of Appeals shall consider the South Carolina Health Plan in place at the time the application was filed and may consider the current South Carolina Health Plan when making its decision.

HISTORY: 2010 Act No. 278, Section 20, eff July 1, 2010.

SECTION 44-7-230. Limitation on Certificate of Need; capital expenditure; architectural plans; time limitation; Certificate of Need as not transferable.

(A) The Certificate of Need, if issued, is valid only for the project described in the application including location, beds and services to be offered, physical plant, capital or operating costs, or other factors as set forth in the application, except as may be modified in accordance with regulations. The department shall require periodic reports and make inspections to determine compliance with the Certificate of Need. Implementation of the project or operation of the facility or medical equipment that is not in accordance with the Certificate of Need application or conditions subsequently agreed to by the applicant and the department may be considered a violation of this article.

(B) In issuing a Certificate of Need, the department shall specify the maximum capital expenditure obligated under the certificate. The department shall prescribe the method used to determine capital expenditure maximums, establish procedures to monitor capital expenditures obligated under certificates, and establish procedures to review projects for which the capital expenditure maximum is exceeded or expected to be exceeded.

(C) Prior to any construction authorized by a Certificate of Need, final drawings and specifications prepared by an architect or engineer legally registered under the laws of this State must be submitted to the department for approval. All construction must be completed in accordance with approved plans and specifications and prior approval must be obtained from the department for any changes that substantially alter the scope of work, function of construction, or major items of equipment, safety, or cost of the facility during construction.

(D) A Certificate of Need is valid for one year from the date of issuance. A Certificate of Need must be issued with a timetable submitted by the applicant and approved by the department to be followed for completion of the project. The holder of the Certificate of Need shall submit periodic progress reports on meeting the timetable as may be required by the department. Failure to meet the timetable results in the revocation of the Certificate of Need by the department unless the department determines that extenuating circumstances beyond the control of the holder of the Certificate of Need are the cause of the delay. The department may grant two extensions of up to nine months each upon evidence that substantial progress has been made in accordance with procedures set forth in regulations. The board may grant further extensions of up to nine months each only if it determines that substantial progress has been made in accordance with the procedures set forth in regulations.

(E) A Certificate of Need is nontransferable. A Certificate of Need or rights thereunder may not be sold, assigned, leased, transferred, mortgaged, pledged, or hypothecated, and any actual transfer or attempt to make a transfer of this sort results in the immediate voidance of the Certificate of Need. The sale or transfer of the controlling interest or majority ownership in a corporation, partnership, or other entity holding, either directly or indirectly, a Certificate of Need, results in the transfer and voidance of a Certificate of Need.

HISTORY: 1962 Code Section 32-773; 1952 Code Section 32-773; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1990 Act No. 471, Section 5; 1992 Act No. 511, Sections 11, 12; 2010 Act No. 278, Section 13, eff July 1, 2010.

SECTION 44-7-240. Construction program.

The department may establish a construction program providing for adequate facilities in this State and, insofar as possible, shall provide for the distribution of facilities and services throughout this State in such manner as to make all types of health services reasonably accessible to all persons in this State. The State Health Plan as required by this article may be used for purposes of establishing the relative need of projects for which applications are submitted under this construction program. Submittal of applications and review and approval of projects for which federal funds are requested must be in accordance with regulations adopted by the department and applicable federal act.

HISTORY: 1962 Code Section 32-774; 1952 Code Section 32-774; 1947 (45) 510; 1964 (53) 2117; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1992 Act No. 511, Section 13.

SECTION 44-7-250. Department to establish and enforce basic standards.

The department shall establish and enforce basic standards for the licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State.

HISTORY: 1962 Code Section 32-775; 1952 Code Section 32-775; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-260. Requirements for licensure.

(A) If they provide care for two or more unrelated persons, the following facilities or services may not be established, operated, or maintained in this State without first obtaining a license in the manner provided by this article and regulations promulgated by the department:

(1) hospitals, including general and specialized hospitals;

(2) nursing homes;

(3) residential treatment facilities for children and adolescents;

(4) ambulatory surgical facilities;

(5) Reserved;

(6) community residential care facilities;

(7) facilities for chemically dependent or addicted persons;

(8) end-stage renal dialysis units;

(9) day-care facilities for adults;

(10) any other facility operating for the diagnosis, treatment, or care of persons suffering from illness, injury or other infirmity and for which the department has adopted standards of operation by regulation.

(11) intermediate care facilities for persons with intellectual disability;

(12) freestanding or mobile technology.

(13) facilities wherein abortions are performed.

(14) birthing centers.

(B) The licensing provisions of this article do not apply to:

(1) infirmaries for the exclusive use of the student bodies of privately-owned educational institutions which maintain infirmaries;

(2) community-based housing sponsored, licensed, or certified by the South Carolina Department of Disabilities and Special Needs. The Department of Disabilities and Special Needs shall provide to the Department of Health and Environmental Control the names and locations of these facilities on a continuing basis; or

(3) homeshare programs designated by the Department of Mental Health, provided that these programs do not serve more than two persons at each program location, the length of stay does not exceed fourteen consecutive days for one of the two persons, and the temporarily displaced person must be directly transferred from a homeshare program location. The Department of Mental Health shall provide to the Department of Health and Environmental Control the names and locations of these programs on a continuing basis.

(C) The department is authorized to investigate, by inspection or otherwise, any facility to determine if its operation is subject to licensure.

(D) Each hospital must have a single organized medical staff that has the overall responsibility for the quality of medical care provided to patients. Medical staff membership must be limited to doctors of medicine or osteopathy who are currently licensed to practice medicine or osteopathy by the State Board of Medical Examiners, dentists licensed to practice dentistry by the State Board of Dentistry and podiatrists licensed to practice podiatry by the State Board of Podiatry Examiners. No individual is automatically entitled to membership on the medical staff or to the exercise of any clinical privilege merely because he is licensed to practice in any state, because he is a member of any professional organization, because he is certified by any clinical examining board, or because he has clinical privileges or staff membership at another hospital without meeting the criteria for membership established by the governing body of the respective hospital. Patients of podiatrists and dentists who are members of the medical staff of a hospital must be coadmitted by a doctor of medicine or osteopathy who is a member of the medical staff of the hospital who is responsible for the general medical care of the patient. Oral surgeons who have successfully completed a postgraduate program in oral surgery accredited by a nationally recognized accredited body approved by the United States Office of Education may admit patients without the requirement of coadmission if permitted by the bylaws of the hospital and medical staff.

(E) No person, regardless of his ability to pay or county of residence, may be denied emergency care if a member of the admitting hospital's medical staff or, in the case of a transfer, a member of the accepting hospital's medical staff determines that the person is in need of emergency care. "Emergency care" means treatment which is usually and customarily available at the respective hospital and that must be provided immediately to sustain a person's life, to prevent serious permanent disfigurement, or loss or impairment of the function of a bodily member or organ, or to provide for the care of a woman in active labor if the hospital is so equipped and, if the hospital is not so equipped, to provide necessary treatment to allow the woman to travel to a more appropriate facility without undue risk of serious

harm. In addition to or in lieu of any action taken by the South Carolina Department of Health and Environmental Control affecting the license of any hospital, when it is established that any officer, employee, or member of the hospital medical staff has recklessly violated the provisions of this section, the department may require the hospital to pay a civil penalty of up to ten thousand dollars.

HISTORY: 1962 Code Section 32-776; 1952 Code Section 32-776; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1990 Act No. 501, Section 2; 1992 Act No. 511, Section 17; 1994 Act No. 359; 1995 Act No. 1, Section 6; 2008 Act No. 233, Section 1, eff May 21, 2008; 2010 Act No. 278, Sections 14, 15, eff July 1, 2010; 2011 Act No. 47, Section 10, eff June 7, 2011.

SECTION 44-7-261. Privately-owned education infirmaries.

Health care facilities licensed pursuant to Regulation 61-16, Minimum Standards for Licensing Hospitals and Institutional General Infirmaries, and designated as "privately-owned education infirmaries" may be established within the jurisdiction of a larger nonmedical institution which maintains and operates organized facilities and services to accommodate two or more nonrelated students, faculty, and staff with illness, injury, or infirmity for a period exceeding twenty-four hours for the diagnosis, treatment, and care of such persons and which provides medical, surgical, and professional nursing care, and in which all diagnoses, treatment, and care are performed under the direction of persons currently licensed to practice medicine and surgery in South Carolina. However, privately-owned education infirmaries also may care for patients who are not students, faculty, or staff when the privately-owned education infirmary has agreed to provide such care to this class or patients prior to January 1, 2007.

HISTORY: 2007 Act No. 95, Section 2, eff January 1, 2008.

SECTION 44-7-262. Minimum resident-staff ratios for nursing homes.

(A) As a condition of licensure, in addition to the number of licensed nursing personnel required by R61-17, or any other regulation, a nursing home must provide at a minimum these resident-staff ratios for staff who provide nursing care:

(1) 9 to 1 for shift 1;

(2) 13 to 1 for shift 2;

(3) 22 to 1 for shift 3.

In those facilities utilizing two twelve-hour shifts, the staffing ratios for shift one apply to the twelve-hour shift occurring primarily during the day, and the staffing ratios for shift three apply to the twelve-hour shift occurring primarily during the night.

(B) For purposes of this section:

(1) "Shift 1" means a work shift that occurs primarily during the daytime hours including, but not limited to, a 7:00 a.m. to 3:00 p.m. shift;

(2) "Shift 2" means a work shift that generally includes both daytime and evening hours including, but not limited to, a 3:00 p.m. to 11:00 p.m. shift;

(3) "Shift 3" means a work shift that occurs primarily during the nighttime hours including, but not limited to, an 11:00 p.m. to 7:00 a.m. shift.

HISTORY: 1998 Act No. 419, Part II, Section 46A.

SECTION 44-7-264. Nursing home or community residential care facility licensure; fingerprint-based criminal records check; prohibition of issuance of license or requirement of revocation for certain crimes.

(A) To obtain a license to operate a nursing home or a community residential care facility the person, or persons, required to sign the application for licensure pursuant to Section 44-7-270 shall undergo a state and national fingerprint-based criminal records check.

(B)(1) A nursing home license or community residential care facility license must not be issued to the applicant, and if issued, may be revoked, if the person or any one of the persons required to undergo a criminal records check pursuant to subsection (A) is required to register under the sex offender registry pursuant to Section 23-3-430 or has been convicted of:

(a) abuse, neglect, or exploitation of a child or vulnerable adult, as defined in Section 43-35-10;

(b) any violent crime, as defined in Section 16-1-60;

(c) any other drug related felony;

(d) forgery, embezzlement, or breach of trust with fraudulent intent, as classified in Section 16-1-90(E); or

(e) a criminal offense similar in nature to the crimes listed in this subsection committed in another jurisdiction or under federal law.

(2) This section does not prohibit obtaining licensure when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this section has been pardoned. However, notwithstanding the entry of a pardon, the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for licensure for a community residential care facility.

(C) Criminal records checks required pursuant to this section must consist of a fingerprint-based records check conducted by the South Carolina Law Enforcement Division (SLED) for the state check and a fingerprint-based records check conducted by the Federal Bureau of Investigation (FBI) for the national check. An applicant shall submit with the criminal records check application one complete set of the applicant's fingerprints in a manner specified by SLED. Fingerprints submitted to SLED pursuant to this section must be collected in a manner specified by SLED and must be used to conduct a state criminal records check by SLED and to facilitate a national criminal records check by the FBI. SLED is authorized to retain the fingerprints for licensing purposes and for notification of the department regarding criminal charges. The actual cost of obtaining state and national criminal records checks by SLED and the FBI must be paid by the licensure applicant directly to the required entity as specified by SLED.

HISTORY: 2010 Act No. 207, Section 1, eff June 7, 2010.

SECTION 44-7-265. Freestanding or mobile technology regulations to be promulgated.

The department shall promulgate regulations for licensing freestanding or mobile technology. At a minimum, the regulations must include:

(1) standards for the maintenance and operation of freestanding or mobile technology to ensure the safe and effective treatment of persons served;

(2) a description of the professional qualifications necessary for personnel to operate the equipment and interpret the test results;

(3) minimum staffing requirements to ensure the safe operation of the equipment and interpret the test results; and

(4) that all freestanding or mobile technology must be in conformance with professional organizational standards.

HISTORY: 1992 Act No. 511, Section 18.

SECTION 44-7-270. Applications for license.

Applicants for a license shall file annually, or as may be provided for in regulation, applications under oath with the department upon prescribed forms. An application must be signed by the owner, if an individual or a partnership, or in the case of a corporation by two of its officers, or in the case of a government unit by the head of the governmental department having jurisdiction over it. The application must set forth the full name and address of the facility for which the license is sought, as applicable, and the full name and address of the owner, the names of the persons in control, and additional information as the department may require, including affirmative evidence of ability to comply with standards and regulations adopted by the department. Each applicant shall pay a license fee prior to issuance of a license as established by regulation. The department may charge an inspection fee.

HISTORY: 1962 Code Section 32-777; 1952 Code Section 32-777; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 2010 Act No. 278, Section 16, eff July 1, 2010.

SECTION 44-7-280. Issuance of license; expiration.

Licenses issued pursuant to this article expire one year after date of issuance or annually upon uniform dates, or as otherwise prescribed by regulation. Licenses must be issued only for the premises and persons named in the application and are not transferable or assignable. Licenses must be posted in a conspicuous place on the licensed premises.

HISTORY: 1962 Code Section 32-778; 1952 Code Section 32-778; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 2010 Act No. 278, Section 17, eff July 1, 2010.

SECTION 44-7-285. Change of ownership and control.

A health care facility, as defined in this article, shall notify the department within thirty calendar days of a change in ownership or in controlling interest of the health care facility or entity owning a health care facility, directly or indirectly, by purchase, lease, gift, donation, sale of stock, or comparable arrangement. Failure to notify the department of such change within the thirty-day period may result in an administrative action under Section 44-7-320.

HISTORY: 2010 Act No. 278, Section 21, eff July 1, 2010.

SECTION 44-7-290. Necessity of complying with article and regulations of department.

The department may not issue licenses for the operation of facilities or services subject to this article unless the facility and persons named in the application are found to comply with the provisions of this article and the department's regulations.

HISTORY: 1962 Code Section 32-779; 1952 Code Section 32-779; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-295. Authority to enter facilities to investigate violations.

The department is authorized to enter at all times in or on the property of any facility or service, whether public or private, licensed by the department or unlicensed, for the purpose of inspecting and investigating conditions relating to a violation of this article or regulations of the department. The department's authorized agents may examine and copy any records or memoranda pertaining to the operation of a licensed or unlicensed facility or service to determine compliance with this article. However, if such entry or inspection is denied or not consented to and no emergency exists, the department is empowered to obtain a warrant to enter and inspect the property and its records from the magistrate in the jurisdiction in which the property is located. The magistrate may issue these warrants upon a showing of probable cause for the need for entry and inspection. The department shall

furnish a written copy of the results of the inspection or investigation to the owner or operator of the property.

HISTORY: 2010 Act No. 223, Section 9, eff June 7, 2010; 2010 Act No. 278, Section 22, eff July 1, 2010.

SECTION 44-7-300. Plans and specifications.

Prior to commencing the construction or alteration of facilities required to be licensed by this department, plans and specifications must be submitted to the department for review and approval in accordance with regulations of the department. If construction has commenced without submittal of plans and specifications, an applicant for a license is required to submit certified drawings for review and approval prior to action upon the application for a license.

HISTORY: 1962 Code Section 32-780; 1952 Code Section 32-780; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-310. Certain information not to be disclosed publicly.

Information received by the Office of Health Licensing of the department through inspection or otherwise which does not appear on the face of the license may not be disclosed publicly in a manner as to identify individuals or facilities except in a proceeding involving the licensure or certification of need of the facility or licensing proceedings against an employee of the facility or as ordered by a court of competent jurisdiction.

HISTORY: 1962 Code Section 32-781; 1952 Code Section 32-781; 1947 (45) 510; 1964 (53) 2117; 1979 Act No. 51 Section 1; 1983 Act No. 68 Section 2; 1984 Act No. 300; 1984 Act No. 512, Part II, Section 19C; 1988 Act No. 670, Section 1.

SECTION 44-7-315. Disclosure of information regarding facility or home.

(A) Information received by the Division of Health Licensing of the department, through inspection or otherwise, in regard to a facility or activity licensed by the department pursuant to this article or subject to inspection by the department, including a nursing home, a community residential care facility, or an intermediate care facility for persons with intellectual disability, must be disclosed publicly upon written request to the department. The request must be specific as to the facility or activity, dates, documents, and particular information requested. The department may not disclose the identity of individuals present in a facility licensed by the department pursuant to this article or subject to inspection by the department, including a nursing home, a community residential care facility, or an intermediate care facility for persons with intellectual disability. When a report of deficiencies or violations regarding a facility licensed by the department pursuant to this article or subject to inspection by the department, including a nursing home, a community residential care facility, or an intermediate care facility for persons with intellectual disability, is present in the department's files when a request for information is received, the department shall inform the applicant that it has stipulated corrective action and the time it determines for completion of the action. The department also shall inform the applicant that

information on the resolution of the corrective action order is expected to be available upon written request within fifteen calendar days or less of the termination of time it determines for completion of the action. However, if information on the resolution is present in the files, it must be furnished to the applicant.

(B) Subsection (A) does not apply to information considered confidential pursuant to Section 40-71-20 and Section 44-30-60.

HISTORY: 1990 Act No. 376, Section 1; 1991 Act No; 164, Section 1; 2006 Act No. 372, Section 3, eff June 9, 2006; 2010 Act No. 223, Section 10, eff June 7, 2010; 2010 Act No. 278, Section 18, eff July 1, 2010; 2011 Act No. 47, Section 11, eff June 7, 2011.

SECTION 44-7-320. Denial, revocation, or suspension of license; penalties.

(A)(1) The department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for:

(a) violating a provision of this article or departmental regulations;

(b) permitting, aiding, or abetting the commission of an unlawful act relating to the securing of a Certificate of Need or the establishment, maintenance, or operation of a facility requiring certification of need or licensure under this article;

(c) engaging in conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. This provision does not refer to health practices authorized by law;

(d) refusing to admit and treat alcoholic and substance abusers, the mentally ill, or persons with intellectual disability, whose admission or treatment has been prescribed by a physician who is a member of the facility's medical staff; or discriminating against alcoholics, the mentally ill, or persons with intellectual disability solely because of the alcoholism, mental illness, or intellectual disability;

(e) failing to allow a team advocacy inspection of a community residential care facility by the South Carolina Protection and Advocacy System for the Handicapped, Inc., as allowed by law.

(2) Consideration to deny, suspend, or revoke licenses or assess monetary penalties, or both, is not limited to information relating to the current licensing period but includes consideration of all pertinent information regarding the facility and the applicant.

(3) If in the department's judgment conditions or practices exist in a facility that pose an immediate threat to the health, safety, and welfare of the residents, the department immediately may suspend the facility's license and shall contact the appropriate agencies for placement of the residents. Within five calendar days of the suspension a preliminary hearing must be held to determine if the immediate threatening conditions or practices continue to exist. If they do not, the license must be immediately reinstated. Whether the license is reinstated or suspension remains due to the immediate threatening

conditions or practices, the department may proceed with the process for permanent revocation pursuant to this section.

(B) Should the department determine to assess a penalty, deny, suspend, or revoke a license, it shall send to the appropriate person or facility, by certified mail, a notice setting forth the particular reasons for the determination. The determination becomes final thirty days after the mailing of the notice, unless the person or facility, within such thirty-day period, requests in writing a contested case hearing before the board, or its designee, pursuant to the Administrative Procedures Act. On the basis of the contested case hearing, the determination involved must be affirmed, modified, or set aside. Judicial review may be sought in accordance with the Administrative Procedures Act.

(C) The penalty imposed by the department for violation of this article or its regulations must be not less than one hundred nor more than five thousand dollars for each violation of any of the provisions of this article. Each day's violation is considered a subsequent offense.

(D) Failure to pay a penalty within thirty days is grounds for suspension, revocation, or denial of a renewal of a license. No license may be issued, reissued, or renewed until all penalties finally assessed against a person or facility have been paid.

(E) No Certificate of Need may be issued to any person or facility until a final penalty assessed against a person or a facility has been paid.

(F) All penalties collected pursuant to this article must be deposited in the state treasury and credited to the general fund of the State.

HISTORY: 1962 Code Section 32-781.1; 1971 (57) 376; 1979 Act No. 51 Section 1; 1981 Act No. 16, Section 3; 1987 Act No. 184 Section 4; 1988 Act No. 670, Section 1; 1990 Act No. 377, Section 1; 1992 Act No. 339, Section 1; 2010 Act No. 223, Section 11, eff June 7, 2010; 2010 Act No. 278, Section 19, eff July 1, 2010; 2011 Act No. 47, Section 12, eff June 7, 2011.

SECTION 44-7-325. Fee for search and duplication of medical record; time limits for compliance with request for record.

(A)(1) A health care facility, as defined in Section 44-7-130, and a health care provider licensed pursuant to Title 40 may charge a fee for the search and duplication of a medical record, whether in paper format or electronic format, but the fee may not exceed:

(a) for records requested to be produced in an electronic format, the total charge to the requestor may not exceed one hundred fifty dollars per request regardless of the number of records produced or number of times the patient has been admitted to the health care facility. The charge, not to exceed one hundred fifty dollars, shall be calculated as follows: sixty-five cents per page for the first thirty pages provided in an electronic format and fifty cents per page for all other pages provided in an electronic format, plus a clerical fee not to exceed twenty-five dollars for searching and handling, which combined

with the per page costs may not exceed a total of one hundred fifty dollars per request, and to which may be added actual postage and applicable sales tax;

(b) for paper requests, sixty-five cents per page for the first thirty printed pages and fifty cents per page for all other printed pages, plus a clerical fee not to exceed twenty-five dollars for searching and handling, which combined with the per page print costs may not exceed two hundred dollars per admission to the health care facility, and to which may be added actual postage and applicable sales tax. The patient may have more than one admission on file when the record request is made. If multiple admissions exist, the print fee applies per admission, but only one clerical fee may be charged. Multiple emergency room records without an admission to the hospital are considered one admission;

(c) notwithstanding whether the records are requested in print or electronic format, the search and handling fees in subitems (a) and (b) are permitted even though no medical record is found as a result of the search, except where the request is made by the patient; and

(d) all of the fees allowed by this section, including the maximum, must be adjusted annually in accordance with the Consumer Price Index for all Urban Consumers, South Region (CPI-U), published by the U.S. Department of Labor. The Department of Health and Environmental Control is responsible for calculating this annual adjustment, which is effective on July first of each year, starting July 1, 2015.

(2) Notwithstanding the provisions of subsection (A), no fee may be charged for records copied at the request of a health care provider or for records sent to a health care provider at the request of the patient for the purpose of continuing medical care.

(3) The facility or provider may charge a patient or the patient's representative no more than the actual cost of reproduction of an X-ray. Actual cost means the cost of materials and supplies used to duplicate the X-ray and the labor and overhead costs associated with the duplication.

(B) Except for those requests for medical records pursuant to Section 42-15-95:

(1) A health care facility shall comply with a request for copies of a medical record:

(a) no later than forty-five days after the patient has been discharged or forty-five days after the request is received, whichever is later; and

(b) in a printed format or in an electronic format if requested to be delivered in electronic format, but only if the record is stored in an electronic format at the time of the request and the health care facility has the ability to produce the medical record in an electronic format without incurring additional cost.

(2) Nothing in this section may compel a health care facility to release a copy of a medical record prior to thirty days after discharge of the patient.

HISTORY: 1994 Act No. 468, Section 3; 2014 Act No. 294 (H.4354), Section 1, eff June 23, 2014.

SECTION 44-7-330. Power to sue.

The department, in accordance with the laws of this State governing injunctions and other processes, may maintain an action in the name of the State against any person or facility for violation of this article and regulations promulgated under this article. In charging any defendant in a complaint in an action, it is sufficient to charge that the defendant, upon a certain day and in a certain county, did violate any provision of this article or of the regulations promulgated without the necessity for showing irreparable harm.

HISTORY: 1962 Code Section 32-782; 1952 Code Section 32-782; 1947 (45) 510; 1950 (46) 2549; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-340. Violation as misdemeanor; fines.

Any person or facility violating any of the provisions of this article or a regulation under this article is guilty of a misdemeanor and, upon conviction, must be fined not more than one hundred dollars for the first offense and not more than five thousand dollars for a subsequent offense. Each day's violation after a first conviction constitutes a subsequent offense.

HISTORY: 1962 Code Section 32-783; 1952 Code Section 32-783; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-345. Discrimination prohibited in admission of individuals to residential care facilities.

Community residential care facilities licensed pursuant to this article which receive public funds, including funds appropriated in Part I of the appropriation act, directly or indirectly, including those instances where payment of an optional state supplement from the South Carolina Department of Social Services is made to a resident, their designated representative payee, or guardian, rather than directly to a facility, may not deny admission or services to an individual on the basis of race, color, national origin, qualified handicap, sex, or age.

HISTORY: 1990 Act No. 612, Part II, Section 56.

SECTION 44-7-350. Community residential care facility.

The agency placing a client in a community residential care facility shall develop an individual plan of care in cooperation with the provider. The placing agency shall monitor the plan to the extent considered appropriate by the placement agency.

Prior to a community residential care facility being licensed for operation in an area which is outside incorporated areas of a county, the following conditions must be met:

(1) The governing body for the area must be given notice of the proposed location.

(2) Where the governing body objects to the proposed site for the facility, the arbitration procedures set forth in Act 449 of 1978 must be employed.

HISTORY: 1962 Code Section 32-784; 1952 Code Section 32-784; 1947 (45) 510; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-360. Itemized billing.

Community residential care facilities are required to furnish an item-by-item billing for all charges to the resident or the person paying the bill, upon request by the resident or person paying the bill. Items which remain unpaid are not required to be itemized again. A request for itemized billing remains in effect until further notification by the resident or person paying the bill. The provisions of this section do not apply to the contracted amount of a state agency. Any amount above the contract must be itemized accordingly. Residents receiving an optional supplement from the State Department of Social Services must not be charged an amount greater than that set by that department.

HISTORY: 1962 Code Section 32-785; 1952 Code Section 32-785; 1947 (45) 510; 1971 (57) 267; 1976 Act No. 620 Section 1; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1.

SECTION 44-7-370. Residential Care Committee; Renal Dialysis Advisory Council.

(A) The South Carolina Department of Health and Environmental Control shall establish a Residential Care Committee to advise the department regarding licensing and inspection of community residential care facilities.

(1) The committee consists of the Long Term Care Ombudsman, three operators of homes with ten beds or less, four operators of homes with eleven beds or more, and three members to represent the department appointed by the commissioner for terms of four years.

(2) The terms must be staggered and no member may serve more than two consecutive terms. Any person may submit names to the commissioner for consideration. The advisory committee shall meet at least once annually with representatives of the department to evaluate current licensing regulations and inspection practices. Members shall serve without compensation.

(B) The Department of Health and Environmental Control shall appoint a Renal Dialysis Advisory Council to advise the department regarding licensing and inspection of renal dialysis centers. The council must be consulted and have the opportunity to review all regulations promulgated by the board affecting renal dialysis prior to submission of the proposed regulations to the General Assembly.

(1) The council is composed of a minimum of fourteen persons, one member recommended by the Palmetto Chapter of the American Nephrology Nurses Association; one member recommended by the South Carolina Chapter of the National Association of Patients on Hemodialysis and Transplants; three physicians specializing in nephrology recommended by the South Carolina Renal Physicians Association; two administrators of facilities certified for dialysis treatment or kidney transplant services; one member

recommended by the South Carolina Kidney Foundation; one member recommended by the South Carolina Hospital Association; one member recommended by the South Carolina Medical Association; one member of the general public; one member representing technicians working in renal dialysis facilities; one member recommended by the Council of Nephrology Social Workers; and one member recommended by the Council of Renal Nutritionists. The directors of dialysis programs at the Medical School of the University of South Carolina and the Medical University of South Carolina, or their designees, are ex officio members of the council.

(2) Members shall serve four-year terms and until their successors are appointed and qualify. No member of council shall serve more than two consecutive terms. The council shall meet as frequently as the board considers necessary, but not less than twice each year. Members shall serve without compensation.

HISTORY: 1962 Code Section 32-786; 1952 Code Section 32-786; 1947 (45) 510; 1971 (57) 267, 376; 1976 Act No. 620 Section 2; 1979 Act No. 51 Section 1; 1988 Act No. 670, Section 1; 1993 Act No. 110, Section 9.

SECTION 44-7-380. Surgical technology and operating room circulators; definitions; requirements to practice; exceptions.

(A) As used in this section, "surgical technology" means intraoperative surgical patient care that involves:

(1) preparing the operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely;

(2) preparing the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments, and equipment using sterile technique;

(3) anticipating the needs of the surgical team based on knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient's surgical procedure; and

(4) as directed within the sterile field in an operating room setting, performing tasks including:

(a) passing supplies, equipment, or instruments;

(b) sponging or suctioning an operative site;

(c) preparing and cutting suture materials;

(d) transferring fluids or drugs;

(e) holding retractors; and

(f) assisting in counting sponges, needles, supplies, and instruments.

(B)(1) A person may not practice surgical technology in a health care facility unless the person meets one of the following requirements:

(a) has successfully completed an accredited educational program for surgical technologists and holds and maintains the Surgical Technologist Certification administered by the National Board of Surgical Technology and Surgical Assisting, or its successor; however, upon completion of an accredited education program for surgical technologists, graduates may practice for up to three months before completing certification by the National Board of Surgical Technology and Surgical Assisting, or its successor;

(b) has completed an appropriate training program for surgical technology in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard or in the United States Public Health Service;

(c) provides evidence that the person was employed to practice surgical technology in a health care facility in this State prior to January 1, 2008; or

(d) is in the service of the federal government, to the extent the person is performing duties related to that service.

(2) A person qualified to practice as a surgical technologist pursuant to subsection (B)(1) remains qualified to practice regardless of a break in practice provided the continuing education required in subsection (D) is current.

(C) A person who does not meet the requirements of this section, may practice surgical technology in a health care facility if:

(1) after a diligent and thorough effort has been made, the health care facility is unable to employ a sufficient number of persons who meet the requirements of this section; and

(2) the health care facility makes a written record of its efforts made pursuant to item (1) and retains the record at the health care facility.

(D) A person who qualifies to practice surgical technology in a health care facility pursuant to subsection (B)(1)(a), (b), or (c) annually must complete fifteen hours of continuing education to remain qualified for employment.

(E) A health care facility that employs a person to practice surgical technology shall verify that the person meets the continuing education requirements of subsection (D) or that the person has held and maintained the Surgical Technologist Certification as required in subsection (B)(1)(a).

(F) A health care facility shall supervise each person employed by the health care facility to practice surgical technology according to the health care facility's policies and procedures to ensure that the

person competently performs delegated tasks intraoperatively according to this section or other applicable provisions of law.

(G) This section does not prohibit a person licensed under another provision of law from performing surgical technology tasks or functions if the person is acting within the scope of his or her license.

HISTORY: 2007 Act No. 95, Section 1, eff January 1, 2008.

SECTION 44-7-385. Requirements for serving as operating room circulator.

(A) As used in this section, an "operating room circulator" means a registered nurse trained, educated, or experienced in perioperative nursing who is responsible for coordinating the nursing care and safety needs of a patient in the operating room and who also meets the needs of the operating room team members during surgery.

(B) An operating room circulator in a health care facility must be a licensed registered nurse educated, trained, and experienced in perioperative nursing.

(C) A surgical technologist may not serve as the circulator in the operating room of a health care facility; however, a person who is employed to practice surgical technology in a health care facility may assist in the performance of circulating duties:

(1) consistent with the person's education, training, and experience; and

(2) as assigned and supervised by a registered nurse circulator who must be present in the operating room for the duration of the surgical procedure.

HISTORY: 2007 Act No. 95, Section 1, eff January 1, 2008.

SECTION 44-7-390. No liability or cause of action against a hospital for certain acts or proceedings.

There is no monetary liability on the part of, and no cause of action for damages arising against, a hospital licensed under this article, its parent, subsidiaries, health care system, physician practices owned by the hospital (its parent or subsidiaries), directors, officers, agents, employees, medical staff members, external reviewers, witnesses, or a member of any committee of a licensed hospital, whether permanent or ad hoc, including the hospital's governing body, for any act or proceeding undertaken or performed without malice, made after reasonable effort to obtain the facts, and the action taken was in the belief that it is warranted by the facts known, arising out of or relating to:

(1) sentinel event investigations or root cause analyses, or both, as prescribed by the joint commission or any other organization under whose accreditation a hospital is deemed to meet the Centers for Medicare and Medicaid Services' conditions of participation;

(2) investigations into the competence or conduct of hospital employees, agents, members of the hospital's medical staff or other practitioners, relating to the quality of patient care, and any disciplinary proceedings or fair hearings related thereto, provided the medical staff operates pursuant to written bylaws that have been approved by the governing body of the hospital;

(3) quality assurance reviews;

(4) the medical staff credentialing process, provided the medical staff operates pursuant to written bylaws that have been approved by the governing body of the hospital;

(5) reports by a hospital to its insurance carriers;

(6) reviews or investigations to evaluate the quality of care provided by hospital employees, agents, members of the hospital's medical staff, or other practitioners; or

(7) reports or statements, including, but not limited to, those reports or statements to the National Practitioner Data Bank and the South Carolina Board of Medical Examiners, that provide analysis or opinion (including external reviews) relating to the quality of care provided by hospital employees, agents, members of the hospital's medical staff, or other practitioners.

HISTORY: 2012 Act No. 275, Section 1, eff June 26, 2012.

SECTION 44-7-392. Confidentiality of hospital proceedings, data, documents, and information.

(A)(1) All proceedings of, and all data, documents, records, and information prepared or acquired by, a hospital licensed under this article, its parent, subsidiaries, health care system, committees, whether permanent or ad hoc, including the hospital's governing body, or physician practices owned by the hospital (its parent or subsidiaries), relating to the following are confidential:

(a) sentinel event investigations or root cause analyses, or both, as prescribed by the joint commission or any other organization under whose accreditation a hospital is deemed to meet the Centers for Medicare and Medicaid Services' conditions of participation;

(b) investigations into the competence or conduct of hospital employees, agents, members of the hospital's medical staff or other practitioners, relating to the quality of patient care, and any disciplinary proceedings or fair hearings related thereto;

(c) quality assurance reviews;

(d) the medical staff credentialing process;

(e) reports by a hospital to its insurance carriers;

(f) reviews or investigations to evaluate the quality of care provided by hospital employees, agents, members of the hospital's medical staff, or other practitioners; or

(g) reports or statements, including, but not limited to, those reports or statements to the National Practitioner Data Bank and the South Carolina Board of Medical Examiners, that provide analysis or opinion (including external reviews) relating to the quality of care provided by hospital employees, agents, members of the hospital's medical staff, or other practitioners; or

(h) incident or occurrence reports and related investigations, unless the report is part of the medical record.

(2) The proceedings and data, documents, records, and information described in subsection (A)(1) may be shared with a parent corporation, subsidiaries, other hospitals in the health care system, directors, officers, employees, and agents of the hospital and if shared, remain confidential. These proceedings and data, documents, records, and information in subsection (A)(1) are not subject to discovery, subpoena, or introduction into evidence in any civil action unless the hospital and any affected person who is a party to such action waives the confidentiality in writing. Notwithstanding the foregoing, however, in the event an affected person asserts a claim in any civil action against a hospital, its parent, affiliates, directors, officers, agents, employees, or member of any committee of a licensed hospital, relating to any proceeding identified in subsection (A)(1), the hospital may, without consultation with the affected person, waive confidentiality in that civil action. Likewise, if a hospital asserts a claim in any civil action against an affected person relating to any proceeding identified in subsection (A)(1) in which the affected person was a party, the affected person may use information in the affected person's possession that is otherwise confidential under this section in that civil action.

(3) Data, documents, records, or information which are otherwise available from original sources are not confidential and are not immune from discovery from the original source under this section or use in a civil action merely because they were acquired by the hospital.

(4) This subsection does not make confidential the outcome of a practitioner's application for medical staff membership or clinical privileges, nor does it make confidential the list of clinical privileges requested by the practitioner or the list of clinical privileges that were approved. However, the practitioner's application for medical staff membership or clinical privileges, and all supporting documentation submitted or requested for the application are confidential. Nevertheless, the application itself may be obtained from the physician requesting privileges or the practice where the physician works as an employee or an independent contractor.

(5) If a practitioner is the subject of a disciplinary proceeding or fair hearing, this subsection does not, subject to the provisions of the medical staff bylaws, prohibit the practitioner from receiving data, documents, records, and information relating to this practitioner that is relevant to the proceeding or fair hearing, even if the data, documents, records, and information are otherwise confidential under this section. Such a disclosure to a practitioner in a disciplinary proceeding or fair hearing must not be considered a waiver of any privilege or confidentiality provided for in subsection (A)(1). The practitioner must not, however, without the written consent of the hospital, publish to any third party, other than

legal counsel or a person retained for the purposes of representing the practitioner in a disciplinary proceeding or fair hearing, the data, documents, records, or information that were disclosed to him as part of the disciplinary proceeding or fair hearing.

(6) There is nothing in this section which makes any part of a patient's medical record confidential from the patient, including any redactions, corrections, supplements, or amendments to the patient's record, whether electronic or written.

(B) The confidentiality provisions of subsection (A) do not prevent committees appointed by the Department of Health and Environmental Control from issuing reports containing solely nonidentifying data and information.

(C) Nothing in this section affects the duty of a hospital licensed by the Department of Health and Environmental Control to report accidents or incidents pursuant to the department's regulations. However, anything reported pursuant to the department's regulations must not be considered a waiver of any privilege or confidentiality provided in subsection (A).

(D) Any data, documents, records or information that is reported to or reviewed by the joint commission or other accrediting bodies must not be considered a waiver of any privilege or confidentiality provided for in subsection (A).

(E) Any data, documents, records, or information of an action by a hospital to suspend, revoke, or otherwise limit the medical staff membership or clinical privileges of a practitioner that is submitted to the South Carolina Board of Medical Examiners pursuant to a report required by Section 44-7-70, or the National Practitioner Data Bank must not be considered a waiver of any privilege or confidentiality provided for in subsection (A).

(F) An affected person may file a civil action to assert a claim of confidentiality before a court of competent jurisdiction and file a motion to request the court to issue an order to enjoin a hospital from releasing data, documents, records, or information to the department, the South Carolina Board of Medical Examiners, the National Practitioner Data Bank, and the joint commission or other accrediting bodies that are not required by law or regulation to be released by a hospital. The data, documents, records, or information in controversy must be filed under seal with the court having jurisdiction over the pending action and are subject to judicial review. If the court finds that a party acted unreasonably in unsuccessfully asserting the claim of confidentiality under this subsection, the court shall assess attorney's fees against that party.

(G) For purposes of this section, an "affected person" means a person, other than a patient, who is a subject of a proceeding enumerated in subsection (A)(1).

HISTORY: 2012 Act No. 275, Section 1, eff June 26, 2012.

SECTION 44-7-394. Assertion and defense of confidentiality claims.

(A) If a hospital or affected person asserts a claim of confidentiality over documents pursuant to Section 44-7-392, and the party seeking the documents objects, then upon motion to the court having jurisdiction over the pending action the court shall review the documents under seal to determine if any of the documents are subject to discovery. The court may order production of the documents to the requesting party. If the court finds that a hospital or affected person acted unreasonably in unsuccessfully asserting the claim of confidentiality, the court may assess attorney's fees against that party for any fees incurred by the requesting party in obtaining the documents.

Further, a party to a medical or hospital malpractice case shall not offer testimony of a person who was a witness to the medical or hospital care that is the subject of the medical or hospital malpractice case if their testimony would be inconsistent with a prior written, electronic, video, or audio statement of fact submitted by the person and that is confidential under Section 44-7-392, unless such prior inconsistent statement of fact is first produced to all parties in the medical or hospital malpractice case. Upon request by a party, a privilege log shall be provided by a hospital to all parties in the medical or hospital malpractice case identifying any prior written, electronic, video, or audio statements of fact relating to the medical or hospital care that is the subject of the medical or hospital malpractice case that were given by a witness who is identified in discovery and may testify at trial. Upon motion of any party, a prior statement of fact, whether written, electronic, video, or audio, that is confidential under Section 44-7-392, may be reviewed by the court in camera to determine whether the prior statement of fact is inconsistent with the trial testimony offered in the medical or hospital malpractice case. If the court concludes that the prior statement of fact is inconsistent, the court shall order that the prior written statement of fact be produced to the moving party.

(B) For purposes of this section an "affected person" means a person, other than a patient, who is a subject of a proceeding enumerated in Section 44-7-392(A)(1).

(C) If the court orders a hospital or affected person to produce documents to a third party under this section, the hospital or affected person shall have the right to immediately appeal that order, and the filing of the appeal shall stay the enforcement of the order compelling the production.

HISTORY: 2012 Act No. 275, Section 1, eff June 26, 2012.

21E

ARTICLE 3
Narcotics and Controlled Substances

SECTION 44-53-110. Definitions.

As used in this article and Sections 44-49-10, 44-49-40, and 44-49-50:

(1) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

(a) a practitioner (or, in his presence, by his authorized agent); or

(b) the patient or research subject at the direction and in the presence of the practitioner.

(2) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser, except that this term does not include a common or contract carrier, public warehouseman, or employee of the carrier or warehouseman, when acting in the usual or lawful course of the carrier's or warehouseman's business.

(3) "Bureau" means the Bureau of Narcotics and Dangerous Drugs, United States Department of Justice, or its successor agency.

(4) "Commission" means the South Carolina Department of Alcohol and Other Drug Abuse Services.

(5) "Confidant" means a medical practitioner, a pharmacist, a pharmacologist, a psychologist, a psychiatrist, a full-time staff member of a college or university counseling bureau, a guidance counselor or a teacher in an elementary school or in a junior or senior high school, a full-time staff member of a hospital, a duly ordained and licensed member of the clergy, accredited Christian Science practitioner, or any professional or paraprofessional staff member of a drug treatment, education, rehabilitation, or referral center who has received a communication from a holder of the privilege.

(6) "Controlled substance" means a drug, substance, or immediate precursor in Schedules I through V in Sections 44-53-190, 44-53-210, 44-53-230, 44-53-250, and 44-53-270.

(7) "Controlled substance analogue" means a substance that is intended for human consumption and that either has a chemical structure substantially similar to that of a controlled substance in Schedules I, II, or III or has a stimulant, depressant, analgesic, or hallucinogenic effect on the central nervous system that is substantially similar to that of a controlled substance in Schedules I, II, or III. Controlled substance analogue does not include a controlled substance; any substance generally recognized as safe and effective within the meaning of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 301 et seq.; any substance for which there is an approved new drug application; or, with respect to a particular person, any substance if an exemption is in effect for investigational use for that person under Section 505 of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 355.

(8) "Counterfeit substance" means a controlled substance which, or the container or labeling of which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number, or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person who, in fact, manufactured, distributed, or dispensed such substance and which, thereby, falsely purports or is represented to be the product of, or to have been distributed by, such other manufacturer, distributor, or dispenser.

(9) "Cocaine base" means an alkaloidal cocaine or freebase form of cocaine, which is the end product of a chemical alteration whereby the cocaine in salt form is converted to a form suitable for smoking. Cocaine base is commonly referred to as "rock" or "crack cocaine".

(10) "Deliver" or "delivery" means the actual, constructive, or attempted transfer of a controlled drug or paraphernalia whether or not there exists an agency relationship.

(11) "Department" means the State Department of Health and Environmental Control.

(12) "Depressant or stimulant drug" means:

(a) a drug which contains any quantity of barbituric acid or any of the salts of barbituric acid, or any derivative of barbituric acid which has been designated as habit forming by the appropriate federal agency or by the department;

(b) a drug which contains any quantity of amphetamine or any of its optical isomers, any salt of amphetamine or any salt of any optical isomer of amphetamine, or any other substance which the

appropriate federal agency or the department, after investigation, has found to be capable of being, and by regulation designated as, habit forming because of its stimulant effect on the central nervous system; or

(c) lysergic acid diethylamide or mescaline, or any other substance which the appropriate federal agency or the department, after investigation, has found to have, and by regulation designates as having a potential for abuse because of its stimulant or depressant effect on the central nervous system or its hallucinogenic effect.

(13) "Detoxification treatment" means the dispensing, for a period not in excess of twenty-one days, of a narcotic drug in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within this period.

(14) "Director" means the Director of the Department of Narcotics and Dangerous Drugs under the South Carolina Law Enforcement Division.

(15) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for the delivery.

(16) "Dispenser" means a practitioner who delivers a controlled substance to the ultimate user or research subject.

(17) "Distribute" means to deliver (other than by administering or dispensing) a controlled substance.

(18) "Distributor" means a person who so delivers a controlled substance.

(19) "Drug" means a substance:

(a) recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them;

(b) intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man and animals;

(c) other than food intended to affect the structure or any function of the body of man and animals; and

(d) intended for use as a component of any substance specified in subitem (a), (b), or (c) of this paragraph but does not include devices or their components, parts, or accessories.

(20) "Drug problem" means a mental or physical problem caused by the use or abuse of a controlled substance.

(21) "Holder of the privilege" means a person with an existing or a potential drug problem who seeks counseling, treatment, or therapy regarding such drug problem.

(22) "Imitation controlled substance" means a noncontrolled substance which is represented to be a controlled substance and is packaged in a manner normally used for the distribution or delivery of an illegal controlled substance.

(23) "Immediate precursor" means a substance which the appropriate federal agency or the department has found to be and by regulation has designated as being, or can be proven by expert testimony as being, the principal compound commonly used or produced primarily for use, and which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, or is a reagent, solvent, or catalyst used in the manufacture of controlled substances, the control of which is necessary to prevent, curtail, or limit such manufacture.

(24) "Maintenance treatment" means the dispensing, for a period in excess of twenty-one days, of a narcotic drug in the treatment of an individual for dependence upon heroin or other morphine-like drugs.

(25) "Manufacture" means the production, preparation, propagation, compounding, conversion, or processing of a controlled substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance by an individual for his own use or the preparation, compounding, packaging, or labeling of a controlled substance:

(a) by a practitioner as an incident to his administering or dispensing of a controlled substance in the course of his professional practice; or

(b) by a practitioner, or by his authorized agent under his supervision, for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale.

(26) "Manufacturer" means any person who packages, repackages, or labels any container of any controlled substance, except practitioners who dispense or compound prescription orders for delivery to the ultimate consumer.

(27)(a) "Marijuana" means:

(i) all species or variety of the marijuana plant and all parts thereof whether growing or not;

(ii) the seeds of the marijuana plant;

(iii) the resin extracted from any part of the marijuana plant; or

(iv) every compound, manufacture, salt, derivative, mixture, or preparation of the marijuana plant, marijuana seeds, or marijuana resin.

(b) "Marijuana" does not mean:

(i) the mature stalks of the marijuana plant or fibers produced from these stalks;

(ii) oil or cake made from the seeds of the marijuana plant, including cannabidiol derived from the seeds of the marijuana plant;

(iii) any other compound, manufacture, salt, derivatives, mixture, or preparation of the mature stalks (except the resin extracted therefrom), including cannabidiol derived from mature stalks;

(iv) the sterilized seed of the marijuana plant which is incapable of germination;

(v) for persons participating in a clinical trial or in an expanded access program related to administering cannabidiol for the treatment of severe forms of epilepsy pursuant to Article 18, Chapter 53, Title 44, a drug or substance approved for the use of those participants by the federal Food and Drug Administration; or

(vi) for persons, or the persons' parents, legal guardians, or other caretakers, who have received a written certification from a physician licensed in this State that the person has been diagnosed by a physician as having Lennox-Gastaut Syndrome, Dravet Syndrome, also known as "severe myoclonic epilepsy of infancy", or any other severe form of epilepsy that is not adequately treated by traditional medical therapies, the substance cannabidiol, a nonpsychoactive cannabinoid, or any compound, manufacture, salt, derivative, mixture, or preparation of any plant of the genus cannabis that contains nine-tenths of one percent or less of tetrahydrocannabinol and more than fifteen percent of cannabidiol.

(c) For purposes of this item, written certification means a document dated and signed by a physician stating that the patient has been diagnosed with Lennox-Gastaut Syndrome, Dravet Syndrome, also known as "severe myoclonic epilepsy of infancy", or any other severe form of epilepsy that is not adequately treated by traditional medical therapies and the physician's conclusion that the patient might benefit from the medical use of cannabidiol.

(d) A physician is not subject to detrimental action, including arrest, prosecution, penalty, denial of a right or privilege, civil penalty, or disciplinary action by a professional licensing board for providing written certification for the medical use of cannabidiol to a patient in accordance with this section.

(28) "Methamphetamine" includes any salt, isomer, or salt of an isomer, or any mixture or compound containing amphetamine or methamphetamine. Methamphetamine is commonly referred to as "crank", "ice", or "crystal meth".

(29) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(a) opium, coca leaves, and opiates;

(b) a compound, manufacture, salt, derivative or preparation of opium, coca leaves, or opiates;

(c) a substance (and any compound, manufacture, salt, derivative, or preparation thereof) which is chemically identical with any of the substances referred to in subitem (a) or (b). This term does not include decocainized coca leaves or extracts of coca leaves, which extracts do not contain cocaine or ecgonine.

(30) "Noncontrolled substance" means any substance of chemical or natural origin which is not included in the schedules of controlled substances set forth in this article or included in the federal schedules of controlled substances set forth in Title 21, Section 812 of the United States Code or in Title 21, Part 1308 of the Code of Federal Regulations.

(31) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under this article, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include racemic and levorotatory forms.

(32) "Opium poppy" means the plant of the species Papaver somniferum L., except the seed thereof.

(33) "Paraphernalia" means any instrument, device, article, or contrivance used, designed for use, or intended for use in ingesting, smoking, administering, manufacturing, or preparing a controlled substance and does not include cigarette papers and tobacco pipes but includes, but is not limited to:

(a) metal, wooden, acrylic, glass, stone, plastic, or ceramic marijuana or hashish pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls;

(b) water pipes designed for use or intended for use with marijuana, hashish, hashish oil, or cocaine;

(c) carburetion tubes and devices;

(d) smoking and carburetion masks;

(e) roach clips;

(f) separation gins designed for use or intended for use in cleaning marijuana;

(g) cocaine spoons and vials;

(h) chamber pipes;

(i) carburetor pipes;

(j) electric pipes;

(k) air-driven pipes;

(l) chilams;

(m) bongs;

(n) ice pipes or chillers.

(34) "Peyote" means all parts of the plant presently classified botanically as Lophophora Williamsii Lemaire, whether growing or not; the seeds thereof; any extract from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or extracts.

(35) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(36) "Practitioner" means:

(a) a physician, dentist, veterinarian, podiatrist, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this State;

(b) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this State.

(37) "Production" includes the manufacture, planting, cultivation, growing, or harvesting of a controlled substance.

(38) "Ultimate user" means a person who lawfully possesses a controlled substance for his own use or for the use of a member of his household or for administration to an animal owned by him or a member of his household.

HISTORY: 1962 Code Section 32-1510.27; 1971 (57) 800; 1972 (57) 2621; 1973 (58) 289; 1974 (58) 2284, 2855; 1975 (59) 104; 1976 Act No. 672, Section 1; 1980 Act No. 361, Section 1; 1982 Act No. 400, Section 1; 1982 Act No. 427, Section 1; 1987 Act No. 128 Section 2; 1990 Act No. 604, Section 5; 2000 Act No. 355, Section 2; 2005 Act No. 127, Section 2, eff June 7, 2005; 2014 Act No. 221 (S.1035), Section 1, eff June 2, 2014.

SECTION 44-53-120. Duties of State Law Enforcement Division.

The State Law Enforcement Division shall:

(1) Cooperate with Federal and other State agencies in discharging its responsibilities concerning traffic in narcotics and controlled substances and in suppressing the abuse of dangerous substances;

(2) Coordinate and cooperate in training programs on controlled substances law enforcement at the local and State levels;

(3) Cooperate with the Federal Bureau of Narcotics and Dangerous Drugs by establishing a centralized unit within the South Carolina Law Enforcement Division which shall accept, catalogue, file and collect statistics, including records of drug dependent persons and other controlled substance law offenders within the State, and make such information available for Federal, State, and local law-enforcement purposes; and collect and furnish statistics for other appropriate purposes;

(4) Coordinate and cooperate in programs of eradication aimed at destroying wild or illicit growth of plant species from which controlled substances may be extracted.

(5) promulgate regulations to provide uniform procedures for the seizure, inventory, reporting, auditing, handling, testing, storage, preservation for evidentiary use, and destruction or other lawful disposition of controlled substances.

HISTORY: 1962 Code Section 32-1510.23; 1971 (57) 800; 1992 Act No. 387, Section 1.

SECTION 44-53-130. Coordination of law enforcement.

The State Law Enforcement Division shall formulate a plan to coordinate the controlled substance enforcement effort from the local to the State level.

HISTORY: 1962 Code Section 32-1510.24; 1971 (57) 800.

SECTION 44-53-140. Certain communications and observations shall be privileged.

Whenever a holder of the privilege shall seek counselling, treatment, or therapy for any drug problem from a confidant, no statement made by such holder and no observation or conclusion derived from such confidant shall be admissible against such holder in any proceeding. The results of any examination to determine the existence of illegal or prohibited drugs in a holder's body shall not be admissible in any proceeding against such holder.

The privilege belongs to the holder and if he waives the right to claim the privilege the communication between the holder of the privilege and the confidant shall be admissible in evidence in any proceeding.

There is no privilege if the services of a confidant are sought to enable the holder of the privilege to commit or plan to commit a crime or a tort.

HISTORY: 1962 Code Section 32-1510.25; 1971 (57) 800; 1973 (58) 289.

SECTION 44-53-150. Repealed by 2014 Act No. 221, Section 3, eff June 2, 2014.

SECTION 44-53-160. Manner in which changes in schedule of controlled substances shall be made.

(A)(1) Annually, within thirty days after the convening of each regular session of the General Assembly, the department shall recommend to the General Assembly any additions, deletions, or revisions in the schedules of controlled substances enumerated in Sections 44-53-190, 44-53-210, 44-53-230, 44-53-250, and 44-53-270 which the department deems necessary. Except as otherwise provided in this section, the department shall not make any additions, deletions, or revisions in the schedules until after notice and an opportunity for a hearing is afforded to all interested parties. In making a recommendation to the General Assembly regarding a substance, the department shall consider the following:

(a) the actual or relative potential for abuse;

(b) the scientific evidence of the substance's pharmacological effect, if known;

(c) the state of current scientific knowledge regarding the substance;

(d) the history and current pattern of abuse;

(e) the scope, duration, and significance of abuse;

(f) the risk to public health;

(g) the potential of the substance to produce psychic or physiological dependence liability;

(h) whether the substance is an immediate precursor of a substance already controlled pursuant to this chapter; and

(i) whether the substance has an accepted or recognized medical use.

(2) After considering the factors listed in subsection (A)(1), the department shall make a recommendation to the General Assembly specifying to what schedule the substance should be added, deleted, or rescheduled, if the department finds that the substance has a potential for abuse.

(B) Except as otherwise provided in this section, during the time the General Assembly is not in session, the department may add, delete, or reschedule a substance as a controlled substance after providing notice and a hearing to all interested parties. The addition, deletion, or rescheduling of a substance pursuant to this subsection has the full force of law unless overturned by the General Assembly. Upon the addition, deletion, or rescheduling of a substance, the department shall forward copies of the change to the Chairmen of the Medical Affairs Committee and the Judiciary Committee of the Senate, the Medical, Military, Public and Municipal Affairs Committee, and the Judiciary Committee of the House of Representatives, and to the Clerks of the Senate and House, and shall post the schedules on the department's website indicating the change and specifying the effective date of the change.

(C) If a substance is added, deleted, or rescheduled as a controlled substance pursuant to federal law or regulation, the department shall, at the first regular or special meeting of the South Carolina Board of Health and Environmental Control within thirty days after publication in the federal register of the final order designating the substance as a controlled substance or rescheduling or deleting the substance, add, delete, or reschedule the substance in the appropriate schedule. The addition, deletion, or rescheduling of a substance by the department pursuant to this subsection has the full force of law unless overturned by the General Assembly. The addition, deletion, or rescheduling of a substance by the department pursuant to this subsection must be in substance identical with the order published in the federal register effecting the change in federal status of the substance. Upon the addition, deletion, or rescheduling of a substance, the department shall forward copies of the change to the Chairmen of the Medical Affairs Committee and the Judiciary Committee of the Senate, the Medical, Military, Public and Municipal Affairs Committee, and the Judiciary Committee of the House of Representatives, and to the Clerks of the Senate and House, and shall post the schedules on the department's website indicating the change and specifying the effective date of the change.

(D) The department shall exclude any nonnarcotic substance from a schedule if the substance may, under the federal Food, Drug, and Cosmetic Act and the laws of this State, be lawfully sold over the counter without a prescription.

(E) The department's addition, deletion, or rescheduling of a substance as a controlled substance is governed by this section and is not subject to the promulgation requirements of Title 1, Chapter 23.

HISTORY: 1962 Code Section 32-1510.28; 1971 (57) 800; 1974 (58) 2228; 2010 Act No. 273, Section 36, eff June 2, 2010; 2012 Act No. 140, Section 1, eff April 2, 2012.

SECTION 44-53-170. Nomenclature of controlled substances in schedules.

The controlled substances listed, or to be listed, in the schedules in Sections 44-53-190, 44-53-210, 44-53-230, 44-53-250 and 44-53-270 are included by whatever official, chemical or trade name designated as well as the common or usual name designated.

HISTORY: 1962 Code Section 32-1510.29; 1971 (57) 800.

SECTION 44-53-180. Tests for inclusion of substance in Schedule I.

The Department shall place a substance in Schedule I if it finds that the substance has:

(a) A high potential for abuse;

(b) No accepted medical use in treatment in the United States; and

(c) A lack of accepted safety for use in treatment under medical supervision.

HISTORY: 1962 Code Section 32-1510.30; 1971 (57) 800.

SECTION 44-53-190. Schedule I.

(A) The controlled substances listed in this section are included in Schedule I.

(B) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

1. Acetylmethadol
2. Allylprodine
3. Alphacetylmethadol
4. Alphameprodine
5. Alphamethadol
6. Benzethidine
7. Betacetylmethadol
8. Betameprodine
9. Betamethadol
10. Betaprodine
11. Clonitazene
12. Dextromoramide
13. [Deleted]
14. Diampromide
15. Diethylthiambutene
16. Dimenoxadol
17. Dimepheptanol
18. Dimethylthiambutene
19. Dioxaphetyl butyrate
20. Dipipanone
21. Ethylmethylthiambutene
22. Etonitazene
23. Etoxeridine
24. Furethidine
25. Hydroxypethidine
26. Ketobemidone
27. Levomoramide
28. Levophenacylmorphan
29. Morpheridine
30. Noracymethadol
31. Norlevorphanol
32. Normethadone
33. Norpipanone
34. Phenadoxone
35. Phenampromide
36. Phenomorphan
37. Phenoperidine
38. Piritramide
39. Proheptazine

40. Properidine
41. Racemoramide
42. Trimeperidine
43. Propiram
44. Difenoxin
45. Alfentanyl
46. Tilidine
47. Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl) ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl-4-(N-pro-panilido) piperidine).

(C) Any of the following opium derivatives, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

1. Acetorphine
2. Acetyldihydrocodeine
3. Benzylmorphine
4. Codeine methylbromide
5. Codeine-N-Oxide
6. Cyprenorphine
7. Desomorphine
8. Dihydromorphine
9. Etorphine
10. Heroin
11. Hydromorphinol
12. Methyldesorphine
13. Methylhydromorphine
14. Morphine methylbromide
15. Morphine methylsulfonate
16. Morphine-N-Oxide
17. Myrophine
18. Nicocodeine
19. Nicomorphine
20. Normorphine
21. Pholcodine
22. Thebacon
23. Drotebanol

(D) Any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

1. 3,4-methylenedioxy amphetamine
2. 5-methoxy-3,4-methylenedioxy amphetamine
3. 3,4-methylenedioxymethamphetamine (MDMA)
4. 3,4,5-trimethoxy amphetamine
5. Bufotenine
6. Diethyltryptamine (DET)
7. Dimethyltryptamine (DMT)
8. 4-methyl-2,5-dimethoxyamphetamine (STP)
9. Ibogaine
10. Lysergic acid diethylamide (LSD)
11. Marijuana
12. Mescaline

13. Peyote
14. N-ethyl-3-piperidyl benzilate
15. N-methyl-3-piperidyl benzilate
16. Psilocybin
17. Psilocyn
18. Tetrahydrocannabinol (THC)
19. 2,5-dimethoxyamphetamine
20. 4-bromo-2,5-dimethoxyamphetamine
21. 4-Methoxyamphetamine
22. Thiophene analog of phencyclidine
23. Parahexyl
24. Synthetic cannabinoids. - Any material, compound, mixture, or preparation that is not listed as a controlled substance in Schedule I through V, is not an FDA-approved drug, and contains any quantity of the following substances, their salts, isomers (whether optical, positional, or geometric), homologues, and salts of isomers and homologues, unless specifically excepted, whenever the existence of these salts, isomers, homologues, and salts of isomers and homologues is possible within the specific chemical designation:

a. Naphthoylindoles. Any compound containing a 3-(1-naphthoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Including, but not limited to, JWH-015, JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-210, JWH-398, AM-2201, WIN 55-212, AM-2201 (C1 analog), AM-1220.

b. Naphthylmethylindoles. Any compound containing a 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent.

c. Naphthoylpyrroles. Any compound containing a 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the pyrrole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Including, but not limited to, JWH-307, JWH-370, JWH-176.

d. Naphthylmethylindenes. Any compound containing a naphthylideneindene structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indene ring to any extent and whether or not substituted in the naphthyl ring to any extent.

e. Phenylacetylindoles. Any compound containing a 3-phenylacetylindole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Including, but not limited to, SR-18, RCS-8, JWH-203, JWH-250, JWH-251.

f. Cyclohexylphenols. Any compound containing a 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not substituted in the cyclohexyl ring to any extent. Including, but not limited to, CP 47,497 (and homologues), cannabicyclohexanol, CP-55, 940.

g. Benzoylindoles. Any compound containing a 3-(benzoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in

the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Including, but not limited to, AM-694, Pravadoline (WIN 48,098), RCS-4, AM-630, AM-1241, AM-2233.

h. 2,3-Dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo [1,2,3-de]-1, 4-benzoxazin-6-yl]-1-napthalenylmethanone (WIN 55,212-2).

i. 9-(hydroxymethyl)-6,6-dimethy l-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol 7370 (HU-210, HU-211).

j. Adamantoylindoles. Any compound containing a 3-(1-adamantoyl)indole structure with substitution at the nitrogen atom of the indole ring by a alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the adamantyl ring system to any extent.

(E) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substance having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers if possible within the specific chemical designation:

(1) Mecloqualone;

(2) Methaqualone; or

(3) Gamma Hydroxybutyric Acid.

(F) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(1) Fenethylline;

(2) N-ethylamphetamine;

(3) Cathinone; or

(4) Substituted Cathinones.

Any compound (not being bupropion) structurally derived from 2-amino-1-phenyl-1-propanone by modification in any of the following ways:

(a) by substitution in the phenyl ring to any extent with alkyl, alkoxy, alkylenedioxy, haloalkyl or halide substituents, whether or not further substituted in the phenyl ring by one or more other univalent substituents;

(b) by substitution at the 3-position with an alkyl substituent;

(c) by substitution at the nitrogen atom with alkyl or dialkyl groups, benzyl or methoxybenzyl groups; or

(d) by inclusion of the nitrogen atom in a cyclic structure.

Including, but not limited to: Methylone, Mephedrone, 3,4-Methylenedioxypyrovalerone (MDPV), Butylone, Methedrone, 4-Methylethcathinone, Flephedrone, Pentylone, Pentedrone, Buphedrone.

HISTORY: 1962 Code Section 32-1510.31; 1971 (57) 800; 1974 (58) 2228; 1976 Act No. 672 Sections 2-4; 1978 Act No. 452 Section 1; 1981 Act No. 72, Section 1; 1982 Act No. 423 Sections 1, 2; 1985 Act No. 59 Sections 1-3; 2000 Act No. 355, Section 3; 2002 Act No. 267, Section 1, eff May 20, 2002; 2012 Act No. 140, Section 2, eff April 2, 2012.

SECTION 44-53-200. Tests for inclusion of substance in Schedule II.

The Department shall place a substance in Schedule II if it finds that:

(a) It has a high potential for abuse;

(b) It has a currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and

(c) Abuse may lead to severe psychic or physical dependence.

HISTORY: 1962 Code Section 32-1510.32; 1971 (57) 800.

SECTION 44-53-210. Schedule II.

(a) The controlled substances listed in this section are included in Schedule II.

(b) Any of the following substances except those narcotic drugs listed in other schedules whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding Apomorphine, Nalbuphine, Naloxone, and Naltrexone, and their respective salts;

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (1), but not including the isoquinoline alkaloids of opium;

(3) Opium poppy and poppy straw;

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(c) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters and ethers, unless specifically excepted, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

1. Alphaprodine
2. Anileridine
3. Bezitramide
4. Dihydrocodeine
5. Diphenoxylate
6. Fentanyl
7. Isomethadone
8. Levomethorphan
9. Levorphanol
10. Metazocine
11. Methadone
12. Methadone - Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane
13. Moramide - Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid
14. Pentazocine (to be administered by injection only)
15. Pethidine (meperidine).
16. Pethidine - Intermediate-A, 4-cyano-1-methyl-4-phenyl-piperidine
17. Pethidine - Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate
18. Pethidine - Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid
19. Phenazocine
20. Piminodine
21. Racemethorphan
22. Racemorphan
23. Dextropropoxyphene [alpha-(+)-4-dimethylamino-1, 2-diphenyl-3-methyl-2-propionoxybutane], in bulk form.
24. Sufentanil

(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

1. Amphetamine, its salts, optical isomers, and salts of its optical isomers.
2. Methamphetamine, its salts, and salts of isomers.
3. Phenmetrazine and its salts.
4. Methylphenidate.

(e) [Deleted]

(f) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

1. Amobarbital
2. Secobarbital
3. Pentobarbital
4. Phencyclidine
5. Phencyclidine immediate precursors:
   (a) 1-phenylcyclohexylamine
   (b) 1-piperidinocyclohexanecarbonitrile (PCC).

(g) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substance:

(1) Immediate precursor to amphetamine and methamphetamine:

(i) Phenylacetone, also known as phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone.

HISTORY: 1962 Code Section 32-1510.33; 1971 (57) 800; 1973 (58) 349; 1974 (58) 2228, 2284; 1976 Act No. 672 Section 5; 1978 Act No. 452 Section 2; 1979 Act No. 118 Section 1; 1980 Act No. 388, Section 1; 1981 Act No. 72, Section 2; 1982 Act No. 423, Section 3; 1985 Act No. 59 Sections 4, 5; 1994 Act No. 456, Section 1.

SECTION 44-53-220. Tests for inclusion of substance in Schedule III.

The Department shall place a substance in Schedule III if it finds that:

(a) It has a potential for abuse less than the substances listed in Schedules I and II;

(b) It has a currently accepted medical use in treatment in the United States; and

(c) Abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

HISTORY: 1962 Code Section 32-1510.34; 1971 (57) 800.

SECTION 44-53-230. Schedule III.

(a) The controlled substances listed in this section are included in Schedule III.

(b) Any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

1. Benzphetamine
2. Chlorphentermine
3. Clortermine
4. (Deleted)
5. Phendimetrazine

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

1. any compound, mixture, or preparation containing amobarbital, secobarbital, pentobarbital or any salt thereof and one or more other active ingredients which are not listed in any schedule;

2. any suppository dosage form containing amobarbital, secobarbital, pentobarbital, or any salt of any of these drugs and approved by the United States Food and Drug Administration for marketing only as a suppository;

3. any substance which contains any quantity of a derivative or barbituric acid or any salt thereof;

4. Chlorhexadol;

5. Gamma Hydroxybutyric Acid, and its salts, isomers, and salts of isomers contained in a drug product for which an application has been approved under Section 505 of the Federal Food, Drug and Cosmetic Act;

6. Glutehimide;

7. Lysergic Acid;

8. Lysergic Acid Amide;

9. Methyprylon;

10. Sulfondiethylmethane;

11. Sulfonethylmethane;

12. Sulfonmethane.

(d) Nalorphene

(e) Any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:

1. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

2. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

3. Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a four-fold or greater quantity of an isoquinoline alkaloid of opium.

4. Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

5. Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

6. Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

7. Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

8. Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

HISTORY: 1962 Code Section 32-1510.35; 1971 (57) 800; 1974 (58) 2228, 2284; 1975 (59) 104; 1979 Act No. 118, Section 2; 1982 Act No. 423, Section 4; 2000 Act No. 355, Section 4.

SECTION 44-53-240. Tests for inclusion of substance in Schedule IV.

The Department shall place a substance in Schedule IV if it finds that:

(a) It has a low potential for abuse relative to the substances in Schedule III;

(b) It has a currently accepted medical use in treatment in the United States; and

(c) Abuse of the substance may lead to limited physical or psychological dependence relative to substances in Schedule III.

HISTORY: 1962 Code Section 32-1510.36; 1971 (57) 800.

SECTION 44-53-250. Schedule IV.

The controlled substances in this section are included in Schedule IV.

(a) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers (whether position, geometric, or optical), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Alprazolam
(2) Barbital
(3) Bromazepam
(4) Camazepam
(5) Chloral Betaine
(6) Chloral Hydrate
(7) Chlordiazepoxide
(8) Clobazam
(9) Clonazepam
(10) Clorazepate
(11) Clotiazepam
(12) Cloxazolam
(13) Delorazepam
(14) Diazepam
(15) Estazolam
(16) Ethchlorvynol
(17) Ethinamate
(18) Ethyl Loflazepate
(19) Fludiazepam
(20) Flunitrazepam
(21) Flurazepam
(22) Halazepam
(23) Haloxazolam
(24) Ketazolam
(25) Loprazolam
(26) Lorazepam
(27) Lormetazepam
(28) Mebutamate
(29) Medazepam
(30) Meprobamate
(31) Methohexital
(32) Methylphenobarbital
(33) Nimetazepam
(34) Nitrazepam
(35) Nordiazepam
(36) Oxazepam
(37) Oxazolam
(38) Paraldehyde
(39) Petrichloral
(40) Phenobarbital
(41) Pinazepam
(42) Prazepam
(43) Temazepam
(44) Tetrazepam
(45) Triazolam.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether position, geometric, or optical), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Diethylpropion

(2) Mazindol
(3) Phentermine
(4) Pemoline, including organometallic complexes and chelates thereof
(5) Pipradol
(6) SPA [(-)-1-Dimethylamino-1, 2-diphenylethane].

(c) Any material, compound, mixture or preparation containing any quantity of the following substance, including its salts, isomers (whether position, geometric, or optical) and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible:

(1) Fenfluramine.

(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts;

(1) [Blank]

(e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:

(1) Not more than one milligram of difenoxin and not less than twenty-five micrograms of atropine sulfate per dosage unit.

(2) Dosage forms of Dextropropoxyphene [Alpha-(+)-4-dimethylamino-1, 2-diphenyl-3-methyl-2-propionoxybutane].

(f) Pentazocine hydrochloride and acetaminophen, pentazocine hydrochloride and aspirin, and pentazocine and naloxone hydrochloride (all for oral administration only).

(g) Butorphanol

HISTORY: 1962 Code Section 32-1510.37; 1971 (57) 800; 1974 (58) 2228; 1976 Act No. 672 Section 6; 1978 Act No. 452 Sections 3, 4; 1979 Act No. 118 Section 3; 1981 Act No. 72, Section 3; 1982 Act No. 423 Section 5; 1985 Act No. 59 Sections 6, 7; 1994 Act No. 456, Section 2; 2000 Act No. 355, Section 9.

SECTION 44-53-260. Tests for inclusion of substance in Schedule V.

The Department shall place a substance in Schedule V if it finds that:

(a) It has a low potential for abuse relative to the substances listed in Schedule IV;

(b) It has a currently accepted medical use in treatment in the United States; and

(c) Abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances listed in Schedule IV.

HISTORY: 1962 Code Section 32-1510.38; 1971 (57) 800.

SECTION 44-53-270. Schedule V.

(a) The controlled substances listed in this section are included in Schedule V.

(b) Any compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, which shall include one or more non-narcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) Not more than 200 milligrams of codeine per 100 milliliter or per 100 grams;

(2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

(3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;

(4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

(6) Not more than one-half milligram of difenoxin and not less than twenty-five micrograms of atropine sulfate per dosage unit.

HISTORY: 1962 Code Section 32-1510.39; 1971 (57) 800; 1978 Act No. 452 Section 5; 1979 Act No. 118 Section 4; 1985 Act No. 59 Section 8.

SECTION 44-53-280. Promulgation of rules and regulations; requirement of professional license; expiration of registration; failure to renew registration; reinstatement; fees and penalties.

(A) The department may promulgate regulations and may charge reasonable fees relating to the license and control of the manufacture, distribution, and dispensing of controlled substances.

(B) No person engaged in a profession or occupation for which a license is required by law may be registered under this article unless the person holds a valid license of that profession or occupation.

(C) A class 20-28 registration, as provided for by the board in regulation, expires October first of each year. A registrant who fails to renew by October thirty-first must be penalized twenty-five dollars. If failure to renew continues beyond October thirty-first, the registrant must be notified, by certified mail return receipt requested, sent to the registrant's last known address, that continued failure to renew will result in the cancellation of the registration. The registration of a registrant who fails to renew by December thirty-first is canceled. However, registration may be reinstated upon payment of the renewal fees due and a penalty of one hundred dollars if the registrant is otherwise in good standing and presents a satisfactory explanation for failure to renew.

(D) All registrations other than class 20-28, as provided for by the board in regulation, expire on April first of each year. A registrant who fails to renew by April thirtieth must be penalized twenty-five dollars. If failure to renew continues beyond April thirtieth, the registrant must be notified, by certified mail return receipt requested, sent to the registrant's last known address, that continued failure to renew will result in cancellation of the registration. The registration of a registrant who fails to renew by June thirtieth is canceled. However, registration may be reinstated upon payment of the renewal fees due and a penalty of one hundred dollars if the registrant is otherwise in good standing and presents a satisfactory explanation for failure to renew.

(E) Refusal by the department to reinstate a canceled registration after payment of the renewal fee and penalty and presentation of an explanation constitutes a refusal to renew and the procedures under Section 44-53-320 apply.

(F) For class 20-28 registrants, initial registrations issued before July first expire October first of that same year, and initial registrations issued on or after July first expire October first of the following year. For classes other than class 20-28, initial registrations issued before January first expire April first of the following year, and initial registrations issued on or after January first expire April first of the following year.

HISTORY: 1962 Code Section 32-1510.40; 1971 (57) 800; 1974 (58) 2228; 1977 Act No. 73, Section 1; 1981 Act No. 79, Section 1; 1994 Act No. 457, Section 1.

SECTION 44-53-290. Requirement of and authority granted by registration; individuals exempt from registration; registration for maintenance and detoxification treatment.

(a) Every person who manufactures, distributes, or dispenses any controlled substance or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance, shall obtain a registration issued by the Department in accordance with its rules and regulations.

(b) Persons registered by the Department under this article to manufacture, distribute, dispense, or conduct research with controlled substances may possess, manufacture, distribute, dispense, or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this article.

(c) The following persons need not register and may lawfully possess controlled substances under this article:

(1) An agent or employee of any registered manufacturer, distributor, or dispenser of any controlled substance if he is acting in the usual course of his business or employment;

(2) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(3) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a practitioner or in lawful possession of a Schedule V substance.

(d) The Department may, by regulation, waive the requirement for registration of certain manufacturers, distributors or dispensers if it finds it consistent with the public health and safety.

(e) A separate registration shall be required at each principal place of business or professional practice where the applicant manufactures, distributes or dispenses controlled substances.

(f) The Department is authorized to inspect the establishment of a registrant or an applicant for a registration in accordance with the rules and regulations promulgated by it.

(g) The Department may authorize persons engaged in research on the use and effects of controlled substances to withhold the names and other identifying characteristics of individuals who are the subjects of the research. Persons who obtain this authorization are not compelled in any civil, criminal, administrative, legislative, or other proceeding to identify the individuals who are the subjects of research for which the authorization was obtained.

(h) The Department may authorize the possession and distribution of controlled substances by persons engaged in research. Persons who obtain this authorization are exempt from State prosecution for possession and distribution of controlled substances to the extent of the authorization.

(i) Practitioners who dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment shall obtain annually a separate registration for that purpose. The Board shall register an applicant to dispense but not prescribe narcotic drugs to individuals for maintenance treatment or detoxification treatment, or both,

(1) if the applicant is a practitioner who is otherwise qualified to be registered under the provisions of this article to engage in the treatment with respect to which registration has been sought;

(2) if the Board determines that the applicant will comply with standards established by the Board respecting security of stocks of narcotic drugs for such treatment, and the maintenance of records in accordance with Section 44-53-340 and the rules issued by the Board on such drugs; and

(3) if the Board determines that the applicant will comply with standards established by the Board after consultation with the South Carolina Methadone Council respecting the quantities of narcotic drugs which may be provided for unsupervised use by individuals in such treatment.

(j) Pursuant to the procedures set forth in Section 44-53-300, the department may issue a registration in Schedule V to a nurse practitioner certified to prescribe Schedule V controlled substances by the State Board of Nursing for South Carolina and to a physician's assistant certified to prescribe Schedule V controlled substances by the State Board of Medical Examiners. A nurse practitioner or a physicians' assistant registered by the department pursuant to this subsection may not acquire, possess, or dispense, other than by prescription, a controlled substance except as provided by law.

HISTORY: 1962 Code Section 32-1510.41; 1971 (57) 800; 1975 (59) 104; 1993 Act No. 124, Section 3.

SECTION 44-53-300. Granting of registration.

(a) The Department shall register an applicant to manufacture, distribute, or dispense controlled substances included in Sections 44-53-190, 44-53-210, 44-53-230, 44-53-250 and 44-53-270 if it determines that the issuance of such registration is consistent with the public interest. In determining the public interest, the following factors shall be considered:

(1) Maintenance of effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels;

(2) Compliance with applicable state or federal law;

(3) Promotion and technical advances in the art of manufacturing these substances and the development of new substances;

(4) Prior conviction record of applicant under Federal and State laws relating to the manufacture, distribution or dispensing of such substances;

(5) Past experience in the manufacture, distribution, and dispensing of controlled substances and the existence in the establishment of effective controls against diversion;

(6) Such other factors as may be relevant to and consistent with the public health and safety; and

(7) Licensing by a federal agency.

(b) A registration granted under subsection (a) of this section shall not entitle a registrant to manufacture and distribute controlled substances in Schedule I or II other than those specified in the registration.

(c) Within the discretion of the Department, practitioners may be registered to dispense one or more controlled substances in Schedules II through V if they are authorized to dispense drugs under the law of this State. Such practitioners, properly registered with the Department to dispense controlled substances, may also conduct research with non-narcotic controlled substances in Schedules II through V without additional registration as a researcher, provided that prior to engaging in such research, the practitioner shall notify the Department in writing of the scope of such research and the name of the controlled substances to be utilized. Practitioners desiring to conduct research with Schedule I controlled substances or with narcotic controlled substances in Schedules II through V shall first obtain a separate researcher registration from the Department.

(d) The Department shall permit persons to apply for registration within sixty days after June 17, 1971 who own or operate any establishment engaged in the manufacture, distribution, or dispensing of any controlled substances prior to June 17, 1971 and who are registered by the State.

(e) Compliance by manufacturers and distributors with the provisions of the Federal law respecting registration (excluding fees) entitles them to be registered under this article.

HISTORY: 1962 Code Section 32-1510.42; 1971 (57) 800; 1981 Act No. 79, Sections 2, 3.

SECTION 44-53-310. Grounds for denial, revocation or suspension of registration; civil fine.

(a) An application for a registration or a registration granted pursuant to Section 44-53-300 to manufacture, distribute, or dispense a controlled substance, may be denied, suspended, or revoked by the Board upon a finding that the registrant:

(1) Has materially falsified any application filed pursuant to this article;

(2) Has been convicted of a felony or misdemeanor under any State or Federal law relating to any controlled substance;

(3) Has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances; or

(4) Has failed to comply with any standard referred to in Section 44-53-290(i).

(b) The department may place a registrant who violates this article on probation or levy a civil fine of not more than two thousand five hundred dollars, or both. Fines generated pursuant to this section must be remitted to the State Treasurer for deposit to the benefit of the Department of Mental Health to be used exclusively for the treatment and rehabilitation of drug addicts within the department's addiction center facilities.

(c) The Department may suspend, deny, or revoke the registration of any registrant or applicant for the conviction of any felony or misdemeanor involving moral turpitude.

(d) The Department may suspend, deny, or revoke the registration of any registrant or applicant for violation of any of the rules and regulations issued by the Department relating to controlled substances.

(e) The Department may suspend, deny, or revoke the registration of any registrant or applicant if it finds that the security provided for the storage of controlled substances is inadequate to the extent that repeated diversions by theft have occurred.

(f) The Department may suspend, deny, or revoke the registration of any registrant or applicant upon a finding by the Department that the registrant or applicant has violated any statutory provision of this article.

HISTORY: 1962 Code Section 32-1510.43; 1971 (57) 800; 1974 (58) 2228; 1975 (59) 104; 1981 Act No. 79, Sections 4, 5; 1994 Act No. 497, Part II, Section 36L.

SECTION 44-53-320. Procedure for denial, revocation or suspension of registration; administrative consent order.

(a) Order to show cause. - Before denying, suspending or revoking a registration, or refusing a renewal of registration, the Department shall serve upon the applicant or registrant an order to show cause why registration should not be denied, revoked, or suspended, or why the renewal should not be refused. The order to show cause shall contain a statement of the basis therefor and shall call upon the applicant or registrant to appear before the Department at a time and place not less than thirty days after the date of service of the order, but in the case of a denial or renewal of registration the show cause order shall be served not later than thirty days before the expiration of the registration. These proceedings shall be conducted without regard to any criminal prosecution or other proceeding. Proceedings to refuse renewal of registration shall not abate the existing registration which shall remain in effect pending the outcome of the administrative hearing.

(b) The Department, without an order to show cause, may suspend any registration simultaneously with the institution of proceedings under Section 44-53-310, or where renewal of registration is refused if it finds that there is an imminent danger to the public health or safety which warrants this action. A failure to comply with a standard referred to in Section 44-53-290(i) may be treated under this subsection as grounds for immediate suspension of a registration granted under such section. The suspension shall continue in effect until withdrawn by the Board or dissolved by a court of competent jurisdiction.

(c) In the event the Department suspends or revokes a registration, all controlled substances owned or possessed by the registrant at the time of suspension or the effective date of the revocation order may be placed under seal. No disposition may be made of substances under seal until the suspension or revocation is withdrawn by the Department or dissolved by a court of competent jurisdiction, unless a court, upon application, orders the sale of perishable substances and the deposit of the proceeds of the sale with the court. Upon a revocation order becoming final, all such controlled substances shall be forfeited to the State.

(d) After proper hearing of either a formal or informal nature, the Department, upon its own motion or otherwise, may tender to any respondent in an action brought under subsection (a) of this section, an offer of an administrative consent order if it is found that such administrative consent order properly serves the interests of justice. Such order may contain total or partial revocation of a portion or all of the registration to be affected; assessment of a civil fine and a probationary registration period as provided in Section 44-53-310; terms of any probationary registration; and any other terms affecting such registration as may be agreed upon and consented to by the parties to the order. Such order shall become effective on the date signed by the administrative hearing officer designated by the department unless another date is specified within the order. Violation of such order by the respondent thereto at any time subsequent to the effective date of the order and prior to the expiration of the order or the probationary registration period set forth therein shall cause the registration affected by such order to be revoked, after notice of such revocation is mailed to the respondent at his last known address.

HISTORY: 1962 Code Section 32-1510.44; 1971 (57) 800; 1975 (59) 104; 1978 Act No. 546 Section 1.

SECTION 44-53-330. Copy of judgment shall be sent to licensing board upon conviction.

Upon the conviction of any person of the violation of any provision of this article, a certified copy of the judgment of conviction shall be sent by the clerk of the court to the licensing board by whom the convicted defendant has been licensed or registered to practice his profession or to carry on his business. Upon final order of the Department suspending, denying, modifying, or revoking the controlled substances registration of any registrant or applicant under this article, or upon the execution and approval of an administrative consent order provided for by Section 44-53-320, the Department shall forward a

copy thereof to the licensing board by whom the affected registrant or applicant has been licensed or registered to practice his profession or carry on his business, if such licensing board be in existence.

HISTORY: 1962 Code Section 32-1510.45; 1971 (57) 800; 1981 Act No. 79, Section 6.

SECTION 44-53-340. Records and inventories of registrants.

Persons registered to manufacture, distribute, or dispense controlled substances under this article shall keep records and maintain inventories in conformance with the record-keeping and inventory requirements of Federal law and with any additional rules the Department issues.

HISTORY: 1962 Code Section 32-1510.46; 1971 (57) 800.

SECTION 44-53-350. Order forms for distribution of controlled substances.

(a) Controlled substances in Schedules I and II shall be distributed by a registrant to another registrant only pursuant to an order form prescribed by the Department. Compliance with the provisions of Federal law respecting order forms shall be deemed compliance with this section.

(b) Nothing contained in subsection (a) shall apply:

(1) To the administering or dispensing of such substances to a patient by a practitioner in the course of his professional practice, however, such practitioner shall comply with the requirements of Section 44-53-340;

(2) To the distribution or dispensing of such substances by a pharmacist to an ultimate user pursuant to a written prescription issued by a practitioner authorized to issue such prescription, however, such pharmacist shall comply with the requirements of Section 44-53-340.

HISTORY: 1962 Code Section 32-1510.47; 1971 (57) 800.

SECTION 44-53-360. Prescriptions.

(a) Except when dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, or in emergency situations as prescribed by the Department by regulation, no controlled substance included in Schedule II may be dispensed without the written prescription of a practitioner. Prescriptions shall be retained in conformity with the requirements of Section 44-53-340. No prescription for a controlled substance in Schedule II may be refilled.

(b) A pharmacist may dispense a controlled substance included in Schedule III, IV, or V pursuant to either a written prescription signed by a practitioner, or a facsimile of a written, signed prescription, transmitted by the practitioner or the practitioner's agent to the pharmacy, or pursuant to an oral prescription, reduced promptly to writing and filed by the pharmacist. A prescription transmitted by facsimile must be received at the pharmacy as it was originally transmitted by facsimile and must include the name and address of the practitioner, the phone number for verbal confirmation, the time and date of transmission, and the name of the pharmacy intended to receive the transmission, as well as any other information required by federal or state law. Such prescription, when authorized, may not be refilled more than five times or later than six months after the date of the prescription unless renewed by the practitioner.

(c) No controlled substances included in any schedule may be distributed or dispensed for other than a medical purpose. No practitioner may dispense a Schedule II narcotic controlled substance for the purpose of maintaining the addiction of a narcotic dependent person outside of a facility or program approved by the Department of Health and Environmental Control. No practitioner may dispense a controlled substance outside of a bona fide practitioner-patient relationship.

(d) Unless specifically indicated in writing on the face of the prescription that it is to be refilled, and the number of times specifically indicated, no prescription may be refilled. The indication of "PRN" or "ad lib" or phrases, abbreviations, or symbols of like meaning shall not be construed as to exceed five refills or six months, whichever shall first occur. Preprinted refill instructions on the face of a prescription shall

be disregarded by the dispenser unless an affirmative marking or other indication is made by the prescriber.

(e) Prescriptions for controlled substances in Schedule II with the exception of transdermal patches, must not exceed a thirty-one day supply. Prescriptions for Schedule II substances must be dispensed within ninety days of the date of issue, after which time they are void. Prescriptions for controlled substances in Schedules III through V, inclusive, must not exceed a ninety-day supply.

(f) Preprinted prescriptions for controlled substances in any schedule are prohibited.

(g) The Board shall, by rules and regulations, specify the manner by which prescriptions are filed.

(h) A prescription, in order to be effective in legalizing the possession of a controlled substance and eliminating the need for registration of the recipient, must be issued for legitimate medical purposes. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding liability rests with the pharmacist who fills and ultimately dispenses the prescription. An order purporting to be a prescription issued to a drug dependent person, not in the course of generally accepted medical treatment, but for the purpose of providing the user with controlled substances sufficient to maintain his dependence upon the substance, or to provide him with quantities of controlled substances in great excess of normal dosage ranges as recommended by the manufacturer of the substance, is not a prescription within the meaning and intent of this article; and the person filling or dispensing such an order, as well as the person issuing it, shall be deemed in violation of this section.

(i) Excepting a mail order prescription dispensed in compliance with Chapter 43 of Title 40 for which the dispenser requires proper identification of the recipient, a prescription for a controlled substance in Schedules II through V may not be filled unless the dispenser knows the recipient or requires the recipient to produce a government issued photo identification, and the dispenser notes the identification source and number on the prescription, or in a readily retrievable log including:

(1) prescription number;

(2) date prescription filled;

(3) number and type of identification;

(4) initials of person obtaining and recording information.

HISTORY: 1962 Code Section 32-1510.48; 1971 (57) 800; 1974 (58) 2228; 1975 (59) 104; 1981 Act No. 79, Section 7; 2000 Act No. 355, Section 10; 2002 Act No. 365, Sections 2, 3, eff September 26, 2002; 2006 Act No. 396, Section 2, eff June 14, 2006; 2007 Act No. 71, Sections 1 to 3, eff June 13, 2007.

SECTION 44-53-365. Theft of controlled substance; penalty.

(A) It is unlawful for a person to take or exercise control over a controlled substance, the immediate precursor of a controlled substance, or ephedrine, pseudoephedrine, or phenylpropanolamine belonging to another person or entity with the intent to deprive the person or entity of the controlled substance, the immediate precursor, or ephedrine, pseudoephedrine, or phenylpropanolamine.

(B) A person who knowingly and intentionally violates subsection (A):

(1) for a first offense, is guilty of a felony and, upon conviction, must be imprisoned for not more than five years or fined not more than five thousand dollars, or both; and

(2) for a second or subsequent violation, is guilty of a felony and, upon conviction, must be imprisoned for not more than ten years or fined not more than ten thousand dollars, or both.

HISTORY: 2002 Act No. 365, Section 1, eff September 26, 2002; 2005 Act No. 127, Section 3, eff June 7, 2005.

SECTION 44-53-370. Prohibited acts A; penalties.

(a) Except as authorized by this article it shall be unlawful for any person:

(1) to manufacture, distribute, dispense, deliver, purchase, aid, abet, attempt, or conspire to manufacture, distribute, dispense, deliver, or purchase, or possess with the intent to manufacture, distribute, dispense, deliver, or purchase a controlled substance or a controlled substance analogue;

(2) to create, distribute, dispense, deliver, or purchase, or aid, abet, attempt, or conspire to create, distribute, dispense, deliver, or purchase, or possess with intent to distribute, dispense, deliver, or purchase a counterfeit substance.

(b) A person who violates subsection (a) with respect to:

(1) a controlled substance classified in Schedule I (b) and (c) which is a narcotic drug or lysergic acid diethylamide (LSD) and in Schedule II which is a narcotic drug is guilty of a felony and, upon conviction, for a first offense must be imprisoned not more than fifteen years or fined not more than twenty-five thousand dollars, or both. For a second offense, or if, in the case of a first conviction of violation of any provision of this subsection, the offender previously has been convicted of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, the offender must be imprisoned not less than five years nor more than thirty years, or fined not more than fifty thousand dollars, or both. For a third or subsequent offense, or if the offender previously has been convicted two or more times in the aggregate of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, the offender must be imprisoned not less than ten years nor more than thirty years, or fined not more than fifty thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

(2) any other controlled substance classified in Schedule I, II, or III, flunitrazepam or a controlled substance analogue, is guilty of a felony and, upon conviction, for a first offense must be imprisoned not more than five years or fined not more than five thousand dollars, or both. For a second offense, or, if, in the case of a first conviction of violation of any provision of this subsection, the offender previously has been convicted of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not more than ten thousand dollars, or both. For a third or subsequent offense, or, if the offender previously has been convicted two or more times in the aggregate of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, the offender is guilty of a felony and, upon conviction, must be imprisoned not less than five years nor more than twenty years, or fined not more than twenty thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

(3) a substance classified in Schedule IV except for flunitrazepam is guilty of a misdemeanor and, upon conviction, for a first offense must be imprisoned not more than three years or fined not more than three thousand dollars, or both. In the case of second or subsequent offenses, the person is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than six thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced

pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

(4) a substance classified in Schedule V is guilty of a misdemeanor and, upon conviction, for a first offense must be imprisoned not more than one year or fined not more than one thousand dollars, or both. In the case of second or subsequent offenses, the sentence must be twice the first offense. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

(c) It shall be unlawful for any person knowingly or intentionally to possess a controlled substance unless the substance was obtained directly from, or pursuant to a valid prescription or order of, a practitioner while acting in the course of his professional practice, or except as otherwise authorized by this article.

(d) A person who violates subsection (c) with respect to:

(1) a controlled substance classified in Schedule I (b) and (c) which is a narcotic drug or lysergic acid diethylamide (LSD) and in Schedule II which is a narcotic drug is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than two years or fined not more than five thousand dollars, or both. For a second offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than five thousand dollars, or both. For a third or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than ten thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits;

(2) any other controlled substance classified in Schedules I through V is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than six months or fined not more than one thousand dollars, or both. For a second or subsequent offense, the offender is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than one year or fined not more than two thousand dollars, or both, except as provided in subsection (d)(4). Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits;

(3) cocaine is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than three years or fined not more than five thousand dollars, or both. For a first offense, the court, upon approval of the solicitor, may require as part of a sentence, that the offender enter and successfully complete a drug treatment and rehabilitation program. For a second offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than seven thousand five hundred dollars, or both. For a third or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not more than twelve thousand five hundred dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced

pursuant to this item may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits;

(4) possession of more than: one gram of cocaine, one hundred milligrams of alpha- or beta-eucaine, four grains of opium, four grains of morphine, two grains of heroin, one hundred milligrams of isonipecaine, twenty-eight grams or one ounce of marijuana, ten grams of hashish, fifty micrograms of lysergic acid diethylamide (LSD) or its compounds, fifteen tablets, capsules, dosage units, or the equivalent quantity of 3, 4-methylenedioxymethamphetamine (MDMA), or twenty milliliters or milligrams of gamma hydroxybutyric acid or a controlled substance analogue of gamma hydroxybutyric acid, is prima facie guilty of violation of subsection (a) of this section. A person who violates this subsection with respect to twenty-eight grams or one ounce or less of marijuana or ten grams or less of hashish is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than thirty days or fined not less than one hundred dollars nor more than two hundred dollars. Conditional discharge may be granted in accordance with the provisions of Section 44-53-450 upon approval by the circuit solicitor to the magistrate or municipal judge. As a part of a sentence, a magistrate or municipal judge may require attendance at an approved drug abuse program. Persons charged with the offense of possession of marijuana or hashish under this item may be permitted to enter the pretrial intervention program under the provisions of Sections 17-22-10 through 17-22-160. For a second or subsequent offense, the offender is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than one year or fined not less than two hundred dollars nor more than one thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits.

When a person is charged under this subsection for possession of controlled substances, bail shall not exceed the amount of the fine and the assessment provided pursuant to Section 14-1-206, 14-1-207, or 14-1-208, whichever is applicable. A person charged under this item for a first offense for possession of controlled substances may forfeit bail by nonappearance. Upon forfeiture in general sessions court, the fine portion of the bail must be distributed as provided in Section 14-1-205. The assessment portion of the bail must be distributed as provided in Section 14-1-206, 14-1-207, or 14-1-208, whichever is applicable.

(e) Any person who knowingly sells, manufactures, cultivates, delivers, purchases, or brings into this State, or who provides financial assistance or otherwise aids, abets, attempts, or conspires to sell, manufacture, cultivate, deliver, purchase, or bring into this State, or who is knowingly in actual or constructive possession or who knowingly attempts to become in actual or constructive possession of:

(1) ten pounds or more of marijuana is guilty of a felony which is known as "trafficking in marijuana" and, upon conviction, must be punished as follows if the quantity involved is:

(a) ten pounds or more, but less than one hundred pounds:

1. for a first offense, a term of imprisonment of not less than one year nor more than ten years, no part of which may be suspended nor probation granted, and a fine of ten thousand dollars;

2. for a second offense, a term of imprisonment of not less than five years nor more than twenty years, no part of which may be suspended nor probation granted, and a fine of fifteen thousand dollars;

3. for a third or subsequent offense, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(b) one hundred pounds or more, but less than two thousand pounds, or one hundred to one thousand marijuana plants regardless of weight, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(c) two thousand pounds or more, but less than ten thousand pounds, or more than one thousand marijuana plants, but less than ten thousand marijuana plants regardless of weight, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(d) ten thousand pounds or more, or ten thousand marijuana plants, or more than ten thousand marijuana plants regardless of weight, a term of imprisonment of not less than twenty-five years nor more

than thirty years with a mandatory minimum term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars;

(2) ten grams or more of cocaine or any mixtures containing cocaine, as provided in Section 44-53-210(b)(4), is guilty of a felony which is known as "trafficking in cocaine" and, upon conviction, must be punished as follows if the quantity involved is:

(a) ten grams or more, but less than twenty-eight grams:

1. for a first offense, a term of imprisonment of not less than three years nor more than ten years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

2. for a second offense, a term of imprisonment of not less than five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

3. for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(b) twenty-eight grams or more, but less than one hundred grams:

1. for a first offense, a term of imprisonment of not less than seven years nor more than twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

2. for a second offense, a term of imprisonment of not less than seven years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

3. for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years and not more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(c) one hundred grams or more, but less than two hundred grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(d) two hundred grams or more, but less than four hundred grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of one hundred thousand dollars;

(e) four hundred grams or more, a term of imprisonment of not less than twenty-five years nor more than thirty years with a mandatory minimum term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars;

(3) four grams or more of any morphine, opium, salt, isomer, or salt of an isomer thereof, including heroin, as described in Section 44-53-190 or 44-53-210, or four grams or more of any mixture containing any of these substances, is guilty of a felony which is known as "trafficking in illegal drugs" and, upon conviction, must be punished as follows if the quantity involved is:

(a) four grams or more, but less than fourteen grams:

1. for a first offense, a term of imprisonment of not less than seven years nor more than twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

2. for a second or subsequent offense, a mandatory minimum term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of one hundred thousand dollars;

(b) fourteen grams or more but less than twenty-eight grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars;

(c) twenty-eight grams or more, a mandatory term of imprisonment of not less than twenty-five years nor more than forty years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars;

(4) fifteen grams or more of methaqualone is guilty of a felony which is known as "trafficking in methaqualone" and, upon conviction, must be punished as follows if the quantity involved is:

(a) fifteen grams but less than one hundred fifty grams:

1. for a first offense, a term of imprisonment of not less than one year nor more than ten years, no part of which may be suspended nor probation granted, and a fine of ten thousand dollars;

2. for a second or subsequent offense, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(b) one hundred fifty grams but less than fifteen hundred grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(c) fifteen hundred grams but less than fifteen kilograms, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(d) fifteen kilograms or more, a term of imprisonment of not less than twenty-five years nor more than thirty years with a mandatory minimum term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars;

(5) one hundred tablets, capsules, dosage units, or the equivalent quantity, or more of lysergic acid diethylamide (LSD) is guilty of a felony which is known as "trafficking in LSD" and, upon conviction, must be punished as follows if the quantity involved is:

(a) one hundred dosage units or the equivalent quantity, or more, but less than five hundred dosage units or the equivalent quantity:

1. for a first offense, a term of imprisonment of not less than three years nor more than ten years, no part of which may be suspended nor probation granted, and a fine of twenty thousand dollars;

2. for a second offense, a term of imprisonment of not less than five years nor more than thirty years, no part of which may be suspended or probation granted, and a fine of forty thousand dollars;

3. for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(b) five hundred dosage units or the equivalent quantity, or more, but less than one thousand dosage units or the equivalent quantity:

1. for a first offense, a term of imprisonment of not less than seven years nor more than twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

2. for a second offense, a term of imprisonment of not less than seven years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

3. for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years and not more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(c) one thousand dosage units or the equivalent quantity, or more, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of one hundred thousand dollars;

(6) one gram or more of flunitrazepam is guilty of a felony which is known as "trafficking in flunitrazepam" and, upon conviction, must be punished as follows if the quantity involved is:

(a) one gram but less than one hundred grams:

1. for a first offense a term of imprisonment of not less than one year nor more than ten years, no part of which may be suspended nor probation granted, and a fine of ten thousand dollars;

2. for a second or subsequent offense, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(b) one hundred grams but less than one thousand grams, a mandatory term of imprisonment of twenty years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(c) one thousand grams but less than five kilograms, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(d) five kilograms or more, a term of imprisonment of not less than twenty-five years, nor more than thirty years, with a mandatory minimum term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars;

(7) fifty milliliters or milligrams or more of gamma hydroxybutyric acid or a controlled substance analogue of gamma hydroxybutyric acid is guilty of a felony which is known as "trafficking in gamma hydroxybutyric acid" and, upon conviction, must be punished as follows:

(a) for a first offense, a term of imprisonment of not less than one year nor more than ten years, no part of which may be suspended nor probation granted, and a fine of ten thousand dollars;

(b) for a second or subsequent offense, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars.

A person convicted and sentenced under this subsection to a mandatory term of imprisonment of twenty-five years, a mandatory minimum term of imprisonment of twenty-five years, or a mandatory minimum term of imprisonment of not less than twenty-five years nor more than thirty years is not eligible for parole, extended work release, as provided in Section 24-13-610, or supervised furlough, as provided in Section 24-13-710. Notwithstanding Section 44-53-420, a person convicted of conspiracy pursuant to this subsection must be sentenced as provided in this section with a full sentence or punishment and not one-half of the sentence or punishment prescribed for the offense.

The weight of any controlled substance in this subsection includes the substance in pure form or any compound or mixture of the substance.

The offense of possession with intent to distribute described in Section 44-53-370(a) is a lesser included offense to the offenses of trafficking based upon possession described in this subsection.

(8) one hundred tablets, capsules, dosage units, or the equivalent quantity, or more of 3, 4-methalenedioxymethamphetamine (MDMA) is guilty of a felony which is known as "trafficking in MDMA or ecstasy" and, upon conviction, must be punished as follows if the quantity involved is:

(a) one hundred dosage units or the equivalent quantity, or more, but less than five hundred dosage units or the equivalent quantity:

(i) for a first offense, a term of imprisonment of not less than three years nor more than ten years, no part of which may be suspended nor probation granted, and a fine of twenty thousand dollars;

(ii) for a second offense, a term of imprisonment of not less than five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of forty thousand dollars;

(iii) for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(b) five hundred dosage units or the equivalent quantity, or more, but less than one thousand dosage units or the equivalent quantity:

(i) for a first offense, a term of imprisonment of not less than seven years nor more than twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(ii) for a second offense, a term of imprisonment of not less than seven years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(iii) for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years and not more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(c) one thousand dosage units or the equivalent quantity, or more, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of one hundred thousand dollars.

(f) It shall be unlawful for a person to administer, distribute, dispense, deliver, or aid, abet, attempt, or conspire to administer, distribute, dispense, or deliver a controlled substance or gamma hydroxy butyrate to an individual with the intent to commit one of the following crimes against that individual:

(1) kidnapping, Section 16-3-910;

(2) trafficking in persons, Section 16-3-930;

(3) criminal sexual conduct in the first, second, or third degree, Sections 16-3-652, 16-3-653, and 16-3-654;

(4) criminal sexual conduct with a minor in the first, second, or third degree, Section 16-3-655;

(5) criminal sexual conduct where victim is legal spouse (separated), Section 16-3-658;

(6) spousal sexual battery, Section 16-3-615;

(7) engaging a child for a sexual performance, Section 16-3-810;

(8) petit larceny, Section 16-13-30 (A); or

(9) grand larceny, Section 16-13-30 (B).

(g) A person who violates subsection (f) with respect to:

(1) a controlled substance classified in Schedule I (b) or (c) which is a narcotic drug or lysergic acid diethylamide (LSD), or in Schedule II which is a narcotic drug is guilty of a felony and, upon conviction, must be:

(a) for a first offense, imprisoned not more than twenty years or fined not more than thirty thousand dollars, or both;

(b) for a second offense, or if in the case of a first conviction of a violation of any provision of this subsection, the offender previously has been convicted of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, imprisoned not less than five years nor more than thirty years, or fined not more than fifty thousand dollars, or both;

(c) for a third or subsequent offense, or if the offender previously has been convicted two or more times in the aggregate of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, imprisoned not less than fifteen years nor more than thirty years, or fined not more than fifty thousand dollars, or both.

Except in the case of conviction for a first offense, the sentence in this item must not be suspended and probation must not be granted;

(2) any other controlled substance or gamma hydroxybutyrate is guilty of a felony and, upon conviction, must be:

(a) for a first offense, imprisoned not more than fifteen years or fined not more than twenty-five thousand dollars, or both;

(b) for a second offense, or if in the case of a first conviction of a violation of any provision of this subsection, the offender previously has been convicted of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, imprisoned not more than twenty years or fined not more than thirty thousand dollars, or both;

(c) for a third or subsequent offense, or if the offender previously has been convicted two or more times in the aggregate of a violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, imprisoned not less than five years nor more than twenty-five years, or fined not more than forty thousand dollars, or both.

Except in the case of conviction for a first offense, the sentence in this item must not be suspended and probation must not be granted.

HISTORY: 1962 Code Section 32-1510.49; 1971 (57) 800, 2056; 1974 (58) 2284; 1979 Act No. 118 Section 5; 1981 Act No. 33 Sections 1, 2; 1984 Act No. 482, Section 1; 1988 Act No. 565, Section 1; 1990 Act No. 604, Sections 6, 7; 1993 Act No. 58, Section 1; 1993 Act No. 184, Sections 236-238; 1994 Act No. 497, Part II, Sections 36M, 36N; 1995 Act No. 7, Part I, Section 17; 1998 Act No. 372, Sections 1, 2, 5; 2000 Act No. 355, Sections 5 to 8; 2002 Act No. 267, Sections 2, 3, eff May 20, 2002; 2005 Act

No. 127, Section 4, eff June 7, 2005; 2010 Act No. 273, Section 37, eff June 2, 2010; 2010 Act No. 289, Section 12, eff June 11, 2010; 2012 Act No. 255, Section 12, eff June 18, 2012.

SECTION 44-53-375. Possession, manufacture and trafficking of methamphetamine and cocaine base and other controlled substances; penalties.

(A) A person possessing less than one gram of methamphetamine or cocaine base, as defined in Section 44-53-110, is guilty of a misdemeanor and, upon conviction for a first offense, must be imprisoned not more than three years or fined not more than five thousand dollars, or both. For a first offense the court, upon approval of the solicitor, may require as part of a sentence, that the offender enter and successfully complete a drug treatment and rehabilitation program. For a second offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than seven thousand five hundred dollars, or both. For a third or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not more than twelve thousand five hundred dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits.

(B) A person who manufactures, distributes, dispenses, delivers, purchases, or otherwise aids, abets, attempts, or conspires to manufacture, distribute, dispense, deliver, or purchase, or possesses with intent to distribute, dispense, or deliver methamphetamine or cocaine base, in violation of the provisions of Section 44-53-370, is guilty of a felony and, upon conviction:

(1) for a first offense, must be sentenced to a term of imprisonment of not more than fifteen years or fined not more than twenty-five thousand dollars, or both;

(2) for a second offense or if, in the case of a first conviction of a violation of this section, the offender has been convicted of any of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, the offender must be imprisoned for not less than five years nor more than thirty years, or fined not more than fifty thousand dollars, or both;

(3) for a third or subsequent offense or if the offender has been convicted two or more times in the aggregate of any violation of the laws of the United States or of any state, territory, or district relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs, the offender must be imprisoned for not less than ten years nor more than thirty years, or fined not more than fifty thousand dollars, or both.

Possession of one or more grams of methamphetamine or cocaine base is prima facie evidence of a violation of this subsection. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a first offense or second offense may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsection (A), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted.

(C) A person who knowingly sells, manufactures, delivers, purchases, or brings into this State, or who provides financial assistance or otherwise aids, abets, attempts, or conspires to sell, manufacture, deliver, purchase, or bring into this State, or who is knowingly in actual or constructive possession or who knowingly attempts to become in actual or constructive possession of ten grams or more of methamphetamine or cocaine base, as defined and otherwise limited in Section 44-53-110, 44-53-210(d)(1), or 44-53-210(d)(2), is guilty of a felony which is known as "trafficking in methamphetamine or cocaine base" and, upon conviction, must be punished as follows if the quantity involved is:

(1) ten grams or more, but less than twenty-eight grams:

(a) for a first offense, a term of imprisonment of not less than three years nor more than ten years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(b) for a second offense, a term of imprisonment of not less than five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(c) for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(2) twenty-eight grams or more, but less than one hundred grams:

(a) for a first offense, a term of imprisonment of not less than seven years nor more than twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(b) for a second offense, a term of imprisonment of not less than seven years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(c) for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years and not more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(3) one hundred grams or more, but less than two hundred grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(4) two hundred grams or more, but less than four hundred grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of one hundred thousand dollars;

(5) four hundred grams or more, a term of imprisonment of not less than twenty-five years nor more than thirty years with a mandatory minimum term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars.

(D) Possession of equipment or paraphernalia used in the manufacture of cocaine, cocaine base, or methamphetamine is prima facie evidence of intent to manufacture.

(E)(1) It is unlawful for any person, other than a manufacturer, practitioner, dispenser, distributor, or retailer to knowingly possess any product that contains nine grams or more of ephedrine, pseudoephedrine, or phenylpropanolamine, their salts, isomers, or salts of isomers, or a combination of any of these substances. A person who violates this subsection is guilty of a felony known as "trafficking in ephedrine, pseudoephedrine, or phenylpropanolamine, their salts, isomers, or salts of isomers, or a combination of any of these substances" and, upon conviction, must be punished as follows if the quantity involved is:

(a) nine grams or more, but less than twenty-eight grams:

(i) for a first offense, a term of imprisonment of not more than ten years, no part of which may be suspended nor probation granted, and a fine of twenty-five thousand dollars;

(ii) for a second offense, a term of imprisonment of not less than five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(iii) for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(b) twenty-eight grams or more, but less than one hundred grams:

(i) for a first offense, a term of imprisonment of not less than seven years nor more than twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(ii) for a second offense, a term of imprisonment of not less than seven years nor more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(iii) for a third or subsequent offense, a mandatory minimum term of imprisonment of not less than twenty-five years and not more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(c) one hundred grams or more, but less than two hundred grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars;

(d) two hundred grams or more, but less than four hundred grams, a mandatory term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of one hundred thousand dollars;

(e) four hundred grams or more, a term of imprisonment of not less than twenty-five years nor more than thirty years with a mandatory minimum term of imprisonment of twenty-five years, no part of which may be suspended nor probation granted, and a fine of two hundred thousand dollars.

(2) This subsection does not apply to:

(a) a consumer who possesses products:

(i) containing ephedrine, pseudoephedrine, or phenylpropanolamine in a manner consistent with typical medicinal or household use, as indicated by storage location, and possession of the products in a variety of strengths, brands, types, purposes, and expiration dates; or

(ii) for agricultural use containing anhydrous ammonia if the consumer has reformulated the anhydrous ammonia by means of additive so as effectively to prevent the conversion of the active ingredient into methamphetamine, its salts, isomers, salts of isomers, or its precursors, or the precursors' salts, isomers, or salts of isomers, or a combination of any of these substances; or

(b) products labeled for pediatric use pursuant to federal regulations and according to label instructions primarily intended for administration to children under twelve years of age; or

(c) products that the Drug Enforcement Administration and the Department of Health and Environmental Control, upon application of a manufacturer, exempts because the product is formulated in such a way as to effectively prevent the conversion of the active ingredient into methamphetamine, its salts, isomers, salts of isomers, or its precursors, or the precursors' salts, isomers, or salts of isomers, or a combination of any of these substances.

(3) This subsection preempts all local ordinances or regulations governing the possession of any product that contains ephedrine, pseudoephedrine, or phenylpropanolamine.

(F) Sentences for violation of the provisions of subsections (C) or (E) may not be suspended and probation may not be granted. A person convicted and sentenced under subsection (C) or (E) to a mandatory term of imprisonment of twenty-five years, a mandatory minimum term of imprisonment of twenty-five years, or a mandatory minimum term of imprisonment of not less than twenty-five years nor more than thirty years is not eligible for parole, extended work release as provided in Section 24-13-610, or supervised furlough as provided in Section 24-13-710.

(G) A person eighteen years of age or older may be charged with unlawful conduct toward a child pursuant to Section 63-5-70, if a child was present at any time during the unlawful manufacturing of methamphetamine.

HISTORY: 1987 Act No. 128 Section 1; 1990 Act No. 604, Section 8; 1993 Act No. 58, Section 2; 1993 Act No. 184, Section 74; 1995 Act No. 7, Part I, Section 18; 2005 Act No. 127, Section 5, eff June 7, 2005; 2010 Act No. 273, Section 38, eff June 2, 2010.

SECTION 44-53-376. Disposal of waste from production of methamphetamine; penalty; emergency or environmental response restitution; exemptions.

(A) It is unlawful for a person to knowingly cause to be disposed any waste from the production of methamphetamine or knowingly assist, solicit, or conspire with another to dispose of methamphetamine waste.

(B) A person who violates subsection (A) is guilty of a felony and, upon conviction for a first offense, must be imprisoned not more than five years or fined not more than five thousand dollars, or both. Upon

conviction for a second or subsequent offense, a person must be imprisoned not more than ten years or fined not more than ten thousand dollars, or both.

(C) If a person is convicted of a violation of this section, in a manner that requires an emergency or environmental response, the person convicted must be required to make restitution to all public entities involved in the emergency response, to cover the reasonable cost of their participation in the emergency response. The convicted person shall make the restitution in addition to any other fine or penalty required by law.

(D) Exempt from the provisions of this section are the individuals, entities, agencies, law enforcement groups, and those otherwise authorized, who are lawfully tasked with the proper disposal of the waste created from methamphetamine production.

HISTORY: 2006 Act No. 275, Section 3, eff 6 months after approval (became law without the Governor's signature on May 4, 2006).

SECTION 44-53-378. Exposing child to methamphetamine.

(A) It is unlawful for a person who is eighteen years of age or older to:

(1) either directly or by extraction from natural substances, or independently by means of chemical processes, or both, unlawfully manufacture amphetamine, its salts, isomers, or salts of isomers, or methamphetamine, its salts, isomers, or salts of its isomers in the presence of a minor child; or

(2) knowingly permit a child to be in an environment where a person is selling, offering for sale, or having in such person's possession with intent to sell, deliver, distribute, prescribe, administer, dispense, manufacture, or attempt to manufacture amphetamine or methamphetamine; or

(3) knowingly permit a child to be in an environment where drug paraphernalia or volatile, toxic, or flammable chemicals are stored for the purpose of manufacturing or attempting to manufacture amphetamine or methamphetamine.

(B) A person who violates subsection (A)(1), (2), or (3), upon conviction, for a first offense must be imprisoned not more than five years or fined not more than five thousand dollars, or both. Upon conviction for a second or subsequent offense, the person must be imprisoned not more than ten years or fined not more than ten thousand dollars, or both.

HISTORY: 2008 Act No. 361, Section 5, eff June 16, 2008.

SECTION 44-53-380. Prohibited acts B; penalties.

(a) It shall be unlawful for any person:

(1) Who is subject to the requirements of Sections 44-53-280 to 44-53-360 to distribute or dispense a controlled substance in violation of Section 44-53-360;

(2) Who is a registrant to manufacture, distribute, or dispense a controlled substance not authorized by his registration to another registrant or other authorized person;

(3) To omit, remove, alter, or obliterate a symbol required by the Federal Controlled Substances Act or this article;

(4) To refuse or fail to make, keep, or furnish any record, notification, order form, statement, invoice, or information required under this article;

(5) To refuse any entry into any premises or inspection authorized by this article;

(6) Knowingly to keep or maintain any store, shop, warehouse, dwelling house, building, vehicle, boat, aircraft, or any place whatever, which is resorted to by persons using controlled substances in violation of this article for the purpose of using such substances, or which is used for the keeping or selling of the same in violation of this article; or

(7) Who is subject to the requirements of this article to fail to register as provided in Section 44-53-280 to manufacture, distribute, or dispense controlled substances prior to his engaging in such manufacturing, distribution, or dispensing.

(b) Any person who violates this section is punishable by a civil fine of not more than one thousand dollars; provided, that, if the violation is prosecuted by an information or indictment which alleges that the violation was committed knowingly or intentionally, and the trier of fact specifically finds that the violation was committed knowingly or intentionally, such person shall be deemed guilty of a felony and, upon conviction, shall be imprisoned for not more than five years, or fined not more than ten thousand dollars, except that if such person is a corporation it shall be subject to a civil penalty of not more than one hundred thousand dollars. Imposition of a civil penalty pursuant to this item shall not give rise to any disability or legal disadvantage based on conviction for a criminal offense.

HISTORY: 1962 Code Section 32-1510.50; 1971 (57) 800; 1975 (59) 104.

SECTION 44-53-390. Prohibited acts C; penalties.

(a) It is unlawful for a person knowingly or intentionally to:

(1) distribute as a registrant a controlled substance classified in Schedules I or II, except pursuant to an order form as required by Section 44-53-350;

(2) use in the course of the manufacture or distribution of a controlled substance a registration number which is fictitious, revoked, suspended, or issued to another person;

(3) acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge;

(4) furnish false or fraudulent material information in, or omit any material information from, any application, report, or other document required to be kept or filed under this article, or any record required to be kept by this article;

(5) make, distribute, or possess any punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any of the foregoing upon any drug or container or labeling so as to render the drug a counterfeit substance;

(6) distribute or deliver a noncontrolled substance or an imitation controlled substance:

(A) with the expressed or implied representation that the substance is a narcotic or nonnarcotic controlled substance, or with the expressed or implied representation that the substance is of such nature or appearance that the recipient of the distribution or delivery will be able to dispose of the substance as a controlled substance;

(B) when the physical appearance of the finished product is substantially similar to a specific controlled substance, or if in a tablet or capsule dosage form as a finished product it is similar in color, shape, and size to any controlled substances' dosage form, or its finished dosage form has similar, but not necessarily identical, markings on each dosage unit as any controlled substances' dosage form, or if its finished dosage form container bears similar, but not necessarily identical, markings or printed material as any controlled substances which is commercially manufactured and commercially packaged by a manufacturer or repackager registered under the provisions of Title 21, Section 823 of the United States Code. In any prosecution for unlawful delivery of a noncontrolled substance, it is no defense that the accused believed the noncontrolled substance to actually be a controlled substance.

(b) A person who violates this section is guilty of a felony and, upon conviction, must be imprisoned not more than five years, or fined not more than ten thousand dollars, or both. If such person is a corporation, it is subject to a civil penalty of not more than one hundred thousand dollars.

(c) The provisions of Section 44-53-390(a)(6) do not apply to any transaction in the ordinary course of professional practice of a practitioner registered to dispense controlled substances under this article, nor do they apply to a pharmacy acting in the normal course of business, or pursuant to the lawful order of a placebo prescription.

HISTORY: 1962 Code Section 32-1510.51; 1971 (57) 800; 1982 Act No. 427, Section 2; 1993 Act No. 184, Section 75.

SECTION 44-53-391. Unlawful to advertise for sale, manufacture, possess, sell or deliver, or to possess with intent to sell or deliver, paraphernalia.

(a) It shall be unlawful for any person to advertise for sale, manufacture, possess, sell or deliver, or to possess with the intent to deliver, or sell paraphernalia.

(b) In determining whether an object is paraphernalia, a court or other authority shall consider, in addition to all other logically relevant factors, the following:

(1) Statements by an owner or by anyone in control of the object concerning its use;

(2) The proximity of the object to controlled substances;

(3) The existence of any residue of controlled substances on the object;

(4) Direct or circumstantial evidence of the intent of an owner, or of anyone in control of the object, to deliver it to persons whom he knows, or should reasonably know, intend to use the object to facilitate a violation of law; the innocence of an owner, or of anyone in control of the object, as to a direct violation of law shall not prevent a finding that the object is intended for use, or designed for use as drug paraphernalia;

(5) Instructions, oral or written, provided with the object concerning its use;

(6) Descriptive materials accompanying the object which explain or depict its use;

(7) National and local advertising concerning it use;

(8) The manner in which the object is displayed for sale;

(9) Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a licensed distributor or dealer of tobacco products;

(10) Direct or circumstantial evidence of the ratio of sales of the object to the total sales of the business enterprise;

(11) The existence and scope of legitimate uses for the object in the community;

(12) Expert testimony concerning its use.

(c) Any person found guilty of violating the provisions of this section shall be subject to a civil fine of not more than five hundred dollars except that a corporation shall be subject to a civil fine of not more than fifty thousand dollars. Imposition of such fine shall not give rise to any disability or legal disadvantage based on conviction for a criminal offense.

HISTORY: 1982 Act No. 400, Section 2.

SECTION 44-53-392. Weight of controlled substance.

Notwithstanding any other provision of this article, the weight of any controlled substance referenced in this article is the weight of that substance in pure form or any compound or mixture thereof.

HISTORY: 1990 Act No. 604, Section 9.

SECTION 44-53-395. Prohibited acts; penalties.

(A) It shall be unlawful:

(1) for any practitioner to issue any prescription document signed in blank. The issuance of such document signed in blank shall be prima facie evidence of a conspiracy to violate this section. The possession of prescription document signed in blank by a person other than the person whose signature appears thereon shall be deemed prima facie evidence of a conspiracy between the possessor and the signer to violate the provisions of this section;

(2) for any person other than a practitioner registered with the Department under this article to possess a blank prescription not completed and signed by the practitioner whose name appears printed thereon;

(3) for any person to withhold the information from a practitioner that such person is obtaining controlled substances of like therapeutic use in a concurrent time period from another practitioner.

(B) Any person who knowingly and intentionally violates this section a first time shall be deemed guilty of a misdemeanor and upon conviction shall be punished by a term of imprisonment for not more

than two years or by a fine of not more than two thousand dollars, or both. Any person who knowingly and intentionally violates this section a second or subsequent time shall be deemed guilty of a felony and upon conviction shall be punished by a term of imprisonment for not more than five years.

HISTORY: 1978 Act No. 546, Section 2.

SECTION 44-53-398. Sale of products containing ephedrine or pseudoephedrine; penalties; training of sales personnel.

(A) Nonprescription products whose sole active ingredient is ephedrine, pseudoephedrine, or phenylpropanolamine may be offered for retail sale only if sold in blister packaging. The retailer shall ensure that such products are not offered for retail sale by self-service but only from behind a counter or other barrier so that such products are not directly accessible by the public but only by an employee or agent of the retailer.

(B)(1) A retailer may not sell to an individual in any single day a nonprescription product or a combination of nonprescription products containing more than 3.6 grams of ephedrine, pseudoephedrine, or phenylpropanolamine; and a retailer may not sell to an individual in a thirty-day period a nonprescription product or a combination of nonprescription products containing more than nine grams of ephedrine, pseudoephedrine, or phenylpropanolamine.

(2) An individual may not purchase in any single day a nonprescription product or a combination of nonprescription products containing more than 3.6 grams of ephedrine, pseudoephedrine, or phenylpropanolamine; and an individual may not purchase in a thirty-day period a nonprescription product or a combination of nonprescription products containing more than nine grams of ephedrine, pseudoephedrine, or phenylpropanolamine.

(C) It is unlawful for a retailer to purchase any product containing ephedrine, pseudoephedrine, or phenylpropanolamine from any person or entity other than a manufacturer or a wholesale distributor registered by the United States Drug Enforcement Administration.

(D)(1) A retailer selling nonprescription products containing ephedrine, pseudoephedrine, or phenylpropanolamine shall require the purchaser to produce a government issued photo identification showing the date of birth of the person and require the purchaser to sign an electronic log showing the date and time of the transaction, the person's name and address, the type, issuing governmental entity, identification number, and the amount of the compound, mixture, or preparation. The retailer shall determine that the name entered in the log corresponds to the name on the identification and that the date and time entered are correct and shall enter in the log the name of the product and the quantity sold. The retailer shall ensure that the product is delivered directly into the custody of that purchaser. The log must include a notice to purchasers that entering false statements or misrepresentations in the log may subject the purchaser to criminal penalties.

(2) Before completing a sale of a product regulated by this section, the retailer electronically shall transmit the information entered in the log to a data collection system provided by the National Association of Drug Diversion Investigators, or a successor or similar entity. The system must collect this data in real time and generate a stop sale alert if the sale would result in a violation of subsection (B) or a federal quantity restriction, which must be assessed on the basis of sales or purchases made in any state to the extent that information is available in the data collection system. If the retailer receives a stop sale alert, the retailer must not complete the sale unless the retailer, upon notifying the purchaser the sale cannot be completed, reasonably fears bodily harm if he denies the sale due to the stop sale alert. A product regulated by this section may not be sold without being reported to the data collection system unless the system is experiencing temporary technical difficulties that prevent a retailer from reporting the information to the system, and in that case, the retailer shall enter the necessary information in a written log, which must subsequently be entered into the electronic log within three business days of each business day that the electronic log was not operational. A retailer using a written log under these circumstances is immune from liability during the time the system is temporarily disabled.

(3) Any information entered in the electronic log that is retained by a retailer, or information maintained by a retailer pursuant to subsection (J)(2), is confidential and not a public record as defined in Section 30-4-20(C) of the Freedom of Information Act. A retailer or an employee or agent of a retailer who in good faith releases information in a log to federal, state, or local law enforcement authorities is immune from civil liability for the release unless the release constitutes gross negligence or intentional, wanton, or wilful misrepresentation.

(E) Except as authorized by this section, it is unlawful for any person to possess, have under his or her control, manufacture, deliver, distribute, dispense, administer, purchase, sell, or possess with intent to distribute, any substance containing any amount of ephedrine, pseudoephedrine, or phenylpropanolamine or any of their salts, optical isomers, or salts of optical isomers which have been altered from their original condition so as to be powdered, liquefied, dissolved, solvated, or crushed. This subsection does not apply to any of the substances identified within this subsection which are possessed or altered for a legitimate medical purpose as directed by a person licensed under Title 40 and authorized to prescribe legend drugs.

(F) It is unlawful for a person to enter false statements or misrepresentations on the log required pursuant to subsection (D)(1).

(G) This section preempts all local ordinances or regulations governing the retail sale or purchase of nonprescription products containing ephedrine, pseudoephedrine, or phenylpropanolamine except such local ordinances or regulations that existed on or before December 31, 2004.

(H)(1) Except as otherwise provided in this section, it is unlawful for a retailer knowingly to violate subsection (A), (B)(1), (C), (D)(1), or (D)(2), and it is unlawful for a person knowingly to violate subsection (B)(2), (E), or (F).

(2) A retailer convicted of a violation of subsection (A) or (B)(1) is guilty of a misdemeanor and, upon conviction for a first offense, must be fined not more than five thousand dollars and, upon conviction for a second or subsequent offense, must be fined not more than ten thousand dollars.

(3) A retailer convicted of a violation of subsection (C) is guilty of a misdemeanor and, upon conviction for a first offense, must be imprisoned not more than one year or fined not more than one thousand dollars, or both and, upon conviction for a second or subsequent offense, must be imprisoned not more than three years or fined not more than five thousand dollars, or both.

(4) A retailer convicted of a violation of subsection (D)(1), (D)(2), or (J)(2) is guilty of a misdemeanor and, upon conviction for a first offense, must be fined not more than one thousand dollars and not less than five hundred dollars. Upon conviction for a second offense, a retailer must be fined not more than five thousand dollars and not less than one thousand dollars. Upon conviction for a third or subsequent offense, a person must be fined not more than ten thousand dollars and not less than five thousand dollars.

(5) A person convicted of a violation of subsection (B)(2) or (E) is guilty of a felony and, upon conviction for a first offense, must be imprisoned not more than five years and fined not more than five thousand dollars. The court, upon approval from the solicitor, may request as part of the sentence, that the offender enter and successfully complete a drug treatment program. For a second or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not less than ten thousand dollars.

(6) A person convicted of a violation of subsection (F), upon conviction for a first offense, is guilty of a misdemeanor and must be fined not more than one thousand dollars and, upon conviction for a second or subsequent offense, is guilty of a felony and must be fined not more than five thousand dollars.

(7) It is an affirmative defense to a violation of subsection (A), (C), or (D)(1) if a retailer provided the training, maintained records, and obtained employee and agent statements of agreement required by subsection (I) for all employees and agents at the retail location where the violation occurred and at the time the violation occurred.

(8) It is an affirmative defense to completing a sale following receipt of a stop sale alert received pursuant to subsection (D)(2) if the retailer, upon notifying the purchaser the sale cannot be completed, reasonably fears bodily harm if he denies the sale due to the stop sale alert.

(I) A retailer shall provide training on the requirements of this section to all agents and employees who are responsible for delivering the products regulated by this section into the custody of purchasers or who deal directly with purchasers by obtaining payments for the products. A retailer shall obtain a signed, written agreement from each employee or agent that the employee or agent agrees to comply with the requirements of this section. The retailer shall maintain records demonstrating that these employees and agents have been provided this training and the documents executed by the retailer's employees and agents agreeing to comply with this section.

(J)(1) The following are exempt from the electronic log requirements of this section but shall maintain a written log containing the information required to be entered in the electronic log, as provided for in subsection (D)(1):

(a) a retailer that only sells single dose packages of nonprescription ephedrine, pseudoephedrine, or phenylpropanolamine;

(b) a pharmacy that does not have a compatible point of sale system.

(2) A retailer who maintains a written log pursuant to this subsection shall retain the written log for two years after which the log may be destroyed. The log must be made available for inspection within twenty-four hours of a request made by a local, state, or federal law enforcement officer.

(3) A retailer who violates the requirements of maintaining a written log as provided for in subsection (J)(2) is subject to the penalties provided for in subsection (H)(4).

(K) The sheriff or chief of police shall monitor and determine if retailers, other than licensed pharmacies, are in compliance with the provisions of this section by ensuring that a retailer:

(1) is entering all sales of a product regulated by this section in an electronic log as required by this section;

(2) if not maintaining an electronic log, is exempt as provided for in subsection (J)(1), and is continuing to maintain the written log as provided for in subsection (J);

(3) is not selling products regulated by this section.

(L) This section does not apply to:

(1) pediatric products labeled pursuant to federal regulation as primarily intended for administration to children under twelve years of age according to label instructions;

(2) products that the Board of Pharmacy, upon application of a manufacturer, exempts because the product is formulated in such a way as to effectively prevent the conversion of the active ingredient into methamphetamine or its salts or precursors; and

(3) a purchase of a single sales package containing not more than sixty milligrams of pseudoephedrine.

(M) For purposes of this section "retailer" means a retail distributor, including a pharmacy, where ephedrine, pseudoephedrine, or phenylpropanolamine products are available for sale and does not include an employee or agent of a retailer.

HISTORY: 2006 Act No. 275, Section 1, eff 6 months after approval (became law without the Governor's signature on May 4, 2006); 2010 Act No. 242, Section 1, eff July 1, 2010.

SECTION 44-53-400. Penalties in article in addition to those under other laws.

Any penalty imposed for violation of this article shall be in addition to, and not in lieu of, any civil or administrative penalty or sanction otherwise authorized by law.

HISTORY: 1962 Code Section 32-1510.52; 1971 (57) 800.

SECTION 44-53-410. Prosecution in another jurisdiction shall be bar to prosecution.

If a violation of this article is a violation of a Federal law or the law of another state, the conviction or acquittal under Federal law or the law of another state for the same act is a bar to prosecution in this State.

HISTORY: 1962 Code Section 32-1510.53; 1971 (57) 800.

SECTION 44-53-420. Attempt and conspiracy; attempt to possess; penalties.

(A) Except as provided in subsection (B), a person who attempts or conspires to commit an offense made unlawful by the provisions of this article, upon conviction, be fined or imprisoned in the same manner as for the offense planned or attempted; but the fine or imprisonment shall not exceed one half of the punishment prescribed for the offense, the commission of which was the object of the attempt or conspiracy.

(B) A person who attempts to possess a substance made unlawful by the provisions of this article is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars or imprisoned not more than thirty days, or both.

HISTORY: 1962 Code Section 32-1510.54; 1971 (57) 800; 2005 Act No. 127, Section 7, eff June 7, 2005.

SECTION 44-53-430. Appeals from orders of Department.

Any person may appeal from any order of the Department within thirty days after the filing of the order, to the court of common pleas of the county in which the aggrieved party resides or in which his place of business is located. The Department shall thereupon certify to the court the record in the hearing. The court shall review the record and the regularity and the justification for the order, on the merits, and render judgment thereon as in ordinary appeals in equity. The court may order or permit further testimony on the merits of the case, in its discretion such testimony to be given either before the judge or referee by him appointed. From such judgment of the court an appeal may be taken as in other civil actions.

HISTORY: 1962 Code Section 32-1510.55; 1971 (57) 800.

SECTION 44-53-440. Distribution to persons under eighteen.

Any person eighteen years of age or over who violates Section 44-53-370(a) by distributing a controlled substance classified in Schedule I (b) and (c) which is a narcotic drug or lysergic acid diethylamide (LSD) and in Schedule II which is a narcotic drug, or who violates Section 44-53-375(B) by distributing crack cocaine to a person under eighteen years of age is guilty of a felony and, upon conviction, must be imprisoned for not more than twenty years or fined not more than thirty thousand dollars, or both, and the sentence may not be suspended and probation may not be granted. Any person eighteen years of age or over who violates Section 44-53-370(a) and (b) by distributing any other controlled substance listed in Schedules I through V to a person under eighteen years of age is guilty of a misdemeanor and, upon conviction, must be imprisoned for not more than ten years or fined not more than ten thousand dollars, or both. Any violation of this section constitutes a separate offense.

HISTORY: 1962 Code Section 32-1510.56; 1971 (57) 800; 1974 (58) 2284; 1987 Act No. 128, Section 3.

SECTION 44-53-445. Distribution of controlled substance within proximity of school.

(A) It is a separate criminal offense for a person to distribute, sell, purchase, manufacture, or to unlawfully possess with intent to distribute, a controlled substance while in, on, or within a one-half mile radius of the grounds of a public or private elementary, middle, or secondary school; a public playground or park; a public vocational or trade school or technical educational center; or a public or private college or university.

(B) For a person to be convicted of an offense pursuant to subsection (A), the person must:

(1) have knowledge that he is in, on, or within a one-half mile radius of the grounds of a public or private elementary, middle, or secondary school; a public playground or park; a public vocational or trade school or technical educational center; or a public or private college or university; and

(2) actually distribute, sell, purchase, manufacture, or unlawfully possess with intent to distribute, the controlled substance within a one-half mile radius of the grounds of a public or private elementary,

middle, or secondary school; a public playground or park; a public vocational or trade school or technical educational center; or a public or private college or university.

(C) A person must not be convicted of an offense pursuant to subsection (A) if the person is stopped by a law enforcement officer for the controlled substance offense within a one-half mile radius of the grounds of a public or private elementary, middle, or secondary school; a public playground or park; a public vocational or trade school or technical educational center; or a public or private college or university, but did not actually commit the controlled substance offense within a one-half mile radius of the grounds of a public or private elementary, middle, or secondary school; a public playground or park; a public vocational or trade school or technical educational center; or a public or private college or university.

(D)(1) A person who violates the provisions of this section is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars, or imprisoned not more than ten years, or both.

(2) When a violation involves only the purchase of a controlled substance, the person is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned not more than one year, or both.

(E) For the purpose of creating inferences of intent to distribute, the inferences set out in Sections 44-53-370 and 44-53-375 apply to criminal prosecutions under this section.

HISTORY: 1984 Act No. 504, Section 2; 1987 Act No. 128, Section 4; 1990 Act No. 579, Section 2; 1993 Act No. 184, Section 76; 1995 Act No. 83, Section 55; 2010 Act No. 273, Section 39, eff June 2, 2010.

SECTION 44-53-450. Conditional discharge; eligibility for expungement.

(A) Whenever any person who has not previously been convicted of any offense under this article or any offense under any state or federal statute relating to marijuana, or stimulant, depressant, or hallucinogenic drugs, pleads guilty to or is found guilty of possession of a controlled substance under Section 44-53-370(c) and (d), or Section 44-53-375(A), the court, without entering a judgment of guilt and with the consent of the accused, may defer further proceedings and place him on probation upon terms and conditions as it requires, including the requirement that such person cooperate in a treatment and rehabilitation program of a state-supported facility or a facility approved by the commission, if available. Upon violation of a term or condition, the court may enter an adjudication of guilt and proceed as otherwise provided. Upon fulfillment of the terms and conditions, the court shall discharge the person and dismiss the proceedings against him. Discharge and dismissal under this section shall be without court adjudication of guilt and is not a conviction for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime, including the additional penalties imposed for second or subsequent convictions. However, a nonpublic record shall be forwarded to and retained by the Department of Narcotic and Dangerous Drugs under the South Carolina Law Enforcement Division solely for the purpose of use by the courts in determining whether or not a person has committed a subsequent offense under this article. Discharge and dismissal under this section may occur only once with respect to any person.

(B) Upon the dismissal of the person and discharge of the proceedings against him pursuant to subsection (A), the person may apply to the court for an order to expunge from all official records (other than the nonpublic records to be retained as provided in subsection (A)) all recordation relating to his arrest, indictment or information, trial, finding of guilty, and dismissal and discharge pursuant to this section. If the court determines, after hearing, that the person was dismissed and the proceedings against him discharged, it shall enter the order. The effect of the order is to restore the person, in the contemplation of the law, to the status he occupied before the arrest or indictment or information. No person as to whom the order has been entered may be held pursuant to another provision of law to be guilty of perjury or otherwise giving a false statement by reason of his failure to recite or acknowledge the arrest, or indictment or information, or trial in response to an inquiry made of him for any purpose.

(C) Before a person may be discharged and the proceedings dismissed pursuant to this section, the person must pay a fee of three hundred fifty dollars if the person is in a general sessions court and one hundred fifty dollars if the person is in a summary court. No portion of the fee may be waived, reduced, or suspended, except in cases of indigency. If the court determines that a person is indigent, the court may partially or totally waive, reduce, or suspend the fee. The revenue collected pursuant to this subsection must be retained by the jurisdiction that heard or processed the case and paid to the State Treasurer within thirty days of receipt. The State Treasurer shall transmit these funds to the Prosecution Coordination Commission which shall then apportion these funds among the sixteen judicial circuits on a per capita basis equal to the population in that circuit compared to the population of the State as a whole based on the most recent official United States census. The funds must be used for drug treatment court programs only. The amounts generated by this subsection are in addition to any amounts presently being provided for drug treatment court programs and may not be used to supplant funding already allocated for these services. The State Treasurer may request the State Auditor to examine the financial records of a jurisdiction which he believes is not timely transmitting the funds required to be paid to the State Treasurer pursuant to this subsection. The State Auditor is further authorized to conduct these examinations and the local jurisdiction is required to participate in and cooperate fully with the examination.

HISTORY: 1962 Code Section 32-1510.57; 1971 (57) 800; 1974 (58) 2284; 2009 Act No. 36, Section 7, eff June 2, 2009; 2010 Act No. 273, Section 40, eff June 2, 2010.

SECTION 44-53-460. Reduced sentence for accommodation offenses.

Any person who enters a plea of guilty to or is found guilty of a violation of Section 44-53-370(a) or (c) may move for and the court shall grant a further hearing at which evidence may be presented by the person, and by the prosecution if it so desires, relating to the nature of the act on the basis of which the person has been convicted. If the convicted person establishes by clear and convincing evidence that he delivered or possessed with intent to deliver a controlled substance, except a controlled substance classified in Schedule I (b) and (c) which is a narcotic drug or lysergic acid diethylamide (LSD) and in Schedule II which is a narcotic drug, only as an accommodation to another individual and not with intent to profit thereby nor to induce the recipient or intended recipient of the controlled or counterfeit substance to use or become addicted to or dependent upon the substance, the court shall sentence the person as if he had been convicted of a violation of Section 44-53-370(c).

HISTORY: 1962 Code Section 32-1510.58; 1971 (57) 800; 1974 (58) 2284.

SECTION 44-53-470. "Second or subsequent offense" defined.

(A) An offense is considered a second or subsequent offense if:

(1) for an offense involving marijuana pursuant to the provisions of this article, the offender has been convicted within the previous five years of a first violation of a marijuana possession provision of this article or of another state or federal statute relating to marijuana possession;

(2) for an offense involving marijuana pursuant to the provisions of this article, the offender has at any time been convicted of a first, second, or subsequent violation of a marijuana offense provision of this article or of another state or federal statute relating to marijuana offenses, except a first violation of a marijuana possession provision of this article or of another state or federal statute relating to marijuana offenses;

(3) for an offense involving a controlled substance other than marijuana pursuant to this article, the offender has been convicted within the previous ten years of a first violation of a controlled substance offense provision, other than a marijuana offense provision, of this article or of another state or federal statute relating to narcotic drugs, depressants, stimulants, or hallucinogenic drugs; and

(4) for an offense involving a controlled substance other than marijuana pursuant to this article, the offender has at any time been convicted of a second or subsequent violation of a controlled substance

offense provision, other than a marijuana offense provision, of this article or of another state or federal statute relating to narcotic drugs, depressants, stimulants, or hallucinogenic drugs.

(B) If a person is sentenced to confinement as the result of a conviction pursuant to this article, the time period specified in this section begins on the date of the conviction or on the date the person is released from confinement imposed for the conviction, whichever is later.

HISTORY: 1962 Code Section 32-1510.59; 1971 (57) 800; 2005 Act No. 127, Section 6, eff June 7, 2005; 2010 Act No. 273, Section 41, eff June 2, 2010.

SECTION 44-53-475. Financial transactions, monetary instruments, or financial institutions involving property or proceeds of unlawful activities in narcotic drugs or controlled substances; penalties.

(A)(1) Whoever, knowing that the property involved in a financial transaction represents the proceeds of, or is derived directly or indirectly from the proceeds of unlawful activity relating to narcotic drugs or controlled substances, conducts or attempts to conduct such a financial transaction which in fact involves the proceeds:

(a) with the intent to promote the carrying on of unlawful activity relating to narcotic drugs or controlled substances; or

(b) knowing that the transaction is designed in whole or in part to conceal or disguise the nature, location, sources, ownership, or control of the proceeds of the unlawful activity is guilty of a felony and, upon conviction, must be punished by a fine of not more than five hundred thousand dollars or twice the value of the property involved in the transaction, whichever is greater, or by imprisonment for not more than twenty years, or both.

(2) Whoever transports, transmits, or transfers, or attempts to transport, transmit, or transfer a monetary instrument or funds from a place in South Carolina to or through a place outside the United States or to a place in South Carolina from or through a place outside the United States:

(a) with the intent to promote the carrying on of unlawful activity relating to narcotic drugs or to controlled substances; or

(b) knowing that the monetary instrument or funds involved in the transportation represent the proceeds of the unlawful activity and knowing that the transportation is designed in whole or in part to conceal or disguise the nature, location, source, ownership, or control of the proceeds of the unlawful activity is guilty of a felony and, upon conviction, must be punished by a fine of five hundred thousand dollars or twice the value of the monetary instrument or funds involved in the transportation, whichever is greater, or by imprisonment for not more than twenty years, or both.

(3) Whoever, with the intent:

(a) to promote the carrying on of unlawful activity relating to narcotic drugs or to controlled substances; or

(b) to conceal or disguise the nature, location, source, ownership, or control of property believed to be the proceeds of the unlawful activity, conducts or attempts to conduct a financial transaction involving property represented by a law enforcement officer to be the proceeds of the unlawful activity, or property used to conduct or facilitate the unlawful activity is guilty of a felony and, upon conviction, must be punished by a fine of five hundred thousand dollars or twice the value of the property involved, whichever is greater, or by imprisonment for not more than twenty years, or both. For purposes of this subitem, the term "represented" means any representation made by a law enforcement officer or by another person at the direction of, or with the approval of, a state official authorized to investigate or prosecute violations of this section.

(B) Whoever conducts or attempts to conduct a transaction described in subsection (A)(1), or transportation described in subsection (A)(2), is liable to the State for a civil penalty of not more than the greater of:

(1) the value of the property, funds, or monetary instruments involved in the transaction; or

(2) ten thousand dollars.

(C) As used in this section:

(1) the term "conducts" includes initiating, concluding, or participating in initiating or concluding a transaction;

(2) the term "transaction" includes a purchase, sale, loan, pledge, gift, transfer, delivery, or other disposition and, with respect to a financial institution includes a deposit, withdrawal, transfer between accounts, exchange of currency, loan, extension of credit, purchase or sale of any stock, bond, certificate of deposit, or other monetary instrument, or any other payment, transfer, or delivery by, through, or to a financial institution, by whatever means effected;

(3) the term "financial transaction" means a transaction involving the movement of funds by wire or other means or involving one or more monetary instruments;

(4) the term "monetary instruments" means coin or currency of the United States or of any other country, travelers' checks, personal checks, bank checks, money orders, investment securities in bearer form or otherwise in that form that title to it passes upon delivery, and negotiable instruments in bearer form or otherwise in that form that title to it passes upon delivery;

(5) the term "financial institution" has the definition given that term in Section 5312(a)(2) of Title 31, United States Code, and the regulations promulgated thereunder.

(D) Nothing in this section supersedes any provision of law imposing criminal penalties or affording civil remedies in addition to those provided for in this section.

HISTORY: 1990 Act No. 604, Section 10.

SECTION 44-53-480. Enforcement.

(a) The South Carolina Law Enforcement Division shall establish within its Division a Department of Narcotics and Dangerous Drugs, which shall be administered by a director and shall be primarily responsible for the enforcement of all laws pertaining to illicit traffic in controlled and counterfeit substances. The Department of Narcotics and Dangerous Drugs, in discharging its responsibilities concerning illicit traffic in narcotics and dangerous substances and in suppressing the abuse of controlled substances, shall enforce the State plan formulated in cooperation with the Narcotics and Controlled Substance Section as such plan relates to illicit traffic in controlled and counterfeit substances.

As part of its duties the Department of Narcotics and Dangerous Drugs shall:

(1) Assist the Commission on Alcohol and Drug Abuse in the exchange of information between itself and governmental and local law-enforcement officials concerning illicit traffic in and use and abuse of controlled substances.

(2) Assist the Commission in planning and coordinating training programs on law enforcement for controlled substances at the local and State level.

(3) Establish a centralized unit which shall accept, catalogue, file and collect statistics and make such information available for Federal, State and local law-enforcement purposes.

(4) Have the authority to execute and serve search warrants, arrest warrants, administrative inspection warrants, subpoenas, and summonses.

(b) The Department of Health and Environmental Control shall be primarily responsible for making accountability audits of the supply and inventory of controlled substances in the possession of pharmacists, doctors, hospitals, health care facilities and other practitioners as well as in the possession of any individuals or institutions authorized to have possession of such substances and shall also be primarily responsible for such other duties in respect to controlled substances as shall be specifically delegated to the Department of Health and Environmental Control by the General Assembly. Drug inspectors and special agents of the Department of Health and Environmental Control as provided for in Section 44-53-490, while in the performance of their duties as prescribed herein, shall have:

(1) Statewide police powers;

(2) Authority to carry firearms;

(3) Authority to execute and serve search warrants, arrest warrants, administrative inspection warrants, subpoenas, and summonses;

(4) Authority to make investigations to determine whether there has been unlawful dispensing of controlled substances or the removal of such substances from regulated establishments or practitioners into illicit traffic;

(5) Authority to seize property; and

(6) Authority to make arrests without warrants for offenses committed in their presence.

(c) The Department of Health and Environmental Control may contract with the Board of Pharmaceutical Examiners for the Chief Drug Inspector of the Board of Pharmacy and his assistants, to enforce the provisions of this article with respect to inspections and audits which apply to pharmacists or pharmacies whether located in drugstores, hospitals or other health care facilities.

HISTORY: 1962 Code Section 32-1510.60; 1971 (57) 800; 1972 (57) 2396; 1974 (58) 2228; 1985 Act No. 143, Section 1; 1986 Act No. 404, Section 1.

SECTION 44-53-485. Handling of seized controlled substances; use of photographs or videotapes of substances at trial; admissibility of evidence.

(A) Controlled substances seized pursuant to this article must be inventoried, reported, audited, handled, tested, stored, preserved, or destroyed pursuant to procedures promulgated by the South Carolina Law Enforcement Division.

(B) The chief law enforcement official of the seizing agency, his designee, or the clerk of court, after one year following the conviction, guilty plea, plea by nolo contendere, or other disposition of the criminal case, may order the destruction or other lawful disposition of the substances unnecessary for evidentiary purposes in accordance with procedures promulgated by the division.

(C) The chief law enforcement official of the seizing agency or his designee, after a reasonable period of time following the seizure, may order the destruction or other lawful disposition of substances that do not come within the jurisdiction of court.

(D) When large amounts of substances are seized and storage is impractical, a law enforcement officer, only with the prior written approval and consent of the solicitor, may substitute photographs or videotapes of the substances at trial so long as a representative sample is analyzed for proof of the matter that the substances actually are present. When substitutions are used, the chief law enforcement official or his designee may authorize the destruction of the substances ten days following seizure.

(E) In all subsequent court proceedings following the disposition of the case, all evidence presented at the original proceedings is admissible through introduction of the certified record of the case.

HISTORY: 1992 Act No. 387, Section 2.

SECTION 44-53-490. Drug inspectors.

The Department of Health and Environmental Control shall designate persons holding a degree in pharmacy to serve as drug inspectors. Such inspectors shall, from time to time, but no less than once every three years, inspect all practitioners and registrants who manufacture, dispense, or distribute controlled substances, including those persons exempt from registration but who are otherwise permitted to keep controlled substances for specific purposes. The drug inspector shall submit an annual report by the first day of each year to the Department and a copy to the Commission on Alcohol and Drug Abuse specifying the name of the practitioner or the registrant or such exempt persons inspected, the date of inspection and any other violations of this article.

The Department may employ other persons as agents and assistant inspectors to aid in the enforcement of those duties delegated to the Department by this article.

HISTORY: 1962 Code Section 32-1510.61; 1971 (57) 800; 1974 (58) 2228.

SECTION 44-53-500. Procedure for issuance and execution of administrative inspection warrants.

(a) Issuance and execution of administrative inspection warrants shall be as follows:

(1) Any judge or magistrate of a court having jurisdiction where the inspection or seizure is to be conducted, may, upon proper oath or affirmation showing probable cause, issue warrants for the purpose of conducting administrative inspections authorized by this article or regulations thereunder, and seizures of property appropriate to such inspections. For the purposes of this section, "probable cause" means a valid public interest in the effective enforcement of this article or regulations sufficient to justify administrative inspection of the area, premises, building or conveyance in the circumstances specified in the application for the warrant;

(2) A warrant shall issue only upon an affidavit of an officer or employee duly designated and having knowledge of the facts alleged, sworn to before the judge or magistrate and establishing the grounds for issuing the warrant. If the judge or magistrate is satisfied that grounds for the application exist or that there is probable cause to believe they exist, he shall issue a warrant identifying the area, premises, building, or conveyance to be inspected, the purpose of such inspection, and, where appropriate, the type of property to be inspected, if any. The warrant shall identify the item or types of property to be seized, if any. The warrant shall be directed to a person authorized by Section 44-53-480(b) to execute it. The warrant shall state the grounds for issuance and the name of the person or persons whose affidavit has been taken in support thereof. It shall command the person to whom it is directed to inspect the area, premises, building, or conveyance identified for the purpose specified, and where appropriate, shall direct the seizure of the property specified. The warrant shall direct that it be served during normal business hours. It shall designate the judge or magistrate to whom it shall be returned;

(3) A warrant issued pursuant to this section must be executed and returned within ten days of its date. If property is seized pursuant to a warrant, the person executing the warrant shall give to the person from whom or from whose premises the property was taken a copy of the warrant and a receipt for the property taken or shall leave the copy and receipt at the place from which the property was taken. The return of the warrant shall be made promptly and shall be accompanied by a written inventory of any property taken. The inventory shall be made in the presence of the person executing the warrant and of the person from whose possession or premises the property was taken, if they are present, or in the presence of at least one credible person other than the person executing the warrant. The clerk of the court, upon request, shall deliver a copy of the inventory to the person from whom or from whose premises the property was taken and to the applicant for the warrant; and

(4) The judge or magistrate who has issued a warrant under this section shall attach to the warrant a copy of the return and all papers filed in connection therewith and shall cause them to be filed with the court which issued such warrant.

(b) The Department of Health and Environmental Control is authorized to make administrative inspections of controlled premises in accordance with the following provisions:

(1) For the purposes of this article only, "controlled premises" means:

(a) Places where persons registered or exempted from registration requirements under this article are required to keep records, and

(b) Places including factories, warehouses, establishments, and conveyances where persons registered or exempted from registration requirements under this article are permitted to hold, manufacture, compound, process, sell, deliver, or otherwise dispose of any controlled substance.

(2) When so authorized by an administrative inspection warrant issued pursuant to this section an officer or employee designated by the Commission on Alcohol and Drug Abuse upon presenting the warrant and appropriate credentials to the owner, operator, or agent in charge, may enter controlled premises for the purpose of conducting an administrative inspection.

(3) When so authorized by an administrative inspection warrant, an officer or employee designated by the Department may:

(a) Inspect and copy records required by this article to be kept;

(b) Inspect, within reasonable limits and in a reasonable manner, controlled premises and all pertinent equipment, finished and unfinished material, containers and labeling found therein, and, except as provided in subsection (b)(5) of this section, all other things therein including records, files, papers, processes, controls, and facilities bearing on violation of this article; and

(c) Inventory any stock of any controlled substance therein and obtain samples of any such substance.

(4) This section shall not be construed to prevent entries and administrative inspections (including seizures of property) without a warrant:

(a) With the consent of the owner, operator or agent in charge of the controlled premises;

(b) In situations presenting imminent danger to health or safety;

(c) In situations involving inspection of conveyances where there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant;

(d) In any other exceptional or emergency circumstance where time or opportunity to apply for a warrant is lacking; and

(e) In all other situations where a warrant is not constitutionally required.

(5) Except when the owner, operator, or agent in charge of the controlled premises so consents in writing, no inspection authorized by this section shall extend to:

(a) Financial data;

(b) Sales data other than shipment data;

(c) Pricing data;

(d) Personnel data; or

(e) Research data.

HISTORY: 1962 Code Section 32-1510.62; 1971 (57) 800.

SECTION 44-53-520. Forfeitures.

(a) The following are subject to forfeiture:

(1) all controlled substances which have been manufactured, distributed, dispensed, or acquired in violation of this article;

(2) all raw materials, products, and equipment of any kind which are used, or which have been positioned for use, in manufacturing, producing, compounding, processing, delivering, importing, or exporting any controlled substance in violation of this article;

(3) all property which is used, or which has been positioned for use, as a container for property described in items (1) or (2);

(4) All property, both real and personal, which in any manner is knowingly used to facilitate production, manufacturing, distribution, sale, importation, exportation, or trafficking in various controlled substances as defined in this article;

(5) all books, records, and research products and materials, including formulas, microfilm, tapes, and data which are used, or which have been positioned for use, in violation of this article;

(6) all conveyances including, but not limited to, trailers, aircraft, motor vehicles, and watergoing vessels which are used or intended for use unlawfully to conceal, contain, or transport or facilitate the unlawful concealment, possession, containment, manufacture, or transportation of controlled substances and their compounds, except as otherwise provided, must be forfeited to the State. No motor vehicle may be forfeited to the State under this item unless it is used, intended for use, or in any manner facilitates a violation of Section 44-53-370(a), involving at least one pound or more of marijuana, one pound or more of hashish, more than four grains of opium, more than two grains of heroin, more than four grains of morphine, more than ten grains of cocaine, more than fifty micrograms of lysergic acid diethylamide (LSD) or its compounds, more than ten grains of crack, or more than one gram of ice or crank, as defined in Section 44-53-110, or unless it is used, intended for use, or in any manner facilitates a violation of Section 44-53-370(e) or fifteen tablets, capsules, dosage units, or the equivalent quantity of 3, 4-methylenedioxymethamphetamine (MDMA);

(7) all property including, but not limited to, monies, negotiable instruments, securities, or other things of value furnished or intended to be furnished by any person in exchange for a controlled substance, and all proceeds including, but not limited to, monies, and real and personal property traceable to any exchange;

(8) all monies seized in close proximity to forfeitable controlled substances, drug manufacturing, or distributing paraphernalia, or in close proximity to forfeitable records of the importation, manufacturing, or distribution of controlled substances and all monies seized at the time of arrest or search involving violation of this article. If the person from whom the monies were taken can establish to the satisfaction of a court of competent jurisdiction that the monies seized are not products of illegal acts, the monies must be returned pursuant to court order.

(b) Any property subject to forfeiture under this article may be seized by the department having authority upon warrant issued by any court having jurisdiction over the property. Seizure without process may be made if:

(1) the seizure is incident to an arrest or a search under a search warrant or an inspection under an administrative inspection warrant;

(2) the property subject to seizure has been the subject of a prior judgment in favor of the State in a criminal injunction or forfeiture proceeding based upon this article;

(3) the department has probable cause to believe that the property is directly or indirectly dangerous to health or safety; or

(4) the department has probable cause to believe that the property was used or is intended to be used in violation of this article.

(c) In the event of seizure pursuant to subsection (b), proceedings under Section 44-53-530 regarding forfeiture and disposition must be instituted within a reasonable time.

(d) Any property taken or detained under this section is not subject to replevin but is considered to be in the custody of the department making the seizure subject only to the orders of the court having jurisdiction over the forfeiture proceedings. Property described in Section 44-53-520(a) is forfeited and transferred to the government at the moment of illegal use. Seizure and forfeiture proceedings confirm the transfer.

(e) Controlled substances listed in Schedule I that are possessed, transferred, sold, or offered for sale in violation of this article are contraband and must be seized and summarily forfeited to the State. Controlled substances listed in Schedule I, which are seized or come into the possession of the State, the owners of which are unknown, are contraband and must be summarily forfeited to the State.

(f) Species of plants from which controlled substances in Schedules I and II may be derived which have been planted or cultivated in violation of this article, or of which the owners or cultivators are unknown, or which are wild growths, may be seized and summarily forfeited to the State.

(g) The failure, upon demand by the department having authority to make the demand, of the person in occupancy or in control of land or premises upon which the species of plants are growing or being stored to produce an appropriate registration, or proof that he is the holder thereof, constitutes authority for the seizure and forfeiture of the plants.

(h) For the purposes of this section, whenever the seizure of any property subject to seizure is accomplished as a result of a joint effort by more than one law enforcement agency, the law enforcement agency initiating the investigation is considered to be the agency making the seizure.

(i) Law enforcement agencies seizing property under this section shall take reasonable steps to maintain the property. Equipment and conveyances seized must be removed to an appropriate place for storage. Any monies seized must be deposited in an interest bearing account pending final disposition by the court unless the seizing agency determines the monies to be of an evidential nature and provides for security in another manner.

(j) When property and monies of any value as defined in this section or anything else of any value is seized, the law enforcement agency making the seizure, within ten days or a reasonable period of time after the seizure, shall submit a report to the appropriate prosecution agency.

(1) The report shall provide the following information with respect to the property seized:

(a) description;

(b) circumstances of seizure;

(c) present custodian and where the property is being stored or its location;

(d) name of owner;

(e) name of lienholder, if any;
(f) seizing agency; and
(g) the type and quantity of the controlled substance involved.
(2) If the property is a conveyance, the report shall include the:
(a) make, model, serial number, and year of the conveyance;
(b) person in whose name the conveyance is registered; and
(c) name of any lienholders.
(3) In addition to the report provided for in items (1) and (2), the law enforcement agency shall prepare for dissemination to the public upon request a report providing the following information:
(a) a description of the quantity and nature of the property and money seized;
(b) the seizing agency;
(c) the type and quantity of the controlled substance involved;
(d) the make, model, and year of a conveyance; and
(e) the law enforcement agency responsible for the property or conveyance seized.
(k) Property or conveyances seized by a law enforcement agency or department must not be used by officers for personal purposes.

HISTORY: 1962 Code Section 32-1510.64; 1971 (57) 800; 1980 Act No. 372, Section 6; 1984 Act No. 482, Section 3; 1986 Act No. 404, Section 2; 1986 Act No. 540, Part II, Section 40; 1990 Act No. 604, Sections 1, 11; 1992 Act No. 333, Sections 1, 2; 2002 Act No. 267, Section 4, eff May 20, 2002.

SECTION 44-53-530. Forfeiture procedures; disposition of forfeited items; disposition of proceeds of sales.
<Subsection effective until July 1, 2015>
(a) Forfeiture of property defined in Section 44-53-520 must be accomplished by petition of the Attorney General or his designee or the circuit solicitor or his designee to the court of common pleas for the jurisdiction where the items were seized. The petition must be submitted to the court within a reasonable time period following seizure and shall set forth the facts upon which the seizure was made. The petition shall describe the property and include the names of all owners of record and lienholders of record. The petition shall identify any other persons known to the petitioner to have interests in the property. Petitions for the forfeiture of conveyances shall also include: the make, model, and year of the conveyance, the person in whose name the conveyance is registered, and the person who holds the title to the conveyance. The petition shall set forth the type and quantity of the controlled substance involved. A copy of the petition must be sent to each law enforcement agency which has notified the petitioner of its involvement in effecting the seizure. Notice of hearing or rule to show cause must be directed to all persons with interests in the property listed in the petition, including law enforcement agencies which have notified the petitioner of their involvement in effecting the seizure. Owners of record and lienholders of record may be served by certified mail, to the last known address as appears in the records of the governmental agency which records the title or lien.
The judge shall determine whether the property is subject to forfeiture and order the forfeiture confirmed. If the judge finds a forfeiture, he shall then determine the lienholder's interest as provided in this article. The judge shall determine whether any property must be returned to a law enforcement agency pursuant to Section 44-53-582.
If there is a dispute as to the division of the proceeds of forfeited property among participating law enforcement agencies, this issue must be determined by the judge. The proceeds from a sale of property, conveyances, and equipment must be disposed of pursuant to subsection (e) of this section.
All property, conveyances, and equipment which will not be reduced to proceeds may be transferred to the law enforcement agency or agencies or to the prosecution agency. Upon agreement of the law enforcement agency or agencies and the prosecution agency, conveyances and equipment may be transferred to any other appropriate agency. Property transferred must not be used to supplant operating funds within the current or future budgets. If the property seized and forfeited is an aircraft or watercraft

and is transferred to a state law enforcement agency or other state agency pursuant to the provisions of this subsection, its use and retainage by that agency shall be at the discretion and approval of the Budget and Control Board.

If a defendant or his attorney sends written notice to the petitioner or the seizing agency of his interest in the subject property, service may be made by mailing a copy of the petition to the address provided and service may not be made by publication. In addition, service by publication may not be used for a person incarcerated in a South Carolina Department of Corrections facility, a county detention facility, or other facility where inmates are housed for the county where the seizing agency is located. The seizing agency shall check the appropriate institutions after receiving an affidavit of nonservice before attempting service by publication.

<Subsection effective July 1, 2015>

(a) Forfeiture of property defined in Section 44-53-520 must be accomplished by petition of the Attorney General or his designee or the circuit solicitor or his designee to the court of common pleas for the jurisdiction where the items were seized. The petition must be submitted to the court within a reasonable time period following seizure and shall set forth the facts upon which the seizure was made. The petition shall describe the property and include the names of all owners of record and lienholders of record. The petition shall identify any other persons known to the petitioner to have interests in the property. Petitions for the forfeiture of conveyances shall also include: the make, model, and year of the conveyance, the person in whose name the conveyance is registered, and the person who holds the title to the conveyance. The petition shall set forth the type and quantity of the controlled substance involved. A copy of the petition must be sent to each law enforcement agency which has notified the petitioner of its involvement in effecting the seizure. Notice of hearing or rule to show cause must be directed to all persons with interests in the property listed in the petition, including law enforcement agencies which have notified the petitioner of their involvement in effecting the seizure. Owners of record and lienholders of record may be served by certified mail, to the last known address as appears in the records of the governmental agency which records the title or lien.

The judge shall determine whether the property is subject to forfeiture and order the forfeiture confirmed. If the judge finds a forfeiture, he shall then determine the lienholder's interest as provided in this article. The judge shall determine whether any property must be returned to a law enforcement agency pursuant to Section 44-53-582.

If there is a dispute as to the allocation of the proceeds of forfeited property among participating law enforcement agencies, this issue must be determined by the judge. The proceeds from a sale of property, conveyances, and equipment must be disposed of pursuant to subsection (e) of this section.

All property, conveyances, and equipment not reduced to proceeds may be transferred to the law enforcement agency or agencies or to the prosecution agency. Upon agreement of the law enforcement agency or agencies and the prosecution agency, conveyances and equipment may be transferred to any other appropriate agency. Property transferred must not be used to supplant operating funds within the current or future budgets. If the property seized and forfeited is an aircraft or watercraft and is transferred to a state law enforcement agency or other state agency pursuant to the provisions of this subsection, its use and retainage by that agency shall be at the discretion and approval of the Department of Administration.

If a defendant or his attorney sends written notice to the petitioner or the seizing agency of his interest in the subject property, service may be made by mailing a copy of the petition to the address provided and service may not be made by publication. In addition, service by publication may not be used for a person incarcerated in a South Carolina Department of Corrections facility, a county detention facility, or other facility where inmates are housed for the county where the seizing agency is located. The seizing agency shall check the appropriate institutions after receiving an affidavit of nonservice before attempting service by publication.

<Subsection effective until July 1, 2015>

(b) If the property is seized by a state law enforcement agency and is not transferred by the court to the seizing agency, the judge shall order it transferred to the Division of General Services for sale. Proceeds

may be used by the division for payment of all proper expenses of the proceedings for the forfeiture and sale of the property, including the expenses of seizure, maintenance, and custody, and other costs incurred by the implementation of this section. The net proceeds from any sale must be remitted to the State Treasurer as provided in subsection (g) of this section. The Division of General Services may authorize payment of like expenses in cases where monies, negotiable instruments, or securities are seized and forfeited.

<Subsection effective July 1, 2015>

(b) If the property is seized by a state law enforcement agency and is not transferred by the court to the seizing agency, the judge shall order it transferred to the Division of General Services of the Department of Administration for sale. Proceeds may be used by the division for payment of all proper expenses of the proceedings for the forfeiture and sale of the property, including the expenses of seizure, maintenance, and custody, and other costs incurred by the implementation of this section. The net proceeds from any sale must be remitted to the State Treasurer as provided in subsection (g) of this section. The Division of General Services of the Department of Administration may authorize payment of like expenses in cases where monies, negotiable instruments, or securities are seized and forfeited.

(c) If the property is seized by a local law enforcement agency and is not transferred by the court to the agency, the judge shall order it sold at public auction by the seizing agency as provided by law. Notwithstanding any other provision of the law, proceeds from the sale may be used by the agency for payment of all proper expenses of the proceeding for the forfeiture and sale of the property, including the expenses of the seizure, maintenance, and custody and other costs incurred by the implementation of this section. The net proceeds from the sale must be disposed of as provided by this section.

(d) Any forfeiture may be effected by consent order approved by the court without filing or serving pleadings or notices provided that all owners and other persons with interests in the property, including participating law enforcement agencies, entitled to notice under this section, except lienholders and agencies, consent to the forfeiture. Disposition of the property may be accomplished by consent of the petitioner and those agencies involved. Persons entitled to notice under this section may consent to some issues and have the judge determine the remaining issues.

All proceeds of property and cash forfeited by consent order must be disposed of as provided in subsection (e) of this section.

(e) All real or personal property, conveyances, and equipment of any value defined in Section 44-53-520, when reduced to proceeds, any cash more than one thousand dollars, any negotiable instruments, and any securities which are seized and forfeited must be disposed of as follows:

(1) seventy-five percent to the law enforcement agency or agencies;

(2) twenty percent to the prosecuting agency; and

(3) five percent must be remitted to the State Treasurer and deposited to the credit of the general fund of the State.

(f) The first one thousand dollars of any cash seized and forfeited pursuant to this article remains with and is the property of the law enforcement agency which effected the seizure unless otherwise agreed to by the law enforcement agency and prosecuting agency.

(g) All forfeited monies and proceeds from the sale of forfeited property as defined in Section 44-53-520 must be retained by the governing body of the local law enforcement agency or prosecution agency and deposited in a separate, special account in the name of each appropriate agency. These accounts may be drawn on and used only by the law enforcement agency or prosecution agency for which the account was established. For law enforcement agencies, the accounts must be used for drug enforcement activities, or for drug or other law enforcement training or education. For prosecution agencies, the accounts must be used in matters relating to the prosecution of drug offenses and litigation of drug-related matters.

These accounts must not be used to supplant operating funds in the current or future budgets. Expenditures from these accounts for an item that would be a recurring expense must be approved by the governing body before purchase or, in the case of a state law enforcement agency or prosecution agency, approved as provided by law.

In the case of a state law enforcement agency or state prosecution agency, monies and proceeds must be remitted to the State Treasurer who shall establish separate, special accounts as provided in this section for local agencies.

All expenditures from these accounts must be documented, and the documentation made available for audit purposes and upon request by a person under the provisions of Chapter 4, Title 30, the Freedom of Information Act.

(h) The use of all property forfeited pursuant to Section 44-53-520 and retained by the law enforcement agency must be documented and the documentation available upon request by a person subject to the provisions of Chapter 4 of Title 30.

(i) An expenditure from these accounts must be made in accordance with the established procurement procedures of the jurisdiction where the account is established.

(j) A law enforcement agency may draw from the account an amount necessary to maintain a confidential financial account to be used in the purchase of information or evidence relating to an investigation, to purchase services, or to provide compensation in matters which are confidential and in support of law enforcement activity. The disbursement of funds from the confidential financial account must be made in accordance with procedures approved by the South Carolina Law Enforcement Division (division). All records of disbursement must be maintained and made available for audit purposes as provided in this section.

All expenditures from these accounts must be fully documented and audited annually with the general fund of the appropriate jurisdiction.

(k) In all cases where the criminal offense giving rise to the forfeiture of property described in Section 44-53-520 is prosecuted in a state court, the forfeiture proceeding must be accomplished in the court of common pleas for the jurisdiction where the items were seized.

HISTORY: 1962 Code Section 32-1510.64:1; 1973 (58) 429; 1979 Act No. 185 Section 1; 1980 Act No. 462, Section 1; 1984 Act No. 482, Section 4; 1986 Act No. 404, Section 3; 1990 Act No. 604, Section 2; 1992 Act No. 333, Section 3; 1995 Act No. 145, Part II, Section 45; 2006 Act No. 345, Section 5, eff June 12, 2006; 2009 Act No. 62, Section 1, eff upon approval (became law without the Governor's signature on June 3, 2009); 2014 Act No. 121 (S.22), Pt V, Section 7.CC, eff July 1, 2015.

SECTION 44-53-540. Burden of proof.

(a) It shall not be necessary for the State to negate any exemption or exception set forth in this article in any complaint, information, indictment or other pleading or in any trial, hearing, or other proceeding under this article, and the burden of proof of any such exemption or exception shall be upon the person claiming its benefit.

(b) In the absence of proof that a person is the duly authorized holder of an appropriate registration or order form issued under this article, he shall be presumed not to be the holder of such registration or form, and the burden of proof shall be upon him to rebut such presumption.

HISTORY: 1962 Code Section 32-1510.65; 1971 (57) 800; 1974 (58) 2284.

SECTION 44-53-550. Prosecutions prior to effective date of article.

Prosecution occurring prior to June 17, 1971 is not affected or abated by this article. However, if the offense being prosecuted is similar to one set forth in Sections 44-53-370 to 44-53-470, then the penalties under Sections 44-53-370 to 44-53-470 shall apply if they are less than under prior law.

Offenses occurring prior to June 17, 1971 may be prosecuted under the statute then in force, but shall be subject to penalty limitations in this section.

HISTORY: 1962 Code Section 32-1510.66; 1971 (57) 800; 1974 (58) 2228.

SECTION 44-53-560. Transfer of agents from Department of Health and Environmental Control.

All agents of the Department of Health and Environmental Control who, sixty days after June 17, 1971, are either engaged in the enforcement of laws or regulations relating to controlled or counterfeit substances, except whose primary responsibility is making accountability audits, are hereby transferred to and shall be considered part of the Department of Narcotics and Dangerous Drugs under the South Carolina Law Enforcement Division.

HISTORY: 1962 Code Section 32-1510.67; 1971 (57) 800.

SECTION 44-53-570. Service of search warrants.

A search warrant relating to offenses involving controlled substances may be served at any time of the day or night if the magistrate or judge of any court of record of the State having jurisdiction over the area where the property sought is located is satisfied that there is probable cause to believe that grounds exist for the warrant and for its service at such time.

HISTORY: 1962 Code Section 32-1510.68; 1971 (57) 800.

SECTION 44-53-577. Illegal acts involving persons under seventeen years of age; penalties; separate offense.

(A) It is unlawful for any person at least seventeen years of age to knowingly and intentionally:

(1) use, solicit, direct, hire, persuade, induce, entice, coerce, or employ a person under seventeen years of age to violate Section 44-53-370 or 44-53-375(B);

(2) receive a controlled substance from a person under seventeen years of age in violation of this chapter; or

(3) conspire to use, solicit, direct, hire, persuade, induce, entice, coerce, or employ a person under seventeen years of age to violate Section 44-53-370 or 44-53-375(B).

(B) Any person who violates subsection (A)(1), (A)(2), or (A)(3) is guilty of a felony and, upon conviction, must be punished by a term of imprisonment of not less than five years nor more than fifteen years. A violation of this section constitutes a separate offense.

HISTORY: 1990 Act No. 604, Section 12.

SECTION 44-53-582. Return of monies used to purchase controlled substances.

All monies used by law enforcement officers or agents, in the line of duty, to purchase controlled substances during a criminal investigation must be returned to the state or local agency or unit of government furnishing the monies upon a determination by the court that the monies were used by law enforcement officers or agents, in the line of duty, to purchase controlled substances during a criminal investigation. The court may order a defendant to return the monies to the state or local agency or unit of government at the time of sentencing.

HISTORY: 1984 Act No. 482, Section 6; 1986 Act No. 404, Section 5; 2010 Act No. 273, Section 42, eff June 2, 2010.

SECTION 44-53-583. Repealed by 2006 Act No. 380, Section 3, eff June 14, 2006.

SECTION 44-53-586. Return of seized items to innocent owners; notice of hearing or rule to show cause; continuation of liens of innocent persons.

(a) Any innocent owner or any manager or owner of a licensed rental agency or any common carrier or carrier of goods for hire may apply to the court of common pleas for the return of any item seized under the provisions of Section 44-53-520. Notice of hearing or rule to show cause accompanied by copy of the application must be directed to all persons and agencies entitled to notice under Section 44-53-530. If the

judge denies the application, the hearing may proceed as a forfeiture hearing held pursuant to Section 44-53-530.

(b) The court may return any seized item to the owner if the owner demonstrates to the court by a preponderance of the evidence:

(1) in the case of an innocent owner, that the person or entity was not a consenting party to, or privy to, or did not have knowledge of, the use of the property which made it subject to seizure and forfeiture.

(2) in the case of a manager or an owner of a licensed rental agency, a common carrier, or a carrier of goods for hire, that any agent, servant, or employee of the rental agency or of the common carrier or carrier of goods for hire was not a party to, or privy to, or did not have knowledge of, the use of the property which made it subject to seizure and forfeiture.

If the licensed rental agency demonstrates to the court that it has rented the seized property in the ordinary course of its business and that the tenant or tenants were not related within the third degree of kinship to the manager or owner, or any agents, servants, or employees of the rental agency, then it is presumed that the licensed rental agency was not a party to, or privy to, or did not have knowledge of, the use of the property which made it subject to seizure and forfeiture.

(c) The lien of any innocent person or other legal entity, recorded in public records, shall continue in force upon transfer of title of any forfeited item, and any transfer of title is subject to the lien, if the lienholder demonstrates to the court by a preponderance of the evidence that he was not a consenting party to, or privy to, or did not have knowledge of, the involvement of the property which made it subject to seizure and forfeiture.

HISTORY: 1984 Act No. 482, Section 8; 1986 Act No. 404, Section 7.

SECTION 44-53-590. Penalty for use of property in manner which makes it subject to forfeiture.

Any person who uses property or a conveyance in a manner which would make the property or conveyance subject to forfeiture as provided for in Sections 44-53-520 or 44-53-530, except for innocent owners, rental agencies, lienholders, and the like as provided for in this article, is guilty of a misdemeanor and upon conviction must be imprisoned for not less than thirty days nor more than one year or fined not more than five thousand dollars, or both, in the discretion of the court. The penalties prescribed in this section are cumulative and must be construed to be in addition to any other penalty prescribed by any other provision of this article relating to controlled substances or harmful or illegal drugs.

HISTORY: 1984 Act No. 482, Section 10.

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61-19. Vital Statistics.

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SECTION 1 Definitions as used in these Regulations

(a) "Dead Body" means a lifeless human body or parts of such body or bones thereof from the state of which it reasonably may be concluded that death recently occurred.

(b) "Fetal Death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

(c) "File" means the presentation and acceptance of a vital record or report provided for in these Regulations by the Division of Vital Records.

(d) "Filing, Date of" means the date a vital record is accepted for registration.

(e) "Final Disposition" means the burial, interment, cremation, removal from the State or other authorized disposition of a dead body or fetus.

(f) "Induced Termination of Pregnancy" means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

(g) "Institution" means any establishment, public or private which provides in-patient or outpatient medical, surgical, or diagnostic care or treatment, or nursing, custodial or domiciliary care, or to which persons are committed by law.

(h) "Live Birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

(i) "Physician" means a person authorized or licensed to practice medicine pursuant to Section 40-47-5 et seq., 1976 of the Code of Laws of South Carolina, as amended.

(j) "Registration" means the acceptance by the Division of Vital Records and the incorporation of vital records provided for in these Regulations into its official records.

(k) "System of Vital Statistics" includes the registration, collection, preservation, amendment and certification of vital records and activities related thereto, including the tabulation, analysis, dissemination and publication of vital statistics.

(l) "Vital Records" means certificates of birth, death, marriage, and data related thereto.

(m) "Vital Reports" means reports of fetal death, divorce or annulment of marriage and induced terminations of pregnancy and data related thereto.

(n) "Vital Statistics" means the data derived from certificates and reports of birth, death, fetal death, induced termination of pregnancy, marriage and divorce or annulment and related reports.

SECTION 2 Duties of State Registrar of Vital Statistics

(a) The State Registrar shall:

(1) Administer and enforce the Law as relates to Vital Statistics and the provision of these Regulations and issue instructions for the efficient administration of the statewide system of Vital Statistics.

(2) Direct and supervise the statewide system of Vital Statistics and be custodian of its records.

(3) Direct, supervise, and control the activities of all persons when they are engaged in activities pertaining to the statewide system of vital statistics.

(4) Prescribe, with the approval of the Department of Health and Environmental Control, furnish and distribute such forms as are required by law, and these regulations, or prescribe such other means for transmission of data as will accomplish the purpose of complete and accurate reporting and registration.

(5) Prepare and publish annual reports of Vital Statistics of this State and such other reports as may be required by the South Carolina Department of Health and Environmental Control.

(6) Provide to local health agencies copies of or data derived from certificates and reports required under these Regulations, as he or she shall determine are necessary for local health planning and program activities. The State Registrar shall establish a schedule with each local health agency for transmittal of the copies or data. The copies or data shall remain the property of the Division of Vital Records, and the uses, which may be made of them, shall be governed by the State Registrar.

(7) Conduct training programs to promote uniformity of policy and procedures throughout the State in matters pertaining to the system of vital statistics.

(8) The State Registrar may establish or designate offices in the State as provided by these Regulations to aid in the efficient administration of the statewide system of Vital Statistics.

(b) The State Registrar may delegate such functions and duties vested in him or her to the Assistant State Registrar, to employees of the Division of Vital Records and to the county registrars as he or she deems necessary or expedient.

SECTION 3 Duties of County Registrar

(a) Each county registrar shall serve as the agent of the State Registrar in his or her county and shall:

(1) Administer and enforce the provisions of the Law, Regulations, and instructions relating to vital statistics;

(2) Require that certificates be completed and filed in accordance with provisions of the Law, Regulations and instructions of the State Registrar;

(3) Transmit certificates, reports, forms, records or electronic files filed with him or her to the State Registrar at intervals prescribed by the State Registrar. Each shipment of certificates shall be accompanied by a transmittal form provided for that purpose.

(4) Maintain lists of institutions, funeral directors, physicians and midwives in his or her county.

(5) Maintain an adequate supply of all forms and blanks furnished by the State Registrar and supply these to such persons as require them;

(6) Notify the person responsible for the registration when any certificate submitted for registration is unacceptable and secure a complete and correct certificate.

(b) The county registrar shall transmit to the State Registrar, on a form furnished or approved by the State Registrar, the name of the person he or she selects as deputy county registrar. The appointee shall assume the duties of office when approval is received from the State Registrar.

(c) The deputy county registrar shall perform the duties of the county registrar in the absence or incapacity of the county registrar and shall perform such other duties as may be prescribed by the State Registrar. In case of any extended absence of the county registrar, the State Registrar shall be notified in writing by the county registrar or deputy county registrar.

(d) The registrar shall enter the date of filing on each Certificate of Birth, Certificate of Death and Report of Fetal Death received by him or her.

SECTION 4 Content of Certificates and Reports

(a) In order to promote and maintain nationwide uniformity in the system of Vital Statistics, the forms of certificates and reports required by Law and these Regulations, shall include as a minimum the items recommended by the Federal Agency responsible for national Vital Statistics, subject to approval of and modification by the Board of the South Carolina Department of Health and Environmental Control.

(b) Each certificate, report and other documents required to be filed by the Law and these Regulations shall have entered upon its face the date of filing duly attested.

(c) Information required in certificates, forms, records, or reports authorized by Law and these Regulations may be filed, verified, registered, and stored by photographic, electronic, or other means as prescribed by the State Registrar.

SECTION 5 Forms Property of South Carolina Department of Health and Environmental Control

All forms, certificates, records, electronic data files, and reports used in the system of vital statistics are the property of the South Carolina Department of Health and Environmental Control and shall be surrendered to the State Registrar of Vital Statistics upon demand. The forms prescribed and distributed by the State Registrar shall be used in the reporting of vital statistics or in making copies thereof. No forms shall be used in the reporting of vital events or making copies of vital records except those furnished or approved by the State Registrar. Electronic data records will be accepted only when standards set by the State Registrar are met.

SECTION 6 Preparation of Certificates

(a) All forms, certificates, reports and records provided for in the Law governing vital statistics and these Regulations shall be typewritten or printed legibly in dark, unfading ink or stored on electronic media approved by the State Registrar. All signatures required shall be entered in dark unfading ink or stored electronically. Unless otherwise directed by the State Registrar, no certificate shall be complete and correct and acceptable for filing:

(1) that does not supply all items of information called for thereon or satisfactorily account for their omission;

(2) that contains alterations or erasures;

(3) that does not contain signatures as required;

(4) that is marked "copy" or "duplicate";

(5) that is a carbon copy, except in the case of marriage license;

(6) that is prepared on an improper form;

(7) that contains obviously improper or inconsistent data;

(8) that contains an indefinite cause of death, denoting only symptoms of disease or conditions resulting from disease;

(9) that is not prepared in conformity with these Regulations or instructions issued by the State Registrar.

SECTION 7 Cancellation of Fraudulent Records

(a) When the State Registrar shall be satisfied that a certificate was filed through fraud or misrepresentation, he or she shall give the person named in the certificate notice in writing of his or her intention to cancel said certificate. The notice shall give such person an opportunity to appear and show cause why the certificate should not be cancelled. The notice may be served on such person or in the case of a minor or incompetent, on his or her parent or guardian by forwarding the notice by registered mail to his or her last known address.

(b) Unless such person or his or her parent or guardian shall, within thirty (30) days after the date of mailing the notice, show cause why the certificate shall not be cancelled, the State Registrar shall cancel the certificate and it shall not be available for certification.

SECTION 8 Birth Registration

(a) A certificate of birth for each live birth which occurs in this State shall be filed with the county registrar of the county in which birth occurs within five (5) days after such birth, or as otherwise directed by the State Registrar and shall be filed by such registrar, if it has been completed and filed in accordance with this section.

(b) When a birth occurs in an institution or en route thereto, the person in charge of the institution or his or her designated representative shall obtain the personal data, prepare the certificate, certify that the child was born alive at the place and time and on the date stated either by signatures or by an approved electronic process, and file it with the county within the required five (5) days, or as otherwise directed by the State Registrar. The physician or other person in attendance shall certify to the facts of birth and provide the medical information required by the certificate within seventy-two (72) hours after birth. If the attendant does not certify to the facts of birth within the prescribed seventy-two (72) hours the person in charge of the institution or his or her designated representative shall complete the certificate.

(c) When a newborn infant, born at home, is brought to the emergency room or admitted to the hospital, the person in charge of the institution or his or her designated representative shall be responsible for filing a birth certificate. If all of the information is not available to complete the birth certificate, the person in charge of the institution or his or her designated representative shall attach a statement to contain the name and address of the person who brought the infant to this hospital for treatment.

(d) When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority:

(1) The physician or midwife in attendance at or immediately after the birth, or in the absence of such a person,

(2) Any other person in attendance at or immediately after the birth, or in the absence of such a person,

(3) The father, the mother, or in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.

(e) When a birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in this State, the birth shall be filed in this State and the place where it is first removed

shall be considered the place of birth. When a birth occurs on a moving conveyance while in international waters or air space or in a foreign country and the child is first removed from the conveyance in this State, the birth shall be filed in this State but the certificate shall show the actual place of birth insofar as can be determined.

(f) Parentage should be determined as follows:

(1) If the mother was married either at time of conception or birth, or anytime between conception and birth, the name of the husband shall be entered on the certificate as the father of the child, unless paternity has been determined otherwise by a court of competent jurisdiction.

(2) If the mother was not married either at the time of conception or birth, the name of the father shall not be entered on the certificate of birth without the written consent of the mother and the person to be named as father.

(3) In any case in which paternity of a child is determined by a court of competent jurisdiction, the name of the father shall be entered on the certificate of birth in accordance with the finding and order of the court.

(4) If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate.

(5) A child born to a married woman as a result of artificial insemination, with consent of her husband, shall be deemed to be the legitimate child of the husband and wife.

(g)(1) The child's surname shall be entered on the certificate as designated by the parents.

(2) In any case in which the mother was not married either at the time of birth or conception and there is no paternity acknowledgment as described in Section 8(f)(2), the surname of the child shall be entered as designated by the mother.

(h) The mother or other informant shall verify the accuracy of the personal data entered thereon in time to permit its filing within the five (5) days prescribed. If the mother or other informant does not verify the accuracy of the personal data entered thereon within the prescribed five (5) days, the birth certificate shall be filed without verification.

SECTION 9 Infants of Unknown Parentage - Foundling Registration:

(a) The birth of an infant of unknown parentage shall be filed on a certificate of live birth by the person assuming custody of the child, or if an institution has assumed custody, by the person in charge of the institution or his or her designated representative. The certificate shall be filed with the county registrar of the county where the child is found within five (5) days, or as otherwise directed by the State Registrar. The certificate shall have "foundling registration" clearly marked in the top margin and contain the following information:

(1) the date and place of finding;

(2) sex, color or race and approximate age of the child;

(3) name and address of the persons or institution with whom the child has been placed for care;

(4) name given to the child by the custodian of the child; and

(5) other data required by the State Registrar.

(b) The place where the child was found shall be entered as the place of birth and the date of birth shall be determined by approximation. Parentage data is to be left blank.

(c) Attendant's certification shall be completed by custodian.

(d) A certificate filed under this section shall constitute the certificate of birth for the infant.

(e) If the child is identified and a certificate of birth is found or obtained, any certificate filed under this section shall be sealed and filed and may be opened only by order of a court of competent jurisdiction.

SECTION 10 Delayed Registration of Birth

(a) The registration of a birth after the time prescribed for filing but within four (4) years from the date of birth shall be filed on the standard form of live birth certificate in the manner prescribed in Section 8 of these Regulations. Such certificate filed after the first birthday shall be marked "Delayed".

In any case where birth occurred without medical attendance or newborn care and the mother received no prenatal care, the State Registrar may require additional evidence in support of the facts of birth.

(b) All births filed four (4) or more years after the date of birth are to be filed on a special "delayed certificate of birth" form adopted by the State Registrar.

(c) Any person born in this State and whose birth is not recorded in this State, his or her parent or guardian, may file a delayed certificate of birth with the State Registrar, subject to the procedures and requirements established by these Regulations and instructions issued by the State Registrar.

(d) Each delayed certificate of birth shall be signed and sworn to before an official authorized to administer oaths by the person whose birth is to be filed if such person is of legal age and is competent to sign and swear to the accuracy of the facts stated therein; otherwise, the certificate shall be signed and sworn to by one of the parents or the guardian.

(e) No delayed certificate of birth shall be filed for a deceased person.

SECTION 11 Facts to be Established by Documentary Evidence for a Delayed Registration of Birth

(a) The full name of the person at the time of birth, except that the delayed certificate may reflect a name established by adoption, legitimation, or legal change of name when such evidence is submitted;

(b) The date of birth and place of birth;

(c) The full maiden name of the mother;

(d) The full name of the father; except that if the mother was not married to the father of the child at the time of birth, the time of conception or anytime in between, the name of the father shall not be entered on the delayed certificate unless the child has been adopted or legitimated, or paternity has been determined by the court or a paternity acknowledgment accompanies the establishment of the delayed certificate.

SECTION 12 Documentary Evidence - Requirements:

(a) To be acceptable for filing, a delayed certificate filed within twelve (12) years after the date of birth shall be supported by two (2) items of documentary evidence, each from an independent source, to substantiate date of birth, place of birth and parentage entered on the delayed certificate. Documents presented shall be in the form of the original record or a duly certified copy thereof or a signed statement from the custodian of the record or document.

(b) To be acceptable for filing, a delayed certificate filed twelve (12) or more years after the date of birth shall be supported by three (3) items of documentary evidence, each from an independent source, to substantiate date of birth, place of birth and parentage entered on the delayed certificate. Facts of parentage and place of birth may be supported by only one (1) document, however, date of birth shall be supported by two (2) documents (one (1) of which may verify age). Documents presented shall be in the form of the original record or a duly certified copy thereof or a signed statement from the custodian of the record or document.

SECTION 13 Documentary Evidence - Acceptability

All documents submitted in evidence must have been executed at least ten (10) years prior to the date of application. Provided that for applicants under the age of twelve (12), all documents must be at least five (5) years old. The State Registrar may establish a priority of best evidence.

SECTION 14 Abstraction and Certification by the State Registrar of Vital Statistics

(a) The State Registrar, or his or her designated representative, shall abstract on the delayed certificate of birth, a description of each document submitted to support the facts shown on the delayed birth certificate. This description shall include:

(1) The title or description of the document.

(2) The name and address of the custodian of the document.

(3) The date of the original filing of the document being abstracted.

(4) The information regarding the birth facts contained in the document.

All documents submitted in support of the delayed birth registration shall be returned to the applicant after review and abstraction.

(b) The State Registrar, or his or her designated representative shall certify:

(1) That no prior birth certificate is on file for the person whose birth is to be recorded;

(2) That he or she has reviewed the evidence submitted to establish the facts of birth.

(3) That the abstract of the evidence appearing on the delayed certificate of birth accurately reflects the nature and content of the document.

SECTION 15 Cancellation After One (1) Year:

Delayed certificates not completed within one (1) year may be cancelled at the discretion of the State Registrar. Upon cancellation, the State Registrar shall return to the applicant, all documents that have been submitted.

SECTION 16 New Certificates of Birth Following Adoption, Legitimation, Court Decree of Paternity, or Paternity Acknowledgment

(a) A new or amended certificate of birth shall be prepared by the State Registrar for a child born in this State upon receipt of:

(1) a certified Certificate of Adoption from the courts of this state, the several states of the United States, or a foreign nation. The Certificate of Adoption shall include information necessary to identify the original certificate of birth and to establish a new certificate of birth. Provided that a new certificate of birth shall not be established if so requested by the court decreeing the adoption; or

(2) a parentage affidavit and marriage record pursuant to Section 44-63-160 of the law; or

(3) a court determination of paternity pursuant to Section 44-63-163 of the law; or

(4) a paternity acknowledgment affidavit pursuant to Section 44-63-165 of the law.

(b) A new certificate of birth prepared following adoption, legitimation, paternity acknowledgment or court determination of paternity shall be made on the form in use at the time of its preparation and shall include the following items in addition to such other information necessary to complete the form:

(1) The name of the child;

(2) The names and personal particulars of the adoptive parents, or of the natural parents in the case of legitimation, paternity acknowledgment or court determination of paternity;

(3) The date and place of birth as transcribed from the original certificate;

(4) The name of the attendant, printed or typed;

(5) The original filing date.

(c) The data necessary to locate the existing certificate and the data necessary to complete the new certificate shall be submitted to the State Registrar on forms furnished or approved by him or her.

(d) After preparation of the new certificate, the existing certificate and evidence upon which the new certificate was based are to be sealed and placed in a special file. Such sealed file shall not be subject to inspection except upon order of a court of competent jurisdiction. The State Registrar may inspect such information for purposes of properly administering the vital statistics program.

(e) Upon receipt of notice of annulment of adoption, the original certificate of birth shall be restored to its place in the files. The adoptive certificate and evidence shall not be subject to inspection except upon order of a court of competent jurisdiction.

(f) If no certificate of birth is on file for the person for whom a new birth certificate is to be established under this section, a delayed certificate of birth shall be filed with the State Registrar as provided in Section 32-1123 or Section 32-1123.1 of the law [1976 Code Section Section 44-63-90, 44-63-100], before a new certificate of birth is established. Provided, however, that when the date and place of birth and parentage have been established in the adoption proceedings, a delayed certificate in the name and parentage at birth shall not be required.

SECTION 17 Local Records Updated:

When a new certificate of birth is established by the State Registrar, all copies of the original certificate of birth in the custody of any custodian of permanent local records in this State shall be forwarded to the State Registrar.

SECTION 18 Death Registration

(a) A death certificate for each death which occurs in this State shall be filed with the county registrar of the county in which the death occurred within five (5) days after such death, or as otherwise directed by the State Registrar, and shall be filed by such registrar if it has been completed and filed in accordance with this section.

(1) If the place of death is unknown but the body is found in this State, the death certificate shall be completed and filed in accordance with this section. The place where the body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation.

(2) When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this State, the death shall be filed in this State and the place where it is first removed shall be considered the place of death. When death occurs in a moving conveyance while in international waters or air space or in a foreign country and the body is first removed from the conveyance in this State, the death shall be filed in this State but the certificate shall show the actual place of death insofar as can be determined.

(b) The funeral director or person acting as such who first assumes the custody of a dead body shall file the death certificate. He or she shall obtain the personal data from the next of kin or the best-qualified person or source available. He or she shall obtain the medical certification of cause of death as provided in these Regulations.

(c) The medical certification shall be completed and returned to the funeral director within forty-eight (48) hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death, except when inquiry is required by medical examiner or coroner. In the absence of said physician or with his or her approval, the certificate may be completed by his or her associate physician, the chief medical officer of the institution in which death occurred or by the pathologist who performed an autopsy upon the decedent.

(d) When death occurs more than ten (10) days after the decedent was last treated by a physician, or if the cause of death appears to be other than the illness or condition for which the deceased was being treated or if inquiry is required by Title 17 of the Code of Laws of South Carolina, 1976, as amended, the case shall be referred to the medical examiner or coroner for investigation to determine and certify the cause of death. If the medical examiner or coroner determines that the case does not fall within his or her jurisdiction, he or she shall within twenty-four (24) hours refer the case back to the referring physician for completion of the medical certification.

(e) When inquiry is required by Title 17 of the Code of Laws of South Carolina, 1976, as amended, the medical examiner or coroner shall determine the cause of death and shall complete the medical certification within forty-eight (48) hours after taking charge of the case.

(f) If the cause of death cannot be determined within forty-eight (48) hours after death, the medical certification shall be entered as pending, and the physician, medical examiner or coroner shall submit a supplemental report to the State Registrar on a form furnished by or approved by him or her. The supplemental report shall be made a part of the death certificate.

(g) When a death is presumed to have occurred within this State but the body cannot be located, a death certificate may be prepared by the State Registrar upon receipt of an order of a court of competent jurisdiction, which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive" and shall show on its face the date of filing and shall identify the court and the date of the decree.

SECTION 19 Delayed Registration of Death

(a) The registration of a death after the time prescribed by these Regulations shall be made on the standard certificate of death form in the manner prescribed below:

(1) If the attending physician, medical examiner, or coroner, at the time of death and the attending funeral director or person who acted as such are available to complete the certificate of death, it may be completed without additional evidence and filed with the State Registrar.

(2) In the absence of the attending physician or medical examiner, coroner and/or funeral director or person who acted as such, the certificate may be filed by the next of kin of the deceased and shall be accompanied by an affidavit of the person filing the certificate swearing to the accuracy of the information on the certificate and two (2) documents which identify the deceased and his or her date and place of death.

(b) In all cases, the State Registrar may require additional documentary evidence to prove the facts of death. A summary statement of the evidence submitted in support of the delayed registration shall be endorsed on the certificate. Certificates of deaths filed one (1) year or more after the date of death shall be marked "delayed".

SECTION 20 Institution May Assist in Preparation of Certificate

(a) When a death occurs in an institution and the death is not under the jurisdiction of the medical examiner or coroner, the person in charge of such institution, or his or her designated representative, may where feasible and cause of death is known, aid in the preparation of the death certificate as follows:

(1) Place the full name of the deceased on the death certificate, complete the medical certification and obtain the appropriate signature.

(2) Present the partially completed certificate, identified by the name and completed medical certification, to the funeral director or person acting as such.

SECTION 21 Reports of Fetal Death

(a) Each fetal death of twenty (20) completed weeks gestation or more, or a weight of 350 grams or more, which occurs in this State shall be reported within five (5) days after delivery to the State Registrar or as otherwise directed by the State Registrar.

(1) When a dead fetus is delivered in an institution, the person in charge of the institution or his or her designated representative shall prepare and file the report.

(2) When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.

(3) When the place of fetal death is unknown, a fetal death report shall be filed in the county in which the dead fetus was found or as otherwise directed by the State Registrar within five days after the dead fetus was found.

(4) When a fetal death occurs on a moving conveyance within the United States and the fetus is first removed from the conveyance in this State, the report shall be filed in this State and the place where it is first removed shall be considered the place of delivery. When a fetal death occurs on a moving conveyance while in international waters or air space or in a foreign country and the fetus is first removed from the conveyance in this State, the report shall be filed in this State but the report shall show the actual place of delivery insofar as can be determined.

(b) The name of the father shall be entered on the fetal death report in accordance with Section 8 of these Regulations.

(c) When a fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery or when inquiry is required under Title 17, South Carolina Code of Laws, 1962, as amended [1976 Code, Title 17, as amended], the medical examiner or coroner shall investigate the cause and prepare and file the report.

(d) The reports required under this section are statistical reports to be used only for medical and health purposes.

SECTION 22 Reports of Induced Termination of Pregnancy

(a) When an abortion is performed in a hospital, clinic or other institution, the person in charge of the institution or his or her designated representative shall complete the report on behalf of the performing physician and file it with the State Registrar within the time prescribed by law.

(b) When an abortion is performed outside a hospital, clinic or other institution, the physician performing the abortion shall be responsible for completing the form and filing it with the State Registrar within the time prescribed by law.

SECTION 23 Permits Governing the Disposal or Transportation of Dead Human Bodies

(a) The funeral director, or person acting as such, who first assumes custody of a dead body or fetus shall obtain a burial-transit permit prior to final disposition or removal of the body or fetus from the State but no later than seventy-two (72) hours after death.

(b) In cases where a body is not released for disposition within seventy-two (72) hours after death, the subregistrar or coroner shall complete a Burial-Removal-Transit permit with the exception of the funeral home information and signature of the funeral director and forward the county health department's copy to the county health department. The funeral director or representative shall sign the permit and obtain his or her copy when he or she assumes custody of the body.

(c) The burial-transit permit shall be issued by a subregistrar or the coroner in the county in which death occurred.

(d) Copies of permits are to be forwarded daily by the subregistrar or the coroner to the county registrar of the county in which death occurred. It shall be the duty of the county registrar to contact the funeral director regarding any death for which a certificate is not filed within the required time.

(e) In any case where final disposition is to be by cremation or burial at sea, the burial-transit permit must be accompanied by a certified copy of the death certificate and, when required by law, authorization by the medical examiner.

(f) A burial-transit permit issued under the law of another state which accompanies a dead body or fetus into this state shall be authority for final disposition of the body or fetus in this State.

SECTION 24 Disposition of Fetus or Body by Hospital Officials Authorized by Next of Kin:

Hospital officials who dispose of bodies of persons or fetuses dead of natural causes, with legal permission of the next of kin and not for hire or profit, are responsible for filing the record of fetal death or of death. In all cases, including a reportable fetal death, a burial-transit permit must be obtained for the disposition of the remains.

SECTION 25 Removal of Body

(a) Before taking charge of a dead human body, the funeral director or person acting as such shall:

(1) contact the attending physician and receive assurance from him or her that death is from natural causes and that the physician will assume responsibility for certifying to the cause of death; or

(2) contact the medical examiner or coroner if the case comes within his or her jurisdiction and receive authorization from him or her to remove the body.

SECTION 26 Incomplete Certificate

(a) If the funeral director is unable to obtain the personal information about the deceased within the prescribed time period, the funeral director shall file a death certificate form completed as far as possible. As soon as possible, but in all cases within thirty (30) days, a supplemental report shall be filed with the county registrar, or as otherwise directed by the State Registrar, providing the information missing from the original certificate.

(b) If missing or additional information is required of a medical officer or coroner for the cause of death section of a death certificate, the medical officer or coroner shall provide the information as soon as possible but in all cases within thirty (30) days from receipt of the State Registrar's request for such information. Provided, however, that when the information is not available within the thirty day period, the medical

officer or coroner shall advise the State Registrar in writing or by other means as prescribed by the State Registrar that the information is not available and indicate the reason for the delay. Thereafter, the medical officer or coroner shall provide the information as soon as possible. Such information shall be provided on a Supplemental Report form prescribed by the State Registrar.

SECTION 27 Disinterment Permits:

(a) Except as otherwise provided by statute, a permit for disinterment and reinterment shall be required prior to disinterment of a dead body or fetus. Such permit shall be issued by the State Registrar to a licensed funeral director or embalmer upon proper application.

(b) A disinterment permit shall be issued only upon receipt of an affidavit or form prescribed by the State Registrar signed by the next of kin and the person who is to perform the disinterment or upon receipt of an order of a court of competent jurisdiction directing such disinterment. The disinterment permit shall be authorization for disinterment, transportation, and reinterment.

(c) A dead body properly prepared by an embalmer and deposited in a receiving vault shall not be considered a disinterment when removed from the vault for final burial.

(d) Disinterment permits are to be issued in triplicate. One (1) copy shall be retained by the funeral director or embalmer to whom the permit is issued; one (1) copy shall be used during transportation and filed with the sexton or person in charge of the cemetery of reinterment; and one (1) copy shall be returned by the funeral director or embalmer to the State Registrar showing the date of reinterment.

SECTION 28 Transportation of Dead Bodies

A dead human body transported by common carrier must be placed in a carrying container adequate to prevent the seepage of fluids and escape of offensive odors. A transportation company shall accept a dead human body for a shipment only when it is accompanied by a properly completed burial-transit permit and certified copy of completed death certificate. Any body to be shipped by common carrier shall be embalmed if its condition permits. If embalming is not possible, or if the body is in a state of decomposition, it shall be shipped only after enclosure in a strong tightly sealed shipping case.

SECTION 29 Correction of Marriage and Divorce Records:

To correct certificates of marriage and reports of divorce, a signed statement must be received from the custodian of the official record from which the report was prepared, stating in what manner such record has been corrected. Those items appearing on the divorce record which are not a part of the divorce decree may be corrected either by query or upon application of the parties to the divorce or their legal representative.

SECTION 30 Correction of Minor Errors on Birth and Death Certificates During First Year

Correction of obvious errors, transposition of letters in words of common knowledge, or omissions on certificates may be made by the State Registrar within the first year after the date of birth or date of death either upon his or her own observation or query or upon request of a parent or legal guardian in the case of a birth certificate or, the informant or funeral director in the case of a death certificate. When such additions or minor corrections are made by the State Registrar, a notation as to the source of the information, together with the date the change was made and the initials of the authorized agent making the change, shall be made on the certificate in such a way as not to become a part of any certification issued. The certificate is not to be marked "Amended".

SECTION 31 Correction of Registrant's Names on Birth Certificates within the First Year:

Until the registrant's first birthday, the registrant's names may be corrected by affidavit of:

(a) both parents, or

(b) the mother in the case of a child born out of wedlock and in the absence of a paternity acknowledgment, or

(c) the father in the case of the death or incapacity of the mother, or

(d) the mother in the case of the death or incapacity of the father, or

(e) the guardian or agency having legal custody of the registrant.

SECTION 32 Addition of Given Names after Registration

(a) If the registrant has not passed his or her seventh (7th) birthday, a signed affidavit must be received from:

(1) both parents, or
(2) the mother in the case of a child born out of wedlock, or
(3) the father in the case of the death or incapacity of the mother, or
(4) the mother is the case of the death or incapacity of the father, or
(5) the guardian or agency having legal custody of the registrant.

(b) If the registrant has passed his or her seventh (7th) birthday, in addition to the affidavit set forth in Section 32 (a), one (1) or more items of documentary evidence must be submitted to substantiate the name being added.

SECTION 33 Medical Items

All items in the medical certification or of a medical nature may be corrected only upon receipt of a signed statement or an approved electronic notification from those responsible for completion of the entries involved. The State Registrar may, at his or her discretion, require documentary evidence to substantiate the requested correction.

SECTION 34 All Other Corrections:

(a) Unless otherwise provided in these Regulations or in the Statute all other corrections to vital records shall be supported by an affidavit setting forth:

(1) information to identify the certificate;
(2) the incorrect data as it is listed on the certificate;
(3) the correct data as it should appear.
(4) One (1) or more items of documentary evidence which support the alleged facts and which were established at least five (5) years prior to the date of application for correction or within seven (7) years of the date of the event.

(b) An affidavit to correct a birth certificate under the provisions of this section may be accepted from one of the parents, the legal guardian, or the registrant if of legal age. In the case of the death of the parents, the legal guardian, and the registrant, the affidavit may be accepted from the spouse or adult child of the registrant.

(c) An affidavit to correct a death certificate under the provisions of this section may be accepted from the informant or, in the case of the death or incapacity of the informant, the next of kin of the deceased.

SECTION 35 Evaluation of Evidence

The State Registrar shall evaluate the evidence submitted in support of any correction and when he or she finds reason to question its validity or adequacy he or she may reject the amendment and shall advise the applicant of the reasons for this action.

SECTION 36 Correction of the Same Item More than Once:

Once a correction of an item is made on a vital record, that item shall not be corrected again unless a court order is received from a court of competent jurisdiction.

SECTION 37 Legal Changes

(a) Upon receipt of a certified copy of a court order changing the birth record of a person born in this State and upon request of such person or his or her parent, guardian, or legal representative, the State Registrar shall record the changes by:

(1) Completion of a special form for attachment to the original record. Such form shall include the original information as it appears on the original certificate, the information as changed by the court order,

identification of the court which issued the order and the date of the order, and sufficient information about the registrant to link the special form to the original record. If amendments are to be made to the record in addition to the changes provided for by the court order, the form shall also include the original information as it appears on the original certificate, the correct information as it should appear, and an abstract of the documentation used to support such amendments. When a copy of the original record is issued, a copy of the form must be attached; or

(2) Inserting the new name on the face of the existing certificate when name change is ordered within the first year after birth; or

(3) preparing a new certificate omitting information concerning the father and making no reference to the original entry for this item when the court determines illegitimacy; or

(4) preparing a new certificate showing the information ordered by the court when the State Registrar deems that the nature of the amendment so requires.

(b) Certificates amended by Section 37(a)(1), Section 37(a)(2), and Section 37(a)(4) shall be marked "Amended by Court Order".

(c) After amendment of the certificate pursuant to Section 37(a)(1) or Section 37(a)(2), the court order upon which the certificate was amended is to be sealed and placed in a special sealed file. After preparation of a new certificate pursuant to Section 37(a)(3) or 37(a)(4), the existing certificate and court order upon which the new certificate was based are to be sealed and placed in a special sealed file. Such sealed file shall not be subject to inspection except upon order of a court of competent jurisdiction. The State Registrar may inspect such information for purposes of properly administering the vital statistics program.

SECTION 38 Preservation of Records

To preserve original documents, the State Registrar of Vital Statistics is authorized to prepare a typewritten, photographic, or other reproductions of original records and files in his or her office. Such reproductions when certified by him or her shall be accepted as the original record.

SECTION 39 Disclosure of Records

(a) For the purpose of securing information or obtaining certified copies of vital records, the term "legal representative" shall include an attorney, physician, funeral director, insurance company official, or other agent representing that he or she is acting on behalf of the registrant or his or her family.

(b) For the purposes of securing and obtaining data from vital records, the natural parents of adopted children, in the absence of a court order, and commercial firms or agencies requesting listings of names and addresses shall not be considered to have a direct and tangible interest.

(c) Information on vital statistics records indicating a birth occurred out of wedlock may not be disclosed unless it can be shown that the information is needed to secure some benefit or privilege for the registrant and that the welfare of the registrant will not be compromised.

(d) Information from vital statistics records may be made available for the official purposes of federal, state, county and municipal agencies charged by law with the duty of detecting or prosecuting crime, preserving the internal security of the United States, or for the determination of citizenship.

(e) Whenever it shall be deemed necessary to establish an applicant's right to information from vital statistics records, the State Registrar or county registrar may require written application, identification of the applicant, or a sworn statement.

(f) No data shall be furnished from Vital Statistics records for research purposes until such request is approved by the State Registrar.

SECTION 40 Certified Copies

(a) Full or short form certified copies of vital records may be made by mechanical, electronic or other reproductive processes, except that the medical and health data on birth certificates shall not be included.

(b) When a certified copy is issued, each certification shall contain a statement certifying that the facts are the true facts recorded in the issuing office, the date issued, the name of the issuing officer, the registrar's signature or an authorized facsimile thereof, and the seal of the issuing office. Each copy issued shall show

the date of filing and copies issued from records marked "Delayed", "Amended", or "Court Order" shall be similarly marked and show the effective date.

SECTION 41 Persons Required to Keep Records

(a) Every person in charge of an institution as defined in these Regulations shall make a record of personal particulars and data concerning each person admitted or confined to such institution. This record shall include such information as required by the standard certificate of birth, death, and fetal death forms issued under the provisions of these Regulations. The record shall be made at the time of admission from information provided by such person, but when it cannot be so obtained, the same shall be obtained from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the record.

(b) When a dead human body is released or disposed of by an institution, the person in charge of the institution shall keep a record showing the name of the deceased, date of death, name and address of the person to whom the body is released, date of removal from the institution, or, if finally disposed of by the institution, the date, place, and manner of disposition shall be recorded.

(c) A funeral director, embalmer, or other person who removes from the place of death, or transports, or finally disposes of a dead body or fetus, in addition to filing any certificate or other form required by the Law or these Regulations, shall keep a record which shall identify the body, and information pertaining to his or her receipt, removal and delivery of such body as may be prescribed by the State Registrar.

(d) Records maintained under this Section shall be retained for a period of not less than twenty-five (25) years and shall be made available for inspection by the State Registrar or his or her representative upon demand.

SECTION 42 Duties to Furnish Information Relative to Vital Events

Any person having knowledge of the facts shall furnish such information as he or she may possess regarding any birth, death, fetal death, marriage or divorce upon demand of the State or County Registrar.

SECTION 43 Fees

Fees generated by the following fee schedule shall be retained and expended by the Department to offset the cost of operation of the Vital Records System.

(a)	Records Search (includes one certification, if located)	$12.00
(b)	Additional Similar Certifications of the Same Record ordered at the Same Time	$3.00
(c)	Expedited Service (additional to other required fees)	$5.00
(d)	Index Verification for Government Agencies	$2.00
(e)	Special Filing Fees (additional to search fee)	
	(1) Correction of certificate by affidavit	$15.00
	(2) Amended certificate (adoption, legitimation court order, paternity acknowledgment)	$15.00
	(3) Delayed Registration of Birth	$15.00
(f)	Fees collected at the county health departments for record searches, amendments of records, delayed birth registration and additional copies of the same record requested at the same time shall be distributed as follows: 50% to the county health departments and 50% to the Vital Records Central Office. Any fee increase above the State Fiscal Year 1997 fee structure shall be returned to the Vital Records Central Office (Office of Public Health Statistics and Information Systems, Division of Vital Records).	

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D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health
and Environmental Control

Regulation Number 61-12
Standards for Licensing Abortion Clinics

Promulgated by the Board of Health and Environmental Control

Administered by the Division of Health Licensing

Including Changes

Published in the *State Register*, Volume 20, Issue 6, June 28, 1996

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The official document is on record in the *State Register* and the S.C. Code Ann. (2002). This regulation is provided by DHEC for the convenience of the public. Every effort has been made to ensure its accuracy; however, it is not the official text. DHEC reserves the right to withdraw or correct this text if deviations from the official text as published in the *State Register* are found.

DIVISION OF HEALTH LICENSING REGULATIONS

Provider-Wide Exceptions

In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators.

Provider-Wide Exceptions for the facilities and activities that are licensed by the Division of Health Licensing can be downloaded from our Internet Website:

http://www.scdhec.gov/health/licen/pwe.htm

This website may also contain Position Statements that give guidance or interpretations of the regulation.

Provider-Wide Exceptions and Position Statements may also be obtained by contacting our office at (803) 545-4370. There is a ten-dollar ($10.00) processing and handling fee assessed when copies are obtained through our office. Copies obtained over the Internet through our Website are free of charge. Payment must be by credit card, personal check or money order (no cash can be accepted).

Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.

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SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

REGULATION 61-12. STANDARDS FOR LICENSING ABORTION CLINICS

Statutory Authority: Sections 44-41-10, et seq., and 44-7-110, et seq., of the Code of Laws of South Carolina, 1976, as amended.

CHAPTER 1 - DEFINITIONS AND REQUIREMENTS FOR LICENSURE

SECTION 101. Definitions

For the purposes of these regulations, the following definitions apply:

A. Abortion. The use of an instrument, medicine, drug, or other substance or device with intent to terminate the pregnancy of a woman, known to be pregnant, for reasons other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.

B. Abortion Clinic. Any facility, other than a hospital as defined in Section 101.J, in which any second trimester or five or more first trimester abortions per month are performed.

C. Allied Health Professional. A person other than a physician who possesses specialized training and skill acquired by completing certain courses of study or intensive job-related training and, where applicable, has been duly licensed or registered by appropriate licensing or certification agencies. All allied health professionals must be supervised by a physician.

D. Conception. The fecundation of the ovum by the spermatozoa.

E. Consent. A signed and witnessed voluntary agreement to the performance of an abortion.

F. Department. The South Carolina Department of Health and Environmental Control.

G. Emancipated Minor. A minor who is or has been married or has by court order been freed from the care, custody, and control of her parents.

H. Fetal Death. Death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

I. Fire Safety Authority. The State Fire Marshal, or his designee, who performs facility fire and safety inspections.

J. Hospital. An institution licensed for hospital operation by the Department in accordance with the provisions of Article 3, Chapter 7, Title 44, of the SC Code of Laws, 1976, as amended, and that has also been certified by the Department to be a suitable facility for the performance of abortion.

K. In Loco Parentis. Any person over the age of 18 who has placed him/herself in the position of a lawful parent by assuming obligations that are incidental to the parental relationship and has so served for a period of 60 days.

L. Licensee. The person, partnership, corporation, association, organization, or professional entity on whom rests the ultimate responsibility and authority for the conduct of the abortion clinic.

M. Medical Emergency. That condition which, on the basis of the physician's good faith judgment, so complicates a pregnancy as to necessitate an immediate abortion to avert the risk of her death or for which a delay will create serious risk of substantial and irreversible impairment of major bodily functions.

N. Minor. A female under the age of 17.

O. Physician. A person licensed to practice medicine in this State.

P. Pregnancy. The condition of a woman carrying a fetus or embryo within her body.

Q. Probable Gestational Age of the Embryo or Fetus. What, in the judgment of the attending physician, based upon the attending physician's examination and the woman's medical history, is with reasonable probability, the gestational age of the embryo or fetus at the time the abortion is planned

to be performed. This estimate must be guided by recommendations found in The American College of Obstetricians and Gynecologists Standards for Obstetric-Gynecologic Services, i.e., calculated from the first day of the last menstrual period .

R. Products of Conception. Fetal and embryonic tissues resulting from implantation in the uterus.

S. Trimester. A 12-week period of pregnancy.

1. First. The first 12 weeks of pregnancy commencing with conception rather than computed on the basis of the menstrual cycle.

2. Second. That portion of a pregnancy following the 12th week and extending through the 24th week of gestation.

3. Third. That portion of pregnancy beginning with the 25th week of gestation.

4. All other references in this regulation to gestational age will refer to that calculated from the first day of the last menstrual period as used in The American College of Obstetricians and Gynecologists Standards for Obstetric-Gynecologic Services. The following is furnished to provide clarification of gestational age:

Calculation	Weeks of Gestational Age								
Conception	8	10	12	14	16	18	20	22	24
LMP	10	12	14	16	18	20	22	24	26

T. Viability. That stage of human development when the fetus is potentially able to live outside of the mother's womb with or without the aid of artificial life support systems. (Section 44-41-10(l) of the SC Code of Laws further states that "for the purposes of this chapter, a legal presumption is hereby created that viability occurs no sooner than the twenty-fourth week of pregnancy." The "twenty-fourth week," as stated in the SC Code, is based on computation from date of conception, i.e., the twenty-sixth week from the first day of the last menstrual period.)

SECTION 102. License Requirements

A. License. It shall be unlawful to operate an abortion clinic within South Carolina without possessing a valid license issued annually by the Department. (l)

B. Issuance of License. A license is issued pursuant to the provisions of Section 44-41-10, et seq., of the South Carolina Code of Laws of 1976, as amended, and these standards, and shall be posted in a conspicuous place in a public area within the facility. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of a facility. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws and regulations of the State of South Carolina.

C. Effective Date and Term of License. A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a facility that has not been inspected during

that year may continue to operate under its existing license until an inspection has occurred.

D. Separate Licenses. Separate licenses are required for facilities not maintained on the same premises.

E. Licensing Fees. The initial and annual license fee shall be $500.00 for each licensed facility. Such fee shall be made payable to the Department. Fees are non- refundable.

F. Inspections. Each facility shall be inspected prior to initial licensure and at least annually thereafter by authorized representatives of the Department.

1. All licensed facilities are subject to inspection at any time.

2. Department inspectors shall have access to all properties and areas, objects, records and reports, and shall have the authority to make photocopies of those documents required in the course of inspections or investigations. (II)

G. Initial License. A new facility, or one that has not been continuously licensed under these or prior standards, shall not provide care to patients until it has been issued an initial license. When it is determined that the facility is in compliance with the requirements of these standards, and a properly completed application and licensing fee have been received by the Department, a license shall be issued. Chapter 9 of this regulation sets forth the prerequisites for initial licensure. (I)

H. License Renewal. Applicants for an annual license renewal shall file an application with the Department, pay a license fee, and undergo a licensing inspection.

I. Noncompliance. When noncompliance(s) with the licensing standards exists, the applicant or licensee shall be notified by the Department of the violation(s) and required to provide information as to how and when each violation will be corrected and how future occurrences may be prevented.

J. Facility Name. No proposed abortion clinic shall be named, nor may any existing abortion clinic have its name changed to, the same or similar name as any other abortion clinic licensed in the State. If it is part of a "chain

operation" it shall then have the geographic area in which it is located as part of its name.

K. Change of License. A facility shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

1. Change of ownership by purchase or lease;

2. Change of facility's name or address.

L. Exceptions to Licensing Standards. The Department may make exception(s) to these standards where it is determined that the health and welfare of the community require the services of the facility and that the exception(s), as granted, will have no significant adverse impact on the health, safety, or welfare of the facility's patients.

SECTION 103. Penalties

When it determines that a facility is in violation of any statutory provision, rule or regulation relating to the operation or maintenance of such facility, the Department, upon proper notice, may deny, suspend, or revoke licenses, or assess a monetary penalty. Under such conditions, the following shall apply:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or welfare of the patients of the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a direct or immediate relationship to the health, safety or well-being of the facility's patients. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

D. Class I and II violations are indicated by notation after each applicable section, i.e., (I) or (II). Violations of sections that are not annotated in that manner denote Class III violations.

E. In arriving at a decision to penalize a facility, the Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or well-being; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions that may be applicable to current statutes and regulations.

F. When a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount:

Frequency of violation of standard within a 24-month period:

MONETARY PENALTY RANGES

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	$ 200 - 1000	$ 100 - 500	$ 0
2nd	500 - 2000	200 - 1000	100 - 500
3rd	1000 - 5000	500 - 2000	200 - 1000
4th	5000	1000 - 5000	500 - 2000
5th	5000	5000	1000 - 5000
6th	5000	5000	5000

G. Any facility that is dissatisfied with Department decisions may request a hearing pursuant to the Administrative Procedures Act.

CHAPTER 2 - ADMINISTRATION AND MANAGEMENT

SECTION 201. Licensee (II)

A. The licensee of each facility has the ultimate responsibility for the overall operation of the facility. Every facility shall be organized, equipped, staffed and administered to provide adequate care for each person admitted.

B. Policies and procedures for operation of the facility shall be formulated and reviewed annually by the licensee of the facility. They shall include but not be limited to:

1. Purpose of the facility, to include scope and quality of services;

2. Ensuring compliance with all relevant federal, state, and local laws that govern operations of the facility;

3. Personnel policies and procedures, to include inservice training requirements;

4. The person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the licensee for holding such individual responsible;

5. Provision for annual review and evaluation of the facility's policies, procedures, management and operation;

6. Provision for a facility-wide quality improvement program to evaluate patient care. The program shall be ongoing, have statistical summaries, and have a written plan of implementation.

7. Patient rights and grievance procedures;

8. Functional safety and maintenance policies and procedures;

9. Incident reporting;

10. Consent must be informed, shall be obtained prior to the procedure, and shall include evidence of an explanation by a physician or allied health professional of the services offered and potential risks. Documentation of the informed consent must be filed in the patient's record.

SECTION 202. Administrator (II)

An administrator shall be selected by the licensee and shall have the ability and authority to manage and administer the facility. Any change in the position of the administrator shall be reported immediately by the licensee to the Department in writing. An individual shall be appointed in writing to act in the absence of the administrator.

SECTION 203. Administrative Records

The following administrative documents and references shall be on file in the facility:

A. Current policies and procedures concerning the operation of the facility; (II)

B. Current memorandums of agreement and credentialing documentation.

C. A current copy of these regulations;

D. Annual elevator safety inspections, if applicable;

E. Annual heating, ventilation, and air conditioning inspection report.

SECTION 204. Personnel (II)

Each facility shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients.

A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee.

B. Prior to performing job duties, all employees, to include volunteers who have direct patient contact within the clinic, shall have tuberculin skin testing conducted unless a previously positive reaction is documented in millimeters. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. For employees/volunteers who have no documentation of a negative PPD result during the preceding 12 months, then the two-step procedure (one PPD test with negative result followed one to three weeks later by another PPD test) is required to

establish a reliable baseline. If employees/volunteers have complete documentation of a negative PPD during the preceding 12 months (may be a single PPD or a two-step PPD), then a single PPD is acceptable to establish the baseline for current employment.

1. Persons with negative tuberculin skin tests who have direct contact with patients shall have an annual tuberculin skin test.

2. There is no need to perform an initial or routine chest X-ray on employees or volunteers with negative tuberculin tests who are asymptomatic.

3. Personnel with a positive reaction to the skin test shall have no patient contact until certified non-contagious by a physician.

4. Employees and volunteers with reactions of 10mm and over to the pre-employment tuberculin test, those new employees/volunteers who have previously-documented positive reactions, those with newly-converted skin tests and those with symptoms suggestive of TB (e.g., cough, weight loss, night sweats, fever, etc.), shall be given a chest X-ray to determine whether TB disease is present. If TB disease is diagnosed, appropriate treatment shall be given and contacts examined.

5. Personnel who are known or suspected to have TB shall be required to be evaluated by a physician and will not be allowed to return to work until they have been certified non-contagious by the physician.

6. Preventive treatment of personnel with new positive reactions is essential, and shall be considered for all infected employees/volunteers who have patient contact, unless specifically contraindicated. Routine annual chest X-rays of persons with positive reactions do not prevent TB and therefore are not a substitute for preventive treatment nor are required.

a. Employees and volunteers who complete treatment, either for disease or infection, may be exempt from further routine chest radiographic screening unless they have symptoms of TB.

b. Positive reactors who are unable or unwilling to take preventive treatment need not receive an annual chest X-ray. These individuals must be informed of their lifelong risk of developing and transmitting TB to individuals in the institution and in the community. They shall be informed of symptoms which suggest the onset of TB, and the procedure to follow should such symptoms develop.

7. Post-exposure skin tests should be provided for tuberculin negative employees/volunteers within 12 weeks after termination of contact for any suspected exposure to a documented case of pulmonary TB.

8. A person shall be designated in writing at each facility to coordinate TB screening of personnel and any other TB control activities.

C. All professional and allied health professional staff members shall be currently certified with American Red Cross or American Heart Association CPR and capable of recognizing symptoms of distress. A professional or allied health professional staff member who is legally qualified to perform advanced cardiac life support must be present while patients are undergoing abortion procedures/ recovery in the facility. (I)

D. No employee or volunteer of the facility, while afflicted with any infected wounds, boils, sores, or an acute respiratory infection, or any other contagious disease or illness, shall work in any capacity in which there is a likelihood of such person transmitting disease to other individuals.

E. Each facility shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures, to include, as a minimum, fire safety and other safety measures, medical emergencies, and infection control.

F. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually:

1. Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as handwashing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members;

2. Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires:

3. Confidentiality of patient information and records, and protecting patient rights;

4. Licensing regulations.

G. Job Descriptions.

1. Written job descriptions that adequately describe the duties of every position shall be maintained.

2. Each job description shall include: position title, authority, specific responsibilities and minimum qualifications.

3. Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised.

H. A personnel file shall be maintained for each employee and for each volunteer. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's orientation, in-service education, appropriate licensure, if applicable, and TB skin testing.

SECTION 205. Clinical Staff (II)

A. Physicians, nurses, and allied health professionals shall constitute the clinical staff.

B. The clinical staff shall meet at least quarterly to review and analyze their clinical experiences; minutes shall be maintained of such meetings.

C. Physicians. (I)

1. Abortions shall be performed only by physicians who are licensed to practice medicine in this State and who are properly qualified by training and experience to perform pregnancy termination procedures.

2. The facility shall enter into a signed written agreement with at least one physician board-certified in obstetrics and gynecology (if not one on staff) who has admitting privileges at one or more local hospitals with OB/GYN services to ensure his/her availability to the staff and patients during all operating hours.

3. A physician must remain on the premises until all patients are stable, and are ready for discharge. A physician must sign the discharge order and be readily accessible and available until the last patient has been discharged.

D. Nursing.

1. Nursing care shall be under the supervision of a registered nurse currently licensed in this State.

2. A registered nurse shall be on duty to provide or supervise all nursing care of patients in preparation, during the termination procedure, the recovery period and until discharge by the attending physician.

3. Licensed practical nurses, working under appropriate supervision and direction of a registered nurse, may be employed as components of the nursing staff.

E. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established.

F. If ultrasonography is conducted in the clinic, the procedure shall be conducted by a physician or by an ultrasound technician who shall have documented evidence of completion of a training course in ultrasonography.

SECTION 206. Consent of the Patient (I)

A physician shall not perform an abortion without first obtaining a signed and dated consent of the pregnant woman pursuant to the provisions of Section 44-41-30 of the SC Code of Laws, 1976, as amended.

SECTION 207. Abortion Performed Upon Minors (I)

No person may perform an abortion upon a minor unless consent is obtained pursuant to the provisions of Section 44-41-31 of the SC Code of Laws, 1976, as amended.

SECTION 208. Dissemination of Information (I)

Clinics must comply with the Woman's Right to Know Act, Section 44-41-310, et seq., of the SC Code of Laws, 1976, as amended, and maintain an

adequate supply of current printed material from the Department which has not been altered in content.

SECTION 209. Patients' Rights (II)

A. The facility shall have written policies and procedures to assure the individual patient the right to dignity, privacy, safety, and to register complaints with the Department. These patients' rights shall be approved by the licensee.

B. Each facility shall display in a conspicuous place a copy of the patients' rights. In addition, a copy signed by the patient shall be included in the medical record.

CHAPTER 3 - PATIENT CARE

SECTION 301. Policies and Procedures (II)

Abortion clinics shall not serve patients whose needs exceed the resources and/or capabilities of the clinic. The facility shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients, to include but not limited to:

A. Admission criteria;

B. Physician and nurse responsibilities for the services offered;

C. Specific details regarding the pre-operative procedures performed, to include:

1. History and physical examination, to include verification of pregnancy, estimation of gestational age, identification of any preexisting conditions or complications;

2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography required when gestational age is clinically estimated to be equal to or more than 14 weeks from the first day of the last menstrual period as established by the physician's performance of a bimanual physical examination. Policies and procedures should also indicate that ultrasound is recommended when gestational age is equal to or more than 12 weeks from the first day of the last menstrual period as established

by the performance of a bimanual physical examination or if the physical examination and clinical evidence is inconclusive as to the gestational age.

D. The actual abortion procedure, to include the use of:

1. IV's;

2. Fluids;

3. Analgesia/anesthesia. General anesthesia shall be administered only by a certified registered nurse anesthetist, anesthesiologist, or dentist or physician anesthetist.

4. Tissue examination/disposal.

E. Post-procedure care/recovery room procedures to include emergency care;

F. Provisions for the education of patient, family and others, as appropriate in pre and post-procedure care;

G. Plans for follow-up of patient after discharge from the facility, to include arrangements for post-operative visit, and specific instructions in case of emergency;

H. Management and appropriate referral of high-risk conditions;

I. Transfer of patients who, during the course of pregnancy termination are determined to need care beyond that of the facility;

J. Infection control and sanitation procedures to include duties and responsibilities of the infection control committee that shall include the development and implementation of specific patient care and administrative policies aimed at investigating, controlling and preventing infections in the facility;

K. Registration of fetal death or death certificates, when applicable.

SECTION 302. Limitation of Services Offered by Abortion Clinics (I)

A. Abortions performed in abortion clinics shall be performed only on patients who are within 18 weeks from the first day of their last menstrual

period. Those beyond 18 weeks shall be performed in a hospital. A licensed ambulatory surgical facility that is also licensed as an abortion clinic may perform abortions on patients who are up to 26 weeks after the first day of their last menstrual period.

B. Clinics performing abortions beyond 14 weeks from the first day of the last menstrual period must meet the requirements of Section 309.

SECTION 303. Pharmaceutical Services (II)

Pharmaceutical services shall be provided in accordance with accepted professional practice and federal, state and local statutes and regulations.

A. Emergency Drugs:

1. Emergency Kit or Emergency Drugs. Each facility shall maintain an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of patients. This kit or medicine shall be stored in such a manner as to prohibit its access by unauthorized personnel. A listing of contents by drawer or shelf shall be placed on the cabinet or emergency cart to allow quick retrieval. Contents shall correspond with the inventory list. Drugs and equipment must be available within the facility to treat, as a minimum, the following conditions: (I)

a. Cardiac arrest;

b. Seizure;

c. Asthmatic attack;

d. Allergic reaction;

e. Narcotic toxicity;

f. Hypovolemic shock;

g. Vasovagal shock.

2. Drug Reference Sources. Each facility shall maintain reference sources for identifying and describing drugs and medicines.

B. Administering Drugs and Medicines. Drugs and medicines shall not be administered to individual patients or to anyone within or outside the facility except by those authorized by law under orders of a physician duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician who prescribes the drug or medicine.

C. Medicine Storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to 3 degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws.

D. Medicine Preparation Area. Medicines and drugs shall be prepared for administration in an area that contains a counter and a sink. This area shall be located in such a manner as to prevent contamination of medicines being prepared for administration.

E. Controlled Substances Registration.

1. If a stock of controlled drugs is to be maintained at the facility, a physician on the clinic staff shall obtain an individual practitioner South Carolina Controlled Substances Registration and a Drug Enforcement Administration (DEA) Registration as registrant for the facility. This physician shall be responsible for the proper safeguarding and handling of controlled substances within the facility, and shall be certain that all possible control measures are observed and that any suspected diversion or mishandling of controlled substances is reported immediately to the Bureau of Drug Control of the Department.

2. With a written power of attorney, this physician may grant permission to any other physician who possesses an individual practitioner South Carolina Controlled Substances Registration and a DEA Registration to administer, order for administration, or dispense any controlled substances maintained by the facility.

F. Records. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered.

G. Poisonous Substances. All poisonous substances must be plainly labeled and kept in a cabinet or closet separate from medicines and drugs to be prepared for administration. (I)

SECTION 304. Laboratory Services (II)

A. Laboratory services shall be provided on site or through arrangement with a laboratory certified to provide the required procedures under the Clinical Laboratory

Improvement Amendments of 1988 (CLIA-88).

1. Facilities for collecting specimens shall be available on site.

2. If laboratory services are provided on site they shall be directed by a person who qualifies as a director under CLIA-88 and shall be performed in compliance with CLIA-88 standards.

B. Prior to the procedure, laboratory tests shall include a recognized urine pregnancy test unless the physician identifies fetal heart beats or fetal movements on physical examination. If positive, the following additional tests are required:

1. Urinalysis including albumin and glucose examination;

2. Hematocrit or hemoglobin;

3. Determination of Rh factor (including the Du variant when the patient is Rh negative); Rh (D) immune globulin (human) shall be administered, prior to discharge, to patients who are determined to be Rh negative.

C. Other laboratory tests to be administered:

1. Testing for Chlamydia and gonorrhea;

2. Syphilis serology shall be offered ;

3. A Papanicolaou procedure shall be offered;

4. Referral for chest X-ray, if indicated;

5. Other tests as deemed appropriate by the physician.

D. Aspirated tissues shall be examined to verify that villi or fetal parts are present; if villi or fetal parts cannot be identified with certainty, the tissue specimen shall be sent for further pathologic examination and the patient alerted to the possibility of an ectopic pregnancy.

E. A written report of each laboratory test and examination shall be a part of the patient's record.

F. If a patient is bleeding profusely and a transfusion of red blood cells is necessary, she should be administered fluids and transported immediately to a hospital that routinely performs crossmatches and transfuses patients.

G. All laboratory supplies shall be monitored for expiration dates, if applicable.

H. Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department Regulation 61-105, Infectious Waste Management Regulations. All contaminated dressings and/or similar waste shall be properly disposed of in accordance with Regulation 61-105.

SECTION 305. Emergency Care (I)

A. All staff and/or consulting physicians shall have admitting privileges at one or more local hospitals that have appropriate obstetrical/ gynecological services or shall have in place documented arrangements approved by the Department for the transfer of emergency cases when hospitalization becomes necessary.

B. Equipment and services shall be provided to render emergency resuscitative and life-support procedures pending transfer of the patient to a hospital.

C. The facility shall inform, in writing, the local ambulance service which provides emergency care and transport of patients, of the location of the facility, and the nature of medical problems which may result from abortions.

SECTION 306. Equipment and Supplies (II)

There shall be appropriate equipment and supplies maintained for the patients to include but not limited to:

A. A bed or recliner suitable for recovery;

B. Oxygen with flow meters and masks or equivalent; (I)

C. Mechanical suction; (I)

D. Resuscitation equipment to include, as a minimum, resuscitation bags and oral airways; (I)

E. Emergency medications, intravenous fluids, and related supplies and equipment; (I)

F. A clock with a sweep second hand;

G. Sterile suturing equipment and supplies;

H. Adjustable examination light;

I. Containers for soiled linen and waste materials with covers;

J. Refrigerator;

K. Appropriate equipment for the administering of general anesthesia, if applicable.

SECTION 307. Consultation (II)

Arrangements shall be made for consultation or referral services in the specialties of obstetrics/gynecology, anesthesiology, surgery, psychiatry, psychology, clinical pathology and pathology, clergy, and social services, as well as any other indicated field, to be available as needed.

SECTION 308. Quality Improvement (II)

A. The facility shall establish and implement a written plan for a quality improvement program for patient care. The plan shall specify the individual responsible for coordinating the quality improvement program and shall provide for ongoing monitoring of staff and patient care services.

B. There shall be an ongoing process for monitoring and evaluating patient care services, staffing, infection prevention and control,

housekeeping, sanitation, safety, maintenance of physical plant and equipment, patient care statistics, and discharge planning services.

C. Evaluation of patient care throughout the facility shall be criteria-based, so that certain actions are taken or triggered when specific quantified, predetermined levels of outcomes or potential problems are identified.

D. The quality improvement process shall incorporate quarterly review of a minimum of five per cent of medical records of patients undergoing procedures during a given quarter, but not less than five records shall be reviewed.

E. The quality improvement process shall include evaluation by patients of care and services provided by the facility. If the families of patients are involved in the care and services provided by the facility, the quality improvement process shall include a means for obtaining input from families of patients.

F. The administrator shall review the findings of the quality improvement program to ensure that effective corrective actions have been taken, including as a minimum, policy revisions, procedural changes, educational activities, and follow-up on recommendations, or that additional actions are no longer indicated or needed.

G. The quality improvement program shall identify and establish indicators of quality care, specific to the facility, that shall be monitored and evaluated.

H. The results of the quality improvement program shall be submitted to the licensee for review at least annually and shall include at least the deficiencies found and recommendations for corrections or improvements. Deficiencies that jeopardize patient safety shall be reported immediately in writing to the licensee.

SECTION 309. Requirements for Clinics Performing Abortions Beyond 14 Weeks (I)

Clinics which perform abortions beyond 14 weeks from the first day of the last menstrual cycle shall, in addition to those requirements in all other sections of this regulation, have the following in place:

A. Physicians shall be board-certified or a candidate for board-certification in obstetrics and gynecology, general surgery, or family practice;

B. Physicians shall have admitting privileges at one or more local hospitals that have appropriate obstetrical/gynecological services;

C. Laryngoscopes, endotracheal tubes, and defibrillator;

D. Laboratory tests/procedures shall include:

1. White blood count and determination of blood type;

2. Sickle cell, when indicated;

3. Ultrasonogram.

CHAPTER 4 - MEDICAL RECORDS AND REPORTS

SECTION 401. Medical Records (II)

Medical records shall be maintained for all patients examined or treated in the clinic. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. All information shall be centralized in the patient's medical record. All entries shall be legibly written or typed, dated and signed.

A. The record shall include as a minimum the following information:

1. A face sheet with patient identification data, to include but not be limited to: name, address, telephone number, social security number, date of birth, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency;

2. Signed consent for the procedure;

3. Date of initial examination;

4. Date of abortion;

5. Referring and attending physicians' names and phone numbers, if applicable;

6. Complete medical history to include medications currently being taken;

7. Physical examination, to the extent necessary to determine the health status of the patient, within 15 days of the procedure, including detail of findings of pelvic examination and estimated gestational age, according to the first day of the last menstrual period;

8. Results of diagnostic tests and/or examinations, e.g., X-ray, electrocardiography, clinical laboratory, pathology, consultations, ultrasound;

9. Pre-operative diagnosis;

10. Counselor's notes;

11. Physician's orders;

12. Complete record of abortion procedure to include:

a. Vital signs, i.e., temperature, pulse, respiration, and blood pressure, prior to and following the procedure;

b. Name of procedure performed;

c. Anesthetic agent utilized;

d. Name of attending physician performing the procedure;

e. Names of clinical assistants in attendance, to include other physicians, physician's assistants, anesthetists, nurses, or specially-trained technicians;

f. Signature of physician performing the procedure.

13. Nurses' notes;

14. Progress notes to include a post-anesthesia note if general anesthesia is utilized;

15. Attending physician's description of gross appearance of tissue removed;

16. Final diagnosis;

17. Condition on discharge;

18. Post-op orders and follow-up care;

19. Documented verification that the woman has been presented printed materials as required in the Woman's Right-to-Know Act;

20. In the case of an unemancipated minor or mentally incompetent person, a copy of the court order or written consent authorizing the abortion.

B. The attending physician must complete and sign the medical record within 72 hours following discharge.

SECTION 402. Records Storage

All records shall be treated as confidential and shall be stored in a safe location for a minimum of 10 years. When records are stored in a location other than the clinic, and upon closure of the clinic, for any reason, the medical records shall be stored in a safe location for that minimum period, with the Department informed of that location. The medium in which the records are stored, e.g., optical disk, microfiche, is a facility decision.

SECTION 403. Reports (II)

A. The following shall be reported to Vital Records and Public Health Statistics of this Department:

1. Any abortion performed, to be reported by the performing physician on the standard form for reporting abortions, within seven days after the abortion is performed;

2. A fetal death when the fetus has completed or passed the age or weight requiring a report, pursuant to the standards in Regulation 61-19, Vital Statistics.

B. A record of each accident or incident occurring in the facility which involves patients, staff, or visitors, including medication errors and adverse drug reactions, shall be prepared immediately. Accidents or incidents resulting in serious injury shall be reported, in writing, to the Department within 10 days of the occurrence; if a death occurs, other than a fetal death, it

shall be reported to the Department not later than the next Department work day (Monday through Friday). Accidents and incidents that must be reported include, but are not limited to:

1. Those leading to hospitalization;

2. Those leading to death, other than a fetal death;

3. Adverse drug reactions.

CHAPTER 5 - FUNCTIONAL SAFETY AND MAINTENANCE (II)

SECTION 501. Policies and Procedures

A. Written policies and procedures shall be developed to enhance safety within the facility and on its grounds and to minimize hazards to patients, staff and visitors.

B. The policies and procedures shall include, but not be limited to:

1. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs, supplies and services;

2. Provisions for reporting and investigating accidental events regarding patients, visitors and personnel and corrective action taken;

3. Provisions for disseminating safety-related information to employees and users of the facility;

4. Provision for syringe and needle handling and storage.

5. Provisions for managing infectious waste from generation to disposal according to Regulation 61-105.

SECTION 502. Disaster Preparedness

A. The facility shall have posted, in conspicuous places throughout the facility, a plan for evacuation of patients, staff, and visitors in case of fire or other emergency. (I)

B. A facility that participates in a community disaster plan shall establish plans, based on its capabilities, to meet its responsibilities for providing emergency care.

SECTION 503. Maintenance

A. Facility Maintenance. A facility's structure, its component parts, and all equipment such as elevators, furnaces and emergency lights, shall be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization.

B. Equipment Maintenance. When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper operation before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.

CHAPTER 6 - INFECTION CONTROL AND SANITATION (II)

SECTION 601. General

Policies and procedures shall be established in writing to assure safe and aseptic treatment and protection of all patients and personnel against cross-infection.

SECTION 602. Sterilization Procedures

A. Adequate space shall be provided for storage, maintenance and distribution of sterile supplies and equipment.

B. Sterile supplies and equipment shall not be mixed with unsterile supplies, and shall be stored in dust-proof and moisture-free units. They shall be properly labeled.

C. Sterilizing equipment of appropriate type shall be available and of adequate capacity to properly sterilize instruments and materials. The sterilizing equipment shall have approved control and safety features.

1. There must be documentation of each load run daily. A biological test of the autoclave shall be run daily and the results maintained on a log.

2. Each separate package of instruments to be sterilized must have internal and external chemical indicators.

3. The accuracy of instrumentation and equipment shall be provided by periodic calibration and/or preventive maintenance as necessary, but not less than annually, and a log maintained.

D. The policies and procedures shall indicate how the shelf life of a packaged sterile item is determined. Methods approved for use are:

1. Date of expiration being marked on the item; or

2. Event-related, i.e., day-to-day expiration, utilizing such wording as, "sterile unless the integrity of the package is compromised."

SECTION 603. Linen and Laundry

A. An adequate supply of clean linen or disposable materials shall be maintained in order to insure change of linen on procedure tables between patients.

B. Provisions for proper laundering of linen and washable goods shall be made. Soiled and clean linen shall be handled and stored separately. Storage shall be in covered containers.

C. A sufficient supply of cloth or disposable towels shall be available so that a fresh towel can be used after each handwashing. Towels shall not be shared.

SECTION 604. Housekeeping

A. General. A facility shall be kept neat, clean and free from odors. Accumulated waste material must be removed daily or more often if necessary. There must be frequent cleaning of floors, walls, ceilings, woodwork, and windows. The premises must be kept free from rodent and insect infestation. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

B. Cleaning materials and supplies shall be stored in a safe manner. All harmful agents shall be locked in a closet or cabinet used for this purpose only.

C. Dry sweeping and dusting of walls and floors are prohibited.

SECTION 605. Refuse and Waste Disposal

A. All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

B. Containers for garbage and refuse shall be covered and stored outside and placed on an approved platform to prevent overturning by animals, the entrance of flies or the creation of a nuisance. All solid waste shall be disposed of at sufficient frequencies in a manner so as not to create a rodent, insect or other vermin problem.

C. Immediately after emptying, containers for garbage shall be cleaned.

D. All waste meeting the definition of "infectious waste" as defined in Regulation 61-105 must be managed according to the requirements of that regulation.

SECTION 606. Outside Areas

All outside areas, grounds and/or adjacent buildings shall be kept free of rubbish, grass, and weeds that may serve as a fire hazard or as a haven for insects, rodents and other pests. Outside stairs, walkways, ramps and porches shall be maintained free from accumulations of water, ice, snow and other impediments.

CHAPTER 7 - FIRE PROTECTION AND PREVENTION (I)

SECTION 701. Fire-fighting Equipment and Systems

A. All facilities located outside a fire protected area shall have a contract with the nearest fire department.

B. An evacuation plan shall be posted in prominent places and staff members shall be trained as part of their responsibilities to guide patients to the designated exits.

C. All fire protection and alarm systems and other fire fighting equipment shall be inspected and tested at least once each year, and more often if necessary to maintain them in serviceable condition.

D. Fire extinguishers of the proper type shall be installed in accordance with NFPA 10 requirements or as otherwise directed by fire authorities.

1. Fire extinguishers shall be kept in condition for instant use and shall be inspected monthly by facility staff with the date of inspection recorded on a tag affixed to the extinguisher.

2. Fire extinguishers shall be inspected and/or serviced annually by personnel licensed or certified to perform fire extinguisher servicing. Servicing/inspection records shall be kept on the fire extinguishers.

E. No portable electric, open flame, or unvented heaters shall be allowed in the facility.

F. Fire Drills.

1. A fire drill shall be conducted at least once every three months. New facilities shall conduct a fire drill within the first 48 hours of operation. Each employee shall participate in a fire drill at least twice each year.

2. Records of drills shall be maintained to report the date, time, description, and evaluation of the drill, to include the names of participating staff and time for total evacuation.

G. Corridor Obstructions. All corridors and other means of egress or exit from the building shall be maintained clear and free of obstructions.

H. Corridor and Stairway Illumination. Corridors, stairs and other means of egress shall be lighted at all times with a minimum of one foot-candle at finish floor level along the path of travel.

SECTION 702. Alarms

A fire alarm system shall be provided in accordance with the provisions of NFPA 72. The fire alarm system shall be tested monthly and each detector tested annually. Records of all tests shall be retained for at least one year.

SECTION 703. Gas Storage

Gases (flammable and nonflammable) shall be handled and stored in accordance with the provisions of applicable NFPA codes.

CHAPTER 8 - DESIGN AND CONSTRUCTION

SECTION 801. General

Every facility must be planned, designed and equipped to provide adequate facilities for the care and comfort of each patient.

SECTION 802. Local and State Codes and Standards (II)

A. Facilities shall comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. Abortion clinics are categorized as a "business occupancy" as defined in the Standard Building Code. No facility will be licensed unless the Department has assurance that responsible local officials have approved the facility.

B. The Department uses as its basic codes: the Standard Building Code, Standard Plumbing Code, Standard Mechanical Code, and National Electrical Code. Buildings designed in accordance with the above mentioned codes will be acceptable to the Department, provided, however, that the requirements set forth in this regulation are also met.

SECTION 803. Submission of Plans and Specifications

A. New Buildings, Additions or Major Alterations to Existing Buildings. (II)

1. When construction is contemplated either for new buildings, additions or major alterations to existing buildings, the facility must contact the Division of Health Facilities Construction of this Department to discuss code and regulation requirements that apply to that project. Plans and specifications shall be submitted to the Department for review. Where the Standard Building Code or other regulations require fire-rated walls or other fire-rated structural elements, these plans and specifications shall be prepared by an architect registered in the State of South Carolina and shall bear his/her seal.

2. All plans shall be drawn to scale with the title and date shown thereon. Construction work shall not be started until approval of the final drawings or written permission has been received from the Department. Any construction changes from the approved documents require approval by the Department.

B. Preliminary submission shall include the following:

1. Plot plan showing size and shape of entire site; orientation and location of proposed building; location and description of any existing structures, adjacent streets, highways, sidewalks, railroads, et cetera, properly designated; size, characteristics and location of all existing public utilities, including information concerning water supply available for fire protection;

2. Floor plans showing overall dimensions of buildings; locations, size and purpose of all rooms; location and size of doors, windows and other openings with swing of doors properly indicated; locations of smoke partitions and firewalls; locations of stairs, elevators, dumbwaiters, vertical shafts and chimneys;

3. Outline specifications listing a general description of construction including interior finishes and mechanical systems.

C. Final submission shall include the following: Complete working drawings and contract specifications, including layouts for plumbing, air conditioning, ventilation and electrical work and complete fire protection layout, if applicable.

D. In construction delayed for a period exceeding 12 months from the time of approval of final submission, a new evaluation and/or approval is required.

E. One complete set of as-built drawings shall be filed with DHEC.

SECTION 804. Licensure of Existing Structures (II)

When an existing structure is contemplated for licensure it must meet the same building code requirements as a "new" facility (see Section 803.A). If an expansion or renovation to an existing facility is contemplated, the facility must contact the Division of Health Facilities Construction of this Department to discuss code and regulatory requirements that apply to that project. The following shall be submitted to the Department:

A. If the physical dimensions of the building are affected, a plot plan in accordance with Section 803.B.1;

B. A floor plan in accordance with Section 803.B.2;

C. Description of construction including outside walls, partitions, floor, ceiling and roof. The method of heating and cooling shall also be included.

NOTE: Those existing abortion clinics that have been identified by the Department, through submission of regular reports of abortions performed, may be licensed in their current buildings. However, upon initial licensure, these facilities will be required to submit a plan that will bring them into full compliance with this chapter within two years from date of licensure.

SECTION 805. Minor Alterations in Licensed Facilities

When alterations that involve construction that may affect walls, ceilings, floors, or fire and life safety are contemplated, preliminary drawings and specifications, accompanied by a narrative completely describing the proposed work, shall be submitted to the Department for review and approval to insure that the proposed

alterations comply with current safety and building standards and determine if an architect need be involved.

SECTION 806. Location

A. Transportation. The facility must be served by roads that are passable at all times and are adequate for the volume of expected traffic.

B. Parking. The facility shall have parking space to reasonably satisfy the needs of patients, staff, and visitors.

C. Communications. A telephone must be provided on each floor used by patients and additional telephones or extensions must be provided, as required, to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose.

SECTION 807. Physical Facilities

A. An adequate number of examination/procedure rooms shall be provided. A procedure room shall be sized, shaped, and arranged to allow unfettered movement for all persons involved in the procedure.

B. Each procedure room shall be provided:

1. A suitable gynecological procedure table;

2. Equipment necessary to treat patients for hemorrhage, shock, cardiac arrest and other emergencies (an emergency "crash" cart in the immediate vicinity is acceptable); (I)

C. An area shall be provided for use by nurses in preparing medications for patients and keeping patient medical records. A room or cabinets shall be provided for storing medications and shall be kept locked except when medications are being prepared for administering. Narcotics shall be double-locked. An adequate supply of drugs shall be on hand at all times.

D. An adequate number of recovery room(s) or area(s) shall be provided. There shall be clear space on both sides and at the foot of each recovery bed/recliner to allow unencumbered movement by staff and patients.

1. There shall be a toilet room immediately accessible from the recovery area. This room shall contain a commode with grab bars or recessed hand-holds and handwashing lavatory, operable without the use of hands, soap dispenser with soap, and paper towel dispensers with paper towels, or hot air dryer;

2. There shall be a signal system for each patient bath and toilet that shall include an audible alarm that can be heard and location identified by staff;

3. There shall be a readily accessible safe and sanitary storage area for patients' clothing and personal effects;

4. There must be provisions to afford privacy upon request of a patient, e.g., curtains, screens, private room.

E. A room for the temporary storage of soiled linen and waste in covered containers shall be provided. This room shall be provided with at least 10 air changes per hour with all air continuously exhausted to the outside.

F. There must be an area to accommodate the sterilization procedures as described in Section 602. There shall be sufficient surgical instruments sterilized and available for each patient who presents herself for abortion. The area shall be arranged to prevent cross traffic of clean and dirty material. Air flow in this area shall be from the "clean" area toward the "dirty" area.

G. Suitable dressing room space shall be provided for physicians and nursing staff. Scrub facilities shall be provided and located conveniently to the procedure room(s).

H. Procedure and recovery room(s) shall be located on an exit access corridor that provides unimpeded, rapid access to an exit of the building. This exit must accommodate emergency transportation vehicles and equipment.

I. In multi-storied buildings where the facility is not located on the floor of entry to/exit from the building, there must be at least one elevator that serves the clinic floor(s). The elevator must accommodate emergency transportation equipment.

J. Adequate fixed or portable work surface areas shall be maintained for use in each procedure room.

K. Doors providing access into the facility and procedure room(s) shall be at least 36 inches wide to accommodate maneuvering of ambulance stretchers and wheelchairs and other emergency equipment. All corridors shall be at least 48 inches wide.

L. Heating and ventilation.

1. Lighting, heating, and ventilation systems shall comply with local and state codes. There shall be approved equipment capable of maintaining a minimum temperature of 72 degrees Fahrenheit and a maximum temperature of 76 degrees Fahrenheit in patient areas.

2. The procedure room(s) and the recovery room(s) shall be provided a minimum of six air changes per hour. Air supplied to all areas shall be filtered through filters of at least 25 percent efficiency rating.

3. Mechanically operated systems shall be used to supply air to and exhaust air from soiled workrooms or soiled storage areas, janitor's closets, toilet rooms, and from spaces that are not provided with operable windows or outside doors.

M. The entrance shall be at grade level or above, be sheltered from the weather, and accommodate wheelchairs.

N. There shall be adequate storage areas for supplies and other storage. Sterile supplies shall be stored separate from other supplies.

O. One or more janitor's closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

P. A clean work area shall contain space for handwashing and clean storage and may include clean linen storage.

Q. There shall be at least two exits remote from each other.

R. Items such as drinking fountains, machines, and portable equipment or any other items shall not be located in the required exit corridors to restrict corridor traffic.

S. Thresholds and expansion joint covers shall be made sufficiently flush with the floor surface to accommodate wheeled service carts, wheelchairs, gurneys, etc.

T. All corridor glazing materials that extend within 18 inches of the floor shall be of safety glass, plastic, wireglass, or other material that will resist breaking and will not create dangerous cutting edges when broken. Safety

glass or plastic glazing materials shall be used for any shower doors or bath enclosures.

U. Cubicle curtains and draperies shall be noncombustible or rendered flame retardant.

V. Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant.

W. Wall bases in soiled equipment and material workrooms and other areas that are frequently subject to wet cleaning methods shall be tightly sealed and constructed without voids that can harbor insects.

X. Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

Y. Interior finish materials shall comply with the Standard Building Code requirements for "business occupancy."

Z. Adequate space shall be provided for reception, waiting, interviewing, administrative, and business office functions. Space provided for interviewing and admitting shall be located and designed to provide privacy.

SECTION 808. Water Supply and Plumbing (II)

A. Water Supply. Water shall be obtained from a community water system and shall be distributed to conveniently located taps and fixtures throughout the facility and shall be adequate in volume and pressure for all purposes including fire fighting. Patient and staff handwashing lavatories shall be supplied with hot water that shall be thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit.

B. Plumbing.

1. All plumbing material and plumbing systems or parts thereof installed shall meet the minimum requirements of the Standard Plumbing Code.

2. All plumbing shall be installed in such a manner as to prevent back siphonage or cross-connections between potable and non-potable water supplies. There shall be, at a minimum, an approved double-check assembly on the water supply to the facility.

SECTION 809. Emergency Power and Lighting Requirements

A. The facility shall be equipped with automatic emergency power adequate to maintain the operation of lighting for procedure rooms, egress, fire detection equipment, and alarms. (I)

B. There shall be sufficient safe lighting for all activities, including suitable lighting for corridors. (II)

CHAPTER 9 - PREREQUISITES FOR INITIAL LICENSURE

Prior to admission of patients to, and issuance of a license for new facilities or additional procedure rooms, the following actions must be accomplished:

A. Plans and construction must be approved by the Division of Health Facilities Construction of this Department.

B. The facility shall submit a completed application for license on forms that shall be furnished by the Division of Health Licensing. The following documents shall be submitted with the application:

1. Final construction approval of both water and wastewater systems by the appropriate District Environmental Quality Control Office of this Department (includes satisfactory laboratory reports of water samples).

2. Approval from the appropriate building official stating that all applicable local codes and ordinances have been complied with.

a. If the facility is located within town or city limits, approval by the local fire chief stating that all applicable requirements have been met, or

b. If the facility is located outside town or city limits, a written letter of agreement with the nearest fire department that will provide protection and respond in case of fire at the facility shall be obtained. This letter shall indicate that they have the equipment, personnel, and/or agreements with other departments to adequately respond to this type of facility.

3. Certification and laboratory test reports, provided by the manufacturer or supplier, that all carpeting purchased by the facility meets the requirements of the Standard Building Code.

4. Certification by the contractor that only the carpeting described in B.3 above was installed in the facility.

5. Certification by the manufacturer or supplier that all drapes and cubicle curtains purchased by the facility are flame or fire resistant or retardant.

6. Certification by the owner or contractor that only materials described in B.5 above were installed.

7. Certification by the manufacturer or supplier that all wall covering materials purchased by the facility are fire or flame resistant or retardant.

8. Certification by the contractor that only the materials described in 7 above were installed.

9. Certification by the engineer that all fire alarm and smoke detection systems have been installed according to plans and specifications, have been tested and operate satisfactorily.

10. Certification by the contractor that the automatic sprinkler system, if required or installed, has been completed and tested in accordance with the approved plans and specifications and NFPA No. 13. Include a copy of the approval letter of the sprinkler shop drawings.

11. Certification that all medical gas systems have been properly installed and tested.

C. The facility must register as an infectious waste generator as outlined in Regulation 61-105.

D. Required personnel must be employed, available, trained, and capable of performing their duties.

E. The Division of Health Licensing shall inspect the facility and require compliance with these regulations.

F. The facility must pay the required licensing fee.

CHAPTER 10 - GENERAL

Conditions arising that have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.

REGULATION 61-12

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21H

Regulation 61-105

South Carolina Infectious Waste Management

C. Earl Hunter
Commissioner

Effective June 25, 2010
(Supersedes Regulations R.61-105 June 24, 2005)

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

South Carolina Department of Health
and Environmental Control

R.61-105, INFECTIOUS WASTE MANAGEMENT REGULATIONS

Promulgated Pursuant to the
South Carolina Infectious Waste Management Act,
S.C. Code Ann. § 44-93-10 et seq., as Amended

Effective June 25, 2010

(This revision supersedes regulations
promulgated June 24, 2005)

Bureau of Land and Waste Management
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201
(803) 896-4000

DISCLAIMER

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61-105. Infectious Waste Management

A. Purpose and Scope.

(1) The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended.

(2) This regulation shall apply to infectious waste management as defined in 44-93-20 of the Act and as further defined herein, that is generated, stored, contained, transferred, transported, treated, destroyed, disposed, or otherwise managed within South Carolina.

(3) Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation.

(4) In addition to the requirements of this regulation, all other applicable requirements of the Department of Health and Environmental Control shall be met.

(5) In addition to the requirements of this regulation, generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other person shall comply with applicable Federal, State, county, and local rules, regulations, and ordinances.

B. Severability.

If any section, subsection, phrase, clause, or portion of this regulation, or the applicability to any person, is adjudged to be unconstitutional or invalid for any reason by a court of competent jurisdiction, the remaining portions of this regulation shall not be affected.

C. Use of Number and Gender.

As used in this regulation:

(1) Words in the masculine gender also include the feminine and neuter genders; and

(2) Words in the singular include the plural; and

(3) Words in the plural include the singular.

(4) Words have common dictionary meaning unless otherwise specified.

D. Definitions.

(1) Definitions carry common dictionary meanings unless otherwise specified. When used in this regulation the following words have the meaning given below:

(a) "Act" means the S. C. Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the Code of Laws of 1976, as amended.

(b) "Board" means the South Carolina Board of Health and Environmental Control which is charged with the responsibility for implementation of the Infectious Waste Management Act.

(c) "Certification" means a statement of professional opinion based upon knowledge and belief.

(d) "CFR" means the Code of Federal Regulations.

(e) "Closure" means the point in time at which facility owners or operators discontinue operation by ceasing to accept, treat, store, or dispose of infectious waste.

(f) "Commissioner" means the Commissioner of the Department or his authorized agent.

(g) "Container" means any portable device in which a material is stored, transported, treated, disposed of, or otherwise managed.

(h) "Containment" means the packaging of infectious waste or the containers in which infectious waste is placed.

(i) "Contingency Plan" means a document setting out an organized, planned and coordinated course of action to be followed in case of a fire, explosion, or release of infectious waste or infectious waste constituents, or interruption of normal procedures of infectious waste management.

(j) "Department" means the South Carolina Department of Health and Environmental Control, including personnel of the Department authorized by the Board to act on behalf of the Department or Board.

(k) "Destination facility" means an infectious waste treatment facility which has received a permit from the Department in accordance with this regulation or an appropriate out-of-state facility and which is the facility designated by the generator to which waste is to be transported.

(l) "Discharge" or "infectious waste discharge" means the accidental or intentional spilling, leaking, pumping, pouring, emitting, emptying, or dumping of infectious waste into or onto any land or waters of the State, including groundwater.

(m) "Dispose" means to discharge, deposit, inject, dump, spill, leak, or place any waste into or on any land or water, including groundwater, so that the substance may enter the environment or be emitted into the air or discharged into any waters, including groundwater.

(n) "EPA" means the U. S. Environmental Protection Agency.

(o) "EPA identification number" means the EPA assigned Medical Waste Identification Number.

(p) "Existing facility" means a facility which was in operation under permits issued by the Department on June 8, 1989.

(q) "Expand" means an increase in the capacity of the facility or an increase in the quantity of infectious waste received by a facility that exceeds a permit condition.

(r) "Facility" means a location or site within which infectious waste is treated, stored, and/or disposed of.

(s) "Final closure" means the closure of all infectious waste management units at the facility in accordance with all applicable closure requirements so that infectious waste management activities are no longer conducted at the facility.

(t) "Free liquids" means liquids which separate readily from the portion of a waste under ambient temperature and pressure.

(u) "Generator" means the person producing infectious waste except waste produced in a private residence.

(v) "Generator facility" means a facility that treats infectious waste that is owned or operated by a combination or association of generators, a nonprofit professional association representing generators or a nonprofit corporation controlled by generators, nonprofit foundation of hospitals or nonprofit corporations wholly owned by hospitals, if the waste is generated in this State and treatment is provided on a nonprofit basis.

(w) "Generator Registration Status" means classification of a facility that generates regulated infectious waste, based on the largest amount documented by weight in any one calendar month of the last 12 (twelve) consecutive calendar months.

(x) "Hazardous waste" means a Resource Conservation and Recovery Act (RCRA) hazardous waste as defined in R.61-79.261.3 of the S. C. Hazardous Waste Management Regulations.

(y) "Infectious waste" or "waste" means a material as defined in Section E of this regulation.

(z) "Infectious waste management" means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste.

(aa) "Intermediate handling facility" means any transportation related facility including loading docks, parking areas, storage areas and other similar areas where shipments of infectious waste are held and/or handled for storage during the normal course of transportation and may be off loaded and on loaded.

(bb) "Manifest" means the shipping document authorized and signed by the generator which contains the information required by this regulation.

(cc) "Offsite" means not onsite.

(dd) "Onsite" means the same or geographically contiguous property which may be divided by public or private right-of-way provided the entrance and exit between the properties is at a crossroads intersection and access is by crossing as opposed to going along the right-of-way.

(ee) "Person" means an individual, partnership, co-partnership, cooperative, firm, company, public or private corporation, political subdivision, agency of this State, county, or local government, trust, estate, joint structure company, or any other legal entity or its legal representative, agent, or assigns.

(ff) "Products of conception" means fetal tissues and embryonic tissues resulting from implantation in the uterus.

(gg) "Pump Event" means any action where treatment residue is removed from a tank holding treatment residue.

(hh) "Radioactive material" means any and all equipment or materials which are radioactive or have radioactive contamination and which are required pursuant to any governing laws, regulations or licenses to be disposed of or stored as radioactive material.

(ii) "Release" means to set free from restraint or confinement.

(jj) "Secured area" means an area which is fenced with a locking gate or which is regularly patrolled by security personnel which prevents access by the general public. An area which has controlled access and barriers to prevent exposure of the general public.

(ii) "Solid waste" means any garbage, refuse, or sludge from a waste treatment facility, water supply plant, or air pollution control facility and other discarded material, including solid, liquid, semisolid or contained gaseous material resulting from industrial, commercial, mining and agriculture operations, and from community activities. This term does not include solid or dissolved material in domestic sewage, or solid or dissolved materials in irrigation return flows or industrial discharges which are point sources subject to NPDES permits under the Federal Water Pollution Control Act, as amended, or the Pollution Control Act of South Carolina, as amended, or source, special nuclear, or by-product material as defined by the Atomic Energy Act of 1954, as amended. Also excluded from this definition are application of fertilizer and animal manure during normal agricultural operations or refuse as defined and regulated pursuant to the South Carolina Mining Act, including processed mineral waste, which will not have a significant adverse impact on the environment.

(jj) "State" means the State of South Carolina.

(kk) "Site" means contiguous land, structures, and other appurtenances and improvements on the land used for generating, treating, storing, transferring or disposing of regulated infectious waste with the same ownership.

(ll) "Small quantity generator" means any in-state generator that produces less than fifty (50) pounds of infectious waste per calendar month.

(oo) "Storage" means the actual or intended holding of infectious wastes or treatment residues either on a temporary basis or for a period of time, in a manner as not to constitute disposing of the wastes.

(pp) "Supersaturated" means the condition when any absorbent material contains enough fluid so that it freely drips that fluid or if lightly squeezed, that fluid would drip from it.

(qq) "Transfer facility" means any transportation related facility where shipments of infectious waste are held during the normal course of transportation, but are not off loaded or on loaded into fixed storage areas.

(rr) "Transport" means the movement of infectious waste from the generation site to a treatment facility or site for intermediate storage and/or disposal.

(ss) "Transporter" means a person engaged in the offsite transportation of infectious waste by air, rail, highway, or water.

(tt) "Transport vehicle" means a method used for the transportation of cargo by any mode. Each cargo-carrying body (trailer, railroad freight car, etc.) is a separate transport vehicle.

(uu) "Treatment" means a method, technique, or process designed to change the physical, chemical, or biological character or composition of infectious waste so as to sufficiently reduce or eliminate the infectious nature of the waste.

(vv) "Treatment facility" means a facility which treats infectious waste to sufficiently reduce or eliminate the infectious nature of the waste.

(ww) "Treatment residue" means the solid or liquid part that remains after infectious waste has been treated to sufficiently reduce or eliminate the infectious nature of the waste.

(xx) "Universal biohazard symbol" means the symbol design that conforms to the design shown in the federal Occupational Safety and Health Administration (OSHA) Standards.

E. Definition of Infectious Waste.

(1) An infectious waste is any used material which is: generated in the health care community in the diagnosis, treatment, immunization, or care of human beings; generated in embalming, autopsy, or necropsy; generated in research pertaining to the production of biologicals which have been exposed to human pathogens; generated in research using human pathogens; and which is not excluded in (2) below and which is listed in the categories below:

(a) Sharps.

Any discarded article that may cause puncture or cuts, including but not limited to: needles, syringes, Pasteur pipettes, lancets, broken glass or other materials, and scalpel blades.

(b) Microbiologicals.

Specimens, cultures, and stocks of human pathogenic agents, including but not limited to: waste which has been exposed to human pathogens in the production of biologicals; discarded live and attenuated vaccines; and discarded culture dishes/devices used to transfer, inoculate, and mix microbiological cultures.

(c) Blood and Blood Products.

All waste unabsorbed human blood, or blood products, or absorbed blood when the absorbent is supersaturated, including but not limited to: serum, plasma and other components of blood, and visibly bloody body fluids such as suctioned fluids, excretions, and secretions.

(d) Pathological Waste.

All tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to bloodborne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions.

(e) Contaminated Animal Waste.

Animal carcasses, body parts and bedding when the animal has been intentionally exposed to human pathogens in research or the production of biologicals.

(f) Isolation Waste.

All waste generated from communicable disease isolation of the Biosafety Level 4 agents, highly communicable diseases, pursuant to the `Guidelines for Isolation Precautions in Hospitals', published by the Centers For Disease Control.

(g) Other Waste.

Any other material designated by written generator policy as infectious, or any other material designated by a generator as infectious by placing the material into a container labeled infectious as outlined in Section J. Any solid waste which is mixed with infectious waste becomes designated as infectious and must be so managed unless expressly excluded in 2 (c) below.

(h) Infectious Waste Residues Resulting from Discharges.

Any residue or contaminated soil, water, or other debris resulting from the cleanup of a spill of any infectious waste.

(2) The following are excluded from the definition of infectious waste:

(a) Hazardous waste which is to be managed pursuant to the Hazardous Waste Management Regulations, R. 61-79, as amended, et seq.

(b) Radioactive material which is managed pursuant to the Department Regulation 61-63, Radioactive Material (Title A).

(c) Mixed waste containing regulated quantities of both RCRA hazardous waste and source, special nuclear, or byproduct material subject to the Atomic Energy Act of 1954, as amended, are to be managed pursuant to all applicable regulations.

(d) Infectious wastes generated in a private residence except when determined by the Commissioner to be an imminent or substantial hazard to public health or the environment.

(e) Etiologic agents or specimens being transported for purposes other than disposal to a laboratory consistent with shipping and handling requirements of the U.S. Department of Transportation, U.S. Department of Health and Human Services, and all other applicable requirements.

(f) Human corpses, remains, products of conception, and anatomical parts that are intended to be interred, cremated, or donated for medical research. Teeth which are returned to a patient.

(g) Infectious waste samples transported offsite by the EPA or the Department for possible enforcement actions or transportation of materials from other governmental response actions.

(3) The Department will determine how individual waste fits into the definitions and/or categories.

F. Generator Requirements.

(1) All in-state generators of infectious waste shall register with the Department in writing on a Department approved form. Registration will be in a manner prescribed by the Department. Registration notices will include at a minimum:

(a) name of the business;

(b) name of the owner and responsible party if different;

(c) physical location of the site of waste generated (each site of waste generated must apply separately);

(d) mailing address of the site of generation;

(e) telephone number of the site;

(f) a contact name of the infectious waste coordinator;

(g) the categories and corresponding amount of infectious waste generated annually (estimated within plus or minus (+ or -) twenty (20) percent)

(h) the method of waste treatment and disposal; and

(i) the Employer Identification Number (EIN).

(2) When any changes occur in the information required in (1) above, the Department must be notified in writing of such changes within thirty (30) days.

(3) Renewal of registration will be every three (3) years for all generators. Registered generators will be notified of renewal requirements by the Department. Facilities that store liquid treatment residue in holding tanks must submit records showing monitoring and pump events for the previous twelve (12) consecutive calendar months.

(4) Fees for registration will be due at the time of initial registration and annually thereafter. Fees will be assessed in accordance with Section DD based on generator's registration status.
Fees will be assessed as outlined in the Environmental Protection Fees, Regulation 61-30.

(5) Each generator must have a designated infection control committee with the authority and responsibility for infectious waste management. This committee must develop or adopt a written protocol to manage the infectious waste stream from generation until offered for transport. If the generator treats infectious waste onsite,

the written protocol must include contingency plans and a Quality Assurance program to monitor these onsite treatment procedures. Small quantity generators are not required to have an infection control committee or a written protocol.

(6) Each generator must:

(a) segregate infectious waste from other waste at the point of generation;

(b) assure proper packaging and labeling of waste to be transported offsite as required in Section I and J, respectively, of this regulation;

(c) ensure a manifest is initiated if waste is to be transported offsite as outlined in Section M of this regulation;

(d) prevent infectious waste containing radioactive material which is distinguishable from background from leaving the site of generation when the material is under the jurisdiction of the United States Nuclear Regulatory Commission or an Agreement State;

(e) maintain records as required by this regulation in Section AA;

(f) store waste as outlined in Section K of this regulation;

(g) manage infectious waste in a manner which prevents exposure to the public or release to the environment; and

(h) treat infectious waste onsite or transport offsite for treatment at a permitted treatment facility;

(i) offer infectious waste for offsite transport only to a transporter who maintains a current registration with the Department or the U.S. Postal Service; and

(j) Obtain and record accurate weight of waste within fifty (50) days of shipment. Unabsorbed liquid waste produced during the embalming process is exempt from this requirement.

(7) When a waste generator relocates, closes or ceases to generate infectious waste, the generator must, within thirty (30) days, dispose of all infectious waste and treatment residue in accordance with this regulation and the Department must be notified in writing.

(8) A registered generator of infectious waste may accept non-regulated infectious waste generated in a private residence, but once accepted, the generator shall assume full responsibility of generation and manage the waste according to this and all applicable regulations.

G. Small Quantity Generators.

(1) All in-state generators must comply with the provisions of Section E; Section F, Parts 1-3, 6-8; and the following:

(a) sharps, microbiological cultures, products of conception, and human blood and blood products must be managed pursuant to this regulation including but not limited to: packaging, treatment and weight generation rate requirements; and

(b) Small quantity generators may dispose of all other infectious waste as solid waste after properly packaging to prevent exposure to solid waste workers and the public.

(2) Generators who qualify as small quantity generators, as defined above, may transport their own waste provided:

(a) they never transport more than fifty (50) pounds at any one time;

(b) the vehicle is identified as required in Section Q(1)(g);

(c) the waste is manifested as required in Section M;

(d) the waste is packaged and labeled as required in Section I and Section J; and

(e) the waste is not transported in the passenger compartment of the vehicle and is in a fully enclosed compartment which protects the container from weather conditions which would compromise the integrity of the container.

(3) If a small quantity generator offers infectious waste for transport offsite for treatment at a destination facility, the waste must be managed pursuant to Sections H through DD of this regulation.

(4) If in any calendar month fifty (50) pounds of infectious waste or more is produced, the generator must notify the Department in writing; manage infectious waste pursuant to the entire regulation; and pay the annual fee as outlined in Section DD of this regulation. A generator will be able to claim designation as a small quantity generator after submitting documentation demonstrating twelve (12) consecutive calendar months of waste production less than fifty (50) pounds, or if at the time of registration, the generator estimates that less than fifty (50) pounds a month will be generated.

H. Segregation Requirements.

Generators shall segregate infectious waste from solid waste as close to the point of generation as practical to avoid commingling of the waste. If infectious waste is put in the same container as other waste, or if solid waste is put into a container labeled as infectious waste, the entire contents of the container shall be managed as infectious waste unless hazardous and/or radioactive material regulations apply, then the most stringent regulations apply as outlined in Section E (2) (a), (b), and (c).

I. Packaging Requirements.

(1) Generators shall assure that infectious waste is packaged in accordance with the requirements of this section and to prevent any release of infectious waste from its packaging before storing, transporting, or offering for transport offsite. Absorbents may be used to aid in the prevention of releases. Waste transported by the U.S. Postal Service must meet the packaging requirements for infectious waste in the Domestic Mail Manual.

(2) All sharps shall be placed and maintained in rigid, leak resistant, and puncture resistant containers which are secured tightly to preclude loss of the contents and which are designed for the safe containment of sharps.

(3) All other types of infectious waste must be placed, stored, and maintained before and during transport in a rigid or semirigid, leak resistant container which is impervious to moisture.

(4) Containers must have sufficient strength to prevent bursting and tearing and withstand handling, storage, transfer, or transportation without impairing the integrity of the container.

(5) Containers must be sealed and closed tightly and securely when full by weight or volume, or when putrescent, to prevent any discharge of the contents at any time until the container enters the treatment system.

(6) Plastic bags used inside of containers shall be a red or orange color and have sufficient strength to prevent tearing.

(7) Roll-off containers, trailer bodies, or other vehicle containment areas cannot be used as rigid containment.

(8) Infectious waste must be contained in containers that are appropriate for the type and quantity of waste and must be compatible with selected storage, transportation, and treatment processes.

(9) Reusable or disposable containers are acceptable. Reusable containers must be properly disinfected after each use as outlined in Section L of this regulation.

(10) Compaction of waste by any means shall be prevented prior to entering the containment of the treatment process.

(11) Exempt or excluded waste shall not be packaged as infectious waste. Waste packaged as infectious waste must be managed as infectious waste, except as indicated in Section I(12).

(12) When infectious waste is treated by a technology which does not change the appearance of the bag or outer container immediately after treatment, it shall be clearly labeled with the word "Treated" and the date of treatment on the outside of the container to indicate that the waste was properly treated. This labeling method may be hand written, an indicator tape or chemical reaction. The labeling process shall be water-resistant and indelible.

J. Labeling of Containers.

(1) Generators and transporters must assure that once sealed, containers of infectious waste are properly labeled in English as outlined below.

(2) Containers of infectious waste offered for transport offsite must be labeled on outside surfaces so that it is readily visible with:

(a) the universal biohazard symbol sign;

(b) the Department issued number of the in-state generator;

(c) a labeling process which is water-resistant and indelible; and

(d) the date the container was placed in storage or sent offsite, if not stored.

(3) Each bag used to line the inside of an outer container shall be labeled with indelible ink or imprinted as outlined in (a) and (d) immediately above.

(4) Transporters must label each outer container at the time it is accepted as specified in Section P (2).

(5) Transporters must affix required labels so that no other required markings or labels are obscured.

(6) Abbreviations may not be used in required labeling except for the common dictionary standard abbreviations.

K. Storage of Infectious Waste.

(1) Storage shall be in a manner and location which affords protection from animals, vectors, weather conditions, theft, vandalism and which minimizes exposure to the public. Storage begins at the time the container is sealed.

(a) The waste must not provide a food source or breeding place for insects or rodents.

(b) The waste must be protected to maintain the integrity of the packaging and provide protection from weather conditions such as water, rain, and wind.

(c) The waste must be stored in a manner to prevent a release or discharge of the contents.

(2) Outdoor storage areas must be locked (for example: roll-off containers, sheds, trailers, van bodies, or any other storage area).

(3) Storage areas must allow access to authorized personnel only.

(4) Storage areas must be labeled with the universal biohazard symbol sign.

(5) Infectious waste must be maintained in a nonputrescent state using refrigeration when necessary.

(a) Generator onsite storage shall not exceed fourteen (14) days without refrigeration or thirty (30) days if maintained at or below 42 degrees Fahrenheit.

(b) Once infectious waste leaves the generator site, the waste must be delivered to a treatment facility within fourteen (14) days without refrigeration or thirty (30) days if maintained at or below 42 degrees Fahrenheit.

(c) Treatment facility onsite storage shall not exceed fourteen (14) days at ambient temperature or thirty (30) days if maintained below 42 degrees Fahrenheit and

(6) All floor drains in storage areas must discharge into a Department approved sanitary sewer system or be transported to a Department approved sewerage treatment facility or permitted infectious waste treatment facility.

(7) All ventilation in storage areas must be in compliance with applicable Department air quality requirements and minimize human exposure.

L. Disinfection Standards.

(1) Any material or surface which comes in contact with infectious waste must be disinfected prior to reuse.

(a) Reusable containers which have been used to contain infectious waste must be disinfected immediately after being emptied or treated along with the waste.

(b) Vehicle bodies which have been used to store or transport infectious waste must be disinfected immediately after unloading.

(c) Spillage of infectious waste must be disinfected immediately.

(2) Disinfection can be accomplished by appropriate use of an EPA registered disinfectant used according to the label instructions at the tuberculocidal strength.

(3) Drainage from decontamination processes shall discharge to a Department approved sanitary sewer system or be transported to a Department approved sewerage treatment facility or permitted infectious waste treatment facility.

M. Manifest Form Requirements For Generators.

(1) A generator who transports, or offers for transport, infectious waste for offsite treatment, storage, or disposal, must prepare a manifest using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility. The manifest form will include, but is not limited to:

(a) the name of the generator;

(b) the Department identification number (if applicable);

(c) the address of the site where the waste was generated;

(d) a general description of the nature of the waste being shipped;

(e) the number of containers of waste;

(f) the weight or volume (accurate to within ten (10) percent);

(g) a certification by the generator stating "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";

(h) a certification by the generator that the shipment does not contain regulated quantities of hazardous waste as defined by the S.C. Hazardous Waste Management Regulations;

(i) a certification by the generator that the shipment does not contain radioactive material or waste above levels determined in Section F(6)(d) of this Regulation;

(j) the name of the transporter who receives the waste from the generator or subsequent transporter and that transporter's Department issued transporter registration number;

(k) the date the transporter accepted the shipment;

(l) the date the treatment facility accepted the shipment onsite;

(2) The generator who offers regulated infectious waste for transport offsite shall ensure a manifest is initiated as required in (1) above.

(3) This generator shall sign by hand or other legally defensible signature where required in (1)(g), (h), and (i)

(4) The generator shall retain one copy of the manifest after the transporter has accepted the shipment.

N. Infectious Waste Transporter Requirements.

(1) Transporters of infectious waste which is generated, stored, transferred or treated within South Carolina must be registered with the Department prior to such activity unless otherwise provided by this regulation.

(2) Generators who transport their own infectious waste offsite, except those generators who qualify as small quantity generators in Section G of this regulation, must also comply with all applicable transporter requirements of this regulation.

(3) Transporters of infectious waste must comply with all applicable requirements of this regulation during transportation and when the waste is at a transfer facility.

(a) infectious waste may be transferred from one vehicle to another only at a designated transfer facility; and

(b) infectious waste may not be unloaded into fixed storage at a transfer facility.

(4) Transporters must also comply with the requirements of Sections I and J when they repack defective boxes of infectious waste.

(5) Transporters must also comply with applicable requirements of this regulation when they:

(a) store infectious waste, even in the course of transport, in which case the requirements of Section K must be met;

(b) remove infectious waste from reusable containers; or

(c) repackage or modify packaging of infectious waste.

(6) Transporters must develop a written infectious waste management plan which must address at a minimum:

(a) a spill plan;

(b) contingency plans for alternate treatment, storage and/or disposal sites;

(c) handling and storage of waste; and

(d) personnel health and safety training.

(7) A draft of the plan required in Section N (6) must accompany the annual registration application.

(a) The plan must meet the approval of the Department or be modified so that it will meet approval.

(b) After approval by the Department, the infectious waste management plan shall become part of the registration and must be adhered to by the registrant.

(c) Changes in this plan must be made by submittal of a written request to the Department which may approve or deny such request.

(8) Transporters shall prevent discharge of infectious waste from a transport vehicle into the environment.

(9) It is unlawful for any person to discharge infectious waste or treatment residue into the environment of this State except as permitted by the Department. If a release of infectious waste or treatment residue to the environment is known or suspected, the facility must report to the Department within twenty-four (24) hours and immediately investigate and confirm all suspected releases. Action may then be required by local, state, or federal officials so that the infectious waste or treatment residue discharge no longer presents an actual or potential hazard to human health or the environment.

(10) Transport vehicles containing infectious waste must be managed to prevent access by unauthorized persons.

(11) No transport vehicle containing infectious waste may be left unattended for more than one (1) hour unless it is in a secured area not easily accessible to the general public.

(12) Reserved.

O. Transporter Registration Requirements.

(1) Each transporter or transfer facility operator must register with the Department on a form which includes at a minimum:

(a) the transporter's name;

(b) the transporter's mailing address;

(c) the name for each intermediate handling facility, transfer facility, or transportation related site that the transporter will operate at in South Carolina;

(d) the address for each intermediate handling facility, transfer facility, or transportation related site that the transporter will operate at in South Carolina;

(e) the telephone number for each intermediate handling facility, transfer facility, or transportation related site that the transporter will operate at in South Carolina;

(f) proof of financial responsibility for sudden and accidental occurrences in the amount of at least

one million dollars ($1,000,000) per occurrence exclusive of legal defense costs. This financial responsibility may be established by any one or a combination of the following:

(i) evidence of liability insurance, either on a claim made or an occurrence basis, with or without the deductible, with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten (10) percent of the equity of the registrant;

(ii) self insurance, the level of which shall not exceed ten (10) percent of equity of the registrant as evidenced by submission of financial information as required by the Department; or

(iii) other evidence of financial responsibility approved by the Department; and

(g) this statement signed by hand by the owner or his authorized agent: "I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions, that I have read, understand, and will comply with the South Carolina Infectious Waste Management Regulation R.61-105."

(2) No person shall engage or continue to engage in transportation of infectious waste (except as outlined in Section N (2)) in South Carolina unless they register annually with the Department as an infectious waste transporter, and pay applicable fees as outlined in Section DD.

(a) Transporters must notify the Department in writing within thirty (30) days if any changes occur in the information required for registration as outlined in (1) above or if they terminate their business; and

(b) Transporters who fail to re-register by the expiration date of their registration must cease all infectious waste transport activities on the expiration date.

(c) A registration may be terminated or a new or renewal application may be denied by the Department for noncompliance by the transporter with any conditions of the registration, requirements of this regulation, or the Act.

(3) The financial responsibility required in Section (O) (1) (c) above must be maintained. If any change occurs in a registered transporter's financial responsibility, he must cease to transport infectious waste and notify the Department immediately to determine when and how transportation may be resumed.

(4) Transporters will receive an Infectious Waste Transporter Number upon completion of the registration process. Use of a false, expired, or invalid registration number is prohibited.

(5) Transporter registration and Infectious Waste Transporter Numbers are not transferable.

(6) Transporters which neither pick up infectious waste nor deliver infectious waste within this state are exempt from registration. Transporters who only transport into or within this state regulated infectious waste packaged in accordance with United States Postal Service Domestic Mail Manual infectious waste packaging requirements are also exempt from registration.

P. Transporter Acceptance of Infectious Waste.

Transporter acceptance of infectious waste occurs when the waste is loaded onto the transport vehicle.

(1) Transporters shall accept for transport only infectious waste which is:

(a) packaged as required in Section I;

(b) labeled as required in Section J; and

(c) accompanied by a properly completed manifest, as required in Section R.

(2) Transporters must attach a waterproof identification label to the outside of each container of infectious waste they accept for transport. The label must be affixed in a manner which does not cover any other required labels or markings. This identification label must include but is not limited to:

(a) the transporter's Department issued identification number, or the transporter's name, address, and phone number; and

(b) Reserved.

(3) If the transporter accepts loaded and sealed trailers from a broker or generator, that transporter does not have to assure proper packaging as required in Section I or proper labeling as required in Section J. However, the transporter must:

(a) assure that the load is accompanied by a properly completed manifest; and

(b) prevent discharges of infectious waste, especially fluids, from the cargo-carrying body.

Q. Transport Vehicle Requirements.

(1) Each vehicle used to transport infectious waste must meet at a minimum these requirements:

(a) the vehicle shall have a fully enclosed, leak resistant cargo-carrying body which protects the waste from animals, vectors, weather conditions, and minimizes exposure to the public;

(b) the containers of waste shall be loaded and unloaded so that no compaction or mechanical stress of the waste occurs during handling or during transit;

(c) the cargo-carrying body shall be maintained in a sanitary condition and disinfected immediately after each unloading and as spills are detected;

(d) the cargo-carrying body shall be designed to prevent discharges of infectious waste, especially fluids, into the environment;

(e) the cargo-carrying body shall be decontaminated of visible debris after each unloading;

(f) the cargo-carrying body shall have doors which close tightly and can be sealed with a tamper resistant seal or otherwise secured if left unattended while carrying infectious waste;

(g) identification must be permanently affixed to the cargo-carrying body on two sides and the back in letters a minimum of three (3) inches in height which state:

(i) the name of the transporter;

(ii) the transporter's Department issued registration number; and

(iii) the words INFECTIOUS WASTE, MEDICAL WASTE, or BIOHAZARDOUS WASTE.

(h) the biohazard symbol sign must be permanently affixed to the cargo-carrying body on two sides and the front and back.

(2) If a transporter transports or stores infectious waste and other solid waste in the same cargo-carrying body, each waste must be managed as infectious waste unless the waste is subject to Section (E)(2)(a-c).

(3) If a transport vehicle is used to store infectious waste, such storage must, at a minimum:

(a) be in a location which is inside a building with limited access and is locked when unattended; or

(b) be in a location outside which is secured by a barrier which limits access and must be locked when unattended;

(c) and meet the requirements of Section K.

(4) All drainage from the cargo-carrying body shall discharge directly or through a holding tank to a Department approved sanitary sewer system or approved container for appropriate treatment.

R. Manifest Requirements For Transporters.

(1) No transporter shall accept a shipment of infectious waste which is to be transported within South Carolina unless it is accompanied by an infectious waste manifest which has been completed according to the instructions for the Department approved form and signed by the generator.

(2) Before accepting for transport any infectious waste the transporter must:

(a) visually inspect the containers to assure proper packaging, if the waste is loaded by the transporter;

(b) return a copy of the manifest form to the generator before leaving the site.

(3) The transporter, transfer facility operator, and/or intermediate handling facility operator shall ensure that the manifest form accompanies the infectious waste at all times until unloaded for treatment.

(4) The transporter who delivers infectious waste within or into South Carolina must ensure delivery to a registered or properly permitted infectious waste management transporter, transfer facility, intermediate handling facility or treatment facility.

(5) The transporter, upon delivery of infectious waste to a permitted treatment facility, shall:

(a) retain a copy of the completed manifest for his records; and

(b) turn the remaining copies of the manifest over to the treatment facility.

(6) The transporter shall deliver the entire quantity represented on the manifest that he accepted from the generator or another transporter to another transporter or a destination facility.

(7) All transporters and/or management companies which list themselves as the generator on the manifest or a consolidated manifest must assume full responsibility of the generator(s) and must:

(a) attach a copy of the completed new manifest form to the original manifest form and retain a copy of the new and original manifest form; and

(b) maintain a transporter consolidation log indicating all shipments that have been consolidated.

S. Storage Tank Requirements.

(1) Liquid treatment residue generated during the embalming process may be stored in an underground or above ground storage tank located onsite at the generating facility. Tanks in operation at the time this regulation takes effect must meet the use, monitoring, record keeping, disposal, and clean-up requirements of this Section. Tanks installed after the date this regulation becomes effective must meet all requirements of these regulations.

(2) Storage tanks must meet the following conditions:

(a) A facility must notify the Department in writing before installing a tank to be used for storage of treatment residue. Notification should include facility name and address, number of tanks, and storage capacity;

(b) Tank materials of construction must be compatible with treatment residue to be stored;

(c) Tank must be installed and maintained in accordance with manufacturer's instructions;

(d) When treatment residue is removed from the tank, it must be pumped by a person licensed by the Department for the cleaning of disposal systems and sent directly to a regulated facility for further treatment or disposal;

(e) Tank must be monitored following pump events and with a frequency sufficient to demonstrate it is not leaking. Monitoring may be performed utilizing a dipstick, however monitoring must be performed when tank contents are sufficiently settled;

(f) The facility generating waste that is treated and stored in the tank must maintain a record of tank monitoring and pump events;

(g) Tank must be used exclusively for treatment residue storage; and

(h) Tank and records must meet all applicable state and federal requirements, including Industrial Wastewater and Disposal System Clean-out requirements.

(3) The Department may require the generating facility to clean up any treatment residue discharge that occurs during storage or take such action as may be required by state, federal, or local officials so that the treatment residue discharge no longer presents a potential hazard to human health or the environment.

T. Infectious Waste Treatment.

(1) Infectious waste must be treated prior to disposal except as indicated in Section G. After approved and adequate treatment, treatment residue must be disposed of in accordance with state and federal solid waste

requirements. Any unused treatment media must be characterized, handled, and disposed of in accordance with applicable regulations.

(2) Treatment must be by one of the following treatment methods in accordance with this regulation and other applicable state and federal laws and regulations:

(a) incineration;
(b) steam sterilization;
(c) chemical disinfection;
(d) embalming fluid containing at least two (2) percent formaldehyde; or
(e) any other Department approved treatment method.

(3) Approval for other forms of treatment must be obtained from the Department and meet standards set at that time by the Department.

(4) The following infectious waste may be disposed of before treatment:

(a) an approved liquid or semi-liquid waste other than microbiological cultures and stocks may be discharged directly into a Department approved wastewater treatment disposal system; and

(b) recognizable human anatomical remains may be disposed of by interment or donated for medical research.

(5) Storage of infectious waste prior to treatment must be in accordance with Section K of this regulation.

(6) It is unlawful for any person to discharge infectious waste or treatment residue into the environment of this State except as permitted by the Department. If a release of infectious waste or treatment residue to the environment is known or suspected, the facility must report to the Department within twenty-four (24) hours and immediately investigate and confirm all suspected releases. Action may then be required by local, state, or federal officials so that the infectious waste or treatment residue discharge no longer presents an actual or potential hazard to human health or the environment.

(7) Facilities that only treat liquid embalming waste with at least a two (2) percent formaldehyde solution and small quantity generators that treat, by an approved method onsite, infectious waste which they generate onsite are not required to be permitted as a treatment facility.

(8) Treatment of infectious waste must be monitored by use of biological indicators or laboratory culture of the treatment residue to ensure that pathogens have been adequately treated. Frequency of this testing shall be determined by the Department on a case-by-case basis or as outlined in this regulation.

(9) Products of conception must be incinerated, cremated, interred, or donated for medical research.

U. Infectious Waste Treatment Facility Standards.

(1) No person may operate an infectious waste treatment or disposal facility or generator facility without first obtaining a permit as required by this regulation except as exempted in Section T. A separate permit shall be required for each site or facility although the Department may include one or more different types of facilities in a single permit if the facilities are collocated on the same site.

(2) All treatment facilities must treat the waste as indicated in Section T.

(3) Infectious waste treatment residue must not be disposed of until or unless Department approved monitoring methods confirm effectiveness of the treatment process.

(4) All treatment facilities must develop and submit to the Department for approval a standard operating procedure manual which will include at a minimum:

(a) unloading and handling procedures;
(b) safety procedures;
(c) emergency preparedness and response plans;
(d) receiving, record keeping, and reporting procedures;
(e) remedial action plans;

(f) quality assurance plans for treatment methods;
(g) radiological and hazardous waste monitoring procedures;
(h) procedures for identifying types and quantities of infectious waste received;
(i) contingency plans for use of alternate facilities; and
(j) procedures for disposition of treatment residues.

(5) Approval for acceptance of infectious waste at a treatment or disposal facility may be withdrawn by the Department for noncompliance with the standard operating procedure manual.

(6) When a facility ceases infectious waste management activities, it shall notify the Department in writing, immediately, and it shall thoroughly clean and disinfect the facility and all equipment used in the handling of infectious waste. All untreated waste shall be disposed of in accordance with the requirements of this regulation.

(7) In the event of an accidental spill of infectious waste, the designated personnel at the facility shall:
(a) contain the spill to the area immediately affected;
(b) immediately disinfect the area which is contaminated;
(c) pick up, repackage as required or otherwise immediately remove the spilled material into the treatment system;
(d) record the incident in a bound log book, including the quantity spilled, personnel involved, and the nature and consequences of the event; and
(e) It is unlawful for any person to discharge infectious waste or treatment residue into the environment of this State except as permitted by the Department. If a release of infectious waste or treatment residue to the environment is known or suspected, the facility must report to the Department within twenty-four (24) hours and immediately investigate and confirm all suspected releases. Action may then be required by local, state, or federal officials so that the infectious waste or treatment residue discharge no longer presents an actual or potential hazard to human health or the environment.

(8) All individuals involved with handling and management of waste shall receive thorough training in their responsibilities and duties. A training protocol shall be submitted to the Department at the time of application for a permit. Training documentation for individuals shall be submitted to the Department within thirty (30) days of completion.

(9) Permittees shall notify the Department in writing within thirty (30) days prior to any changes in ownership, operating control, name, or location. The Department may upon written request transfer a permit to a new owner or operator where no other change in the permit is necessary provided that a written agreement containing a specific date for transfer of permit responsibility and financial assurance between the current and new owner has been submitted to the Department.

(10) A facility receiving waste generated in a hospital or other generator which uses radioactive material must screen incoming waste for radioactivity as they arrive at the treatment facility. Such facilities must:
(a) use instrumentation which is approved by the Department for this purpose;
(b) have the operator properly trained on such equipment;
(c) have such equipment calibrated at least once a year by an authorized calibrator;
(d) maintain a log of quality assurance testing and calibration of such instrumentation; and
(e) report any and all incidents when radioactive materials are detected to the Department for guidance in dealing with the radioactive materials. The Department may allow a treatment facility to hold containers of waste containing radioactive material for radioactive decay after the facility has submitted procedures for appropriately managing the containers and has received approval from the Department. However, under no circumstance may a treatment facility solicit the receipt of radioactive material.

(11) Facilities shall schedule shipments of waste to prevent a backlog of loaded transportation vehicles at the facility or offsite. The number of loaded and unloaded transport vehicles stored onsite will be controlled by permit conditions.

(12) A facility receiving waste generated offsite must log-in transport vehicles as they arrive at the facility in a bound log book and note in this book if any shipments are rejected. The treatment facility must:

(a) disinfect the cargo-carrying compartment(s) immediately after unloading the waste; and

(b) clean out visible debris and immediately put debris into the treatment system.

(13) Incinerators must, in addition to items (1) through (12) above:

(a) provide complete combustion of the waste and packaging to carbonized or mineralized ash;

(b) comply with all applicable regulations issued by the Department; and

(c) receive authorization for disposal of treatment residue from the Department prior to disposition into a landfill located in this state, and said authorization shall be based on relevant analyses and requirements deemed necessary by the Department. Such authorization may be incorporated into a landfill permit.

(14) All steam sterilizers must, in addition to items (1) through (12) above.

(a) use Department approved indicator organisms in test runs to assure proper treatment of the waste. Indicator organisms must be used daily at a commercial facility and monthly at a generator facility in each steam sterilizer;

(b) record the temperature and time during each complete cycle to ensure the attainment of a temperature of 121 degrees Centigrade (250 degrees Fahrenheit) for 45 minutes or longer at fifteen (15) pounds pressure, depending on quantity and density of the load, in order to achieve sterilization of the entire load; (Thermometers shall be checked for calibration at least annually.)

(c) have a gauge which indicates the pressure of each cycle;

(d) use heat sensitive tape or other device for each container that is processed to indicate that the steam sterilization temperature has been reached. The waste will not be considered appropriately treated if the indicator fails;

(e) use the biological indicator Bacillus stearothermophillus placed at the center of a load processed under standard operating conditions to confirm the attainment of adequate sterilization conditions;

(f) maintain records of the procedures specified in (b), and (e) above for period of not less than three (3) years; and

(g) assure that treatment residues are disposed of in accordance with applicable State and Federal Requirements.

V. Intermediate Handling Facilities Standards.

(1) No person may operate an infectious waste intermediate handling facility without first obtaining a permit as required by this regulation. A separate permit shall be required for each site or facility although the Department may include one or more different types of facilities in a single permit if the facilities are co-located on the same site.

(2) All intermediate handling facilities must develop and submit to the Department for approval a standard operating procedure manual which will include at a minimum:

(a) unloading and handling procedures;

(b) safety procedures;

(c) emergency preparedness and response plans;

(d) receiving, record keeping, and reporting procedures;

(e) remedial action plans;

(f) procedure for treatment of spills;

(g) radiological and hazardous waste monitoring procedures;

(h) procedures for identifying types and quantities of infectious waste received;

(i) contingency plans for use of alternate facilities; and

(j) procedures for disposition of treatment residues.

(3) Approval for acceptance of infectious waste at an intermediate handling facility may be withdrawn by the Department for noncompliance with the standard operating procedure manual.

(4) When a facility ceases infectious waste management activities, it shall notify the Department in writing, immediately, and it shall thoroughly clean and disinfect the facility and all equipment used in the handling of infectious waste. All untreated waste shall be disposed of in accordance with the requirements of this regulation.

(5) In the event of an accidental spill of infectious waste, the designated personnel at the facility shall:

(a) contain the spill to the area immediately affected;

(b) immediately disinfect the area which is contaminated;

(c) immediately pick up and repackage as required or treat the spilled material;

(d) record the incident in a bound log book, including the quantity spilled, personnel involved, and the nature and consequences of the event; and

(e) It is unlawful for any person to discharge infectious waste or treatment residue into the environment of this State except as permitted by the Department. If a release of infectious waste or treatment residue to the environment is known or suspected, the facility must report to the Department within twenty-four (24) hours and immediately investigate and confirm all suspected releases. Action may then be required by local, state, or federal officials so that the infectious waste or treatment residue discharge no longer presents an actual or potential hazard to human health or the environment.

(6) All individuals involved with handling and management of waste shall receive thorough training in their responsibilities and duties. A training protocol shall be submitted to the Department at the time of application for a permit. Training documentation for employees shall be submitted to the Department within thirty (30) days of completion.

(7) Permittee shall notify the Department in writing within thirty (30) days prior to any changes in ownership, operating control, name, or location. The Department may upon written request transfer a permit to a new owner or operator where no other change in the permit is necessary provided that a written agreement containing a specific date for transfer of permit responsibility and financial assurance between the current and new owner has been submitted to the Department.

(8) Facilities shall schedule shipments of waste to prevent a backlog of loaded transportation vehicles at the facility or offsite. The number of loaded and unloaded transport vehicles stored onsite will be controlled by permit conditions.

(9) A facility receiving waste generated offsite must log-in transport vehicles as they arrive at the facility in a bound log book and note in this book if any shipments are rejected. The intermediate handling facility must:

(a) disinfect the cargo-carrying compartment(s) immediately after unloading the waste; and

(b) clean out visible debris and immediately put debris into the treatment system.

W. Permit Applications and Issuance.

(1) No person may expand or construct a new treatment facility without obtaining an Infectious Waste Management permit issued by the Department. To obtain a permit, the applicant shall demonstrate the need for such a facility or expansion. To determine if there is a need, infectious waste generated outside of the state may not be considered without Department approval.

(2) The Department will determine and publish annually an estimate of the amount of infectious waste to be generated in South Carolina during the ensuing twelve months.

(3) The demonstration of need does not apply to:

(a) facilities owned by counties, municipalities, or public service districts which accept only infectious waste generated in this state;

(b) facilities that are owned or operated by the generator of the waste and this waste is generated in this state;

(c) generator facilities; or

(d) facilities currently operated under permits issued by the Department, or to the renewal of existing permits issued by the Department if there is no expansion of the capacity as prescribed in the conditions of the permit.

(4) No person may expand or construct a new intermediate handling facility without an Infectious Waste Management permit issued by the Department. Intermediate handling facility permit applicants do not have to demonstrate a need.

(5) To obtain an Infectious Waste Management Permit, the person must complete a permit application as designed by the Department. Permit applications will not be processed until they are deemed complete by the Department.

(6) A draft of the manual required in Section U (4) must accompany the permit application. The manual must meet the approval of the Department or be modified so that it will meet approval. After approval by the Department, the standard operating procedure manual shall become part of the permit and must be adhered to by the permittee. Changes in this manual must be made by submittal of a written request to the Department which may approve or deny such request.

(7) In addition to other requirements, a permit application for a treatment facility or intermediate handling facility must include at a minimum:

(a) an engineering report which, at a minimum, contains a description of the facility, the process and equipment to be used, the proposed service area, and storage of the waste;

(b) engineering plans and specifications which must, at a minimum, describe the architectural, mechanical, electrical, plumbing, heating, ventilating, process equipment, instrumentation and control diagrams, and performance specifications for all major equipment and control centers;

(c) the latitude and longitude of the facility;

(d) a topographic map (or similar map) extending one mile beyond the property boundaries of the source, depicting the facility and each of its intake and discharge structures; each of its infectious waste management, treatment, storage, or disposal facilities; those wells, springs, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within the quarter-mile of the facility property boundary; and the 100-year flood plain;

(e) a written acknowledgment from the governing body of the city or town, and/or county in which the facility is to be located that the location and operation of the facility are consistent with all applicable ordinances;

(f) a description of the process to be used for treating, storing, handling, transporting and disposing of infectious waste, and the design capacity of these items;

(g) a description of the type of the infectious waste to be treated, stored, transported or disposed at the facility, an estimate of the quantity of such wastes to be treated, stored, transported, and disposed annually;

(h) a quality assurance and quality control report;

(i) a contingency plan describing a technically and financially feasible course of action to be taken in response to contingencies which may occur during construction and operation of the facility to include a description of how the waste will be managed to protect the waste from flood waters.;

(j) an identification of possible air releases and groundwater or surface water discharges;

(k) a waste control plan describing the manner in which waste will be received, stored, and otherwise managed;

(l) a plan outlining the flow of traffic associated with the facility;

(m) a closure plan which includes the estimated cost of closure;

(i) a closure cost estimate which must be based on the cost of hiring a third party to close the facility; and

(ii) a cost estimate which may not include any salvage value from the sale of any structures, equipment, and other assets.

(n) other information as may be required by the Department.

(8) The Permittee shall notify the Department in writing within thirty (30) days of any changes of the information required in (7) above or changes which would require modifications of the permit as issued.

(9) A permit may be terminated or a new or renewal application may be denied by the Department for noncompliance by the permittee with any conditions of the permit, requirements of this regulation, or the Act.

(10) In addition to conditions required in all permits, the Department shall establish conditions as required on a case-by-case basis, for the duration of the permits, schedules of compliance, monitoring, and to provide for and assure compliance with all applicable requirements of this regulation.

(11) Permits will be valid for the period stated on the permit. If the application for renewal is received as above, the permit will continue in force until the Department makes a permit decision.

(12) As a condition of approval for an Infectious Waste Management Permit, any person who owns or operates a facility or group of facilities for the treatment, storage, or disposal of infectious waste must demonstrate financial responsibility for bodily injury and property damage to third parties caused by sudden accidental occurrences arising from the operation of the facility or group of facilities and assure the satisfactory maintenance, closure, and postclosure care of any facility or group of facilities, and to carry out any corrective action which may be required by the Department. Such form and amount of financial responsibility shall be a permit condition specified by the Department. At any time, should the Department determine that the levels of financial responsibility required are not consistent with the degree and duration of risk associated with treatment, storage, or disposal at the facility or group of facilities, the Department may adjust the level of financial responsibility required as may be necessary to protect human health and the environment. This adjusted level will be based on the Department's assessment of the degree and duration of risk associated with the ownership or operation of the facility or group of facilities.

(13) The permittee must immediately notify the Department upon loss of the financial responsibility coverage. A permittee shall cease to treat or store infectious waste upon loss of financial responsibility coverage.

(14) A facility may receive only those waste streams for which it is permitted; however, a facility may request in writing to receive new waste streams which are subject to Department approval or denial.

X. Permit By Rule.

(1) All infectious waste generators which comply with the conditions of (2) below shall be deemed to have a permit by rule.

(2) To qualify for permit by rule the owner and/or operator of the facility shall:

(a) comply with all parts of the Act and this regulation except permitting procedures of Section W.

(b) demonstrate that more than seventy-five (75) percent (by weight, in a calendar year) of all infectious waste that is stored, treated or disposed of by the facility is generated onsite.

(c) assure that no activities at the facility involve the placing of infectious waste directly into the environment.

(d) notify the Department in writing that the facility is operating under a permit by rule and supply the following information:

(i) the name, mailing address, location address, and phone number of the facility;

(ii) type of businesses served;

(iii) the type of facility; and

(iv) the principal officer; and

(e) notify the Department in writing before onsite treatment activities begin.

(3) All infectious waste generators who treat infectious waste and are not exempted in Section T and not meeting the requirements of (2) above shall apply for an infectious waste treatment permit as outlined in Section W.

(4) Any facility deemed to have a permit by rule which fails to satisfy any of the conditions set forth in (2) above or this regulation may have its permit by rule revoked and must obtain a permit as outlined in Section W to continue to store, treat, or dispose of infectious waste.

Y. Manifest Form Requirements For Permitted Treatment Facilities.

(1) Treatment facilities must not accept infectious waste to be treated, stored, or otherwise managed unless accompanied by a Department approved manifest form if the waste is generated offsite.

(2) The owner or operator or his authorized agent of a treatment facility when accepting a manifested shipment shall:

(a) write on the manifest the number of containers accepted and the total weight;

(b) note any discrepancies greater than ten (10) percent of the container count on the manifest; and

(c) retain a copy of the completed manifest form for two (2) years.

(3) When any variation in piece count greater than one (1) percent or in weight greater than ten (10) percent is discovered, the owner or operator shall attempt to resolve the discrepancy with the waste generator or the transporter. If the discrepancy is not resolved, the owner or operator shall submit a letter to the Department, within five (5) days, of receipt of the waste describing the nature of the discrepancy and the attempts the owner or operator has undertaken to reconcile it. The owner or operator shall include with this letter a legible copy of the manifest in question.

(4) If a facility receives any infectious waste from offsite which is not accompanied by a manifest, or which is accompanied by a manifest which is incorrect, incomplete, or not signed, the owner/operator the owner/operator must prepare and submit to the Department a written copy of a report within fifteen (15) days after receiving the waste. The "Unmanifested Waste Report" must include the following information:

(a) the name and address of the facility;

(b) the date the facility received the waste;

(c) the identification number or name and address of the generator and the transporter if available;

(d) a description and the quantity of the waste;

(e) the method of treatment, storage, or disposal of the waste;

(f) a certification signed by the owner operator of the facility or his authorized representative; and

(g) a brief explanation of why the waste was unmanifested, if possible.

Z. Reporting For Permitted Treatment Facilities.

(1) All commercial treatment facilities are required to submit the monthly fees and reports as required by the Act.

(2) All treatment facilities are required to submit an annual report to the Department, covering the period from January 1 through December 31 of each calendar year which shall be submitted to the Department by February 15 of the subsequent year. The report shall include but is not limited to:

(a) a description of the sources by state, and amounts of infectious waste treated;

(b) the method used to treat the waste; and

(c) the amount and disposition of the residue.

AA. Inspections and Record Keeping.

(1) Department representatives are authorized to enter and inspect any property or premises for the purpose of ascertaining compliance or noncompliance with this regulation.

(2) All generators, transporters, transfer facilities, intermediate handling facilities and treatment facilities handling infectious waste generated, treated, transported, or otherwise managed in the State shall maintain all

records and manifest copies required by this regulation for a minimum of two (2) years in a location within South Carolina easily accessible to the Department during regular business hours and shall provide these records to the Department upon request. Records may be maintained in paper form or electronically.

(3) If the waste is no longer infectious because of treatment, the generator or permitted facility shall maintain a record of the treatment for two (2) years afterward to include the date and type of treatment, amount of waste treated, and the individual operating the treatment. Records for onsite treatment shall be maintained by the generator for a minimum of two (2) years in a location easily accessible to the Department and shall be provided to the Department upon request. Records may be maintained in paper form or electronically.

(4) If the waste is no longer infectious because of treatment, and the treatment residue is stored onsite in a tank, the generator shall maintain a record of monitoring and pump events for two (2) years afterward to include the date and type of monitoring, who conducted the monitoring, date and amount of waste pumped, and the name of the business or person that provided the pumping service. Pump event data may be in the form of a manifest or log. Records shall be maintained by the generator for a minimum of two (2) years in a location within South Carolina easily accessible to the Department and shall be provided to the Department upon request. Records may be maintained in paper form or electronically.

BB. Enforcement.

(1) Any person who violates any of the provisions of this regulation or any permit issued pursuant hereto, or any order issued by the Department or Board shall be subject to applicable civil, administrative, and criminal penalties as provided for in the Infectious Waste Management Act.

(2) Any registered generator or transporter, or permitted intermediate handling facility or treatment facility is subject to having its registration or permit suspended or revoked upon finding by the Department that:

(a) false or inaccurate information has been submitted in the application process;

(b) laws, Department orders, regulations, or registration or permit conditions have been violated;

(c) reports or other information required by the Department have not been submitted or inaccurately submitted; and/or

(d) lawful inspection has been refused.

CC. Variances.

(1) The Department may, upon written petition from any person who is subject to this regulation, grant a variance from one or more specific provisions of this regulation under the following conditions. The petitioner shall:

(a) identify the specific provisions of this regulation from which variance is sought;

(b) demonstrate that compliance with the identified provision would, on the basis of conditions unique and peculiar to the applicant's particular situation, tend to impose a substantial financial, technological, or safety burden on the petitioner or the public; and

(c) demonstrate that the proposed activity will have no significant adverse impact on the public health, safety, or welfare, the environment or natural resources and will be consistent with the provisions of the Infectious Waste Management Act.

(2) In granting any variance hereunder the Department may impose specific conditions reasonably necessary to assure that the subject activity will have no adverse impact on the public health, safety, or welfare, the environment or natural resources.

(3) Any variance granted by the Department may be immediately withdrawn when the Department finds on the basis of complaints, noncompliance with conditions of the variance or other information that the variance is not in the public interest or protective of human health and/or the environment, or that the petitioner has provided false or inaccurate information on which the variance was granted.

(4) Nothing herein shall be construed as a waiver of the Department's right to deny any petition for a variance.

DD._—Fees Section.

Fees are outlined in the Environmental Protection Fees, Regulation 61-30.

EE. Appeals

(EE)(1) A Department decision involving the issuance, denial, renewal, suspension, or revocation of a permit, license, certificate, or certification may be appealed by an affected person with standing pursuant to applicable law, including S.C. Code Title 44, Chapter 1 and Title 1, Chapter 23.

(2) Any person to whom an order is issued may appeal pursuant to applicable law, including S.C. Code Title 44, Chapter 1 and Title 1, Chapter 23.

34.37. (DHEC: Metabolic Screening) The department may suspend any activity related to blood sample storage as outlined in Section 44-37-30 (D) and (E) of the 1976 Code, if there are insufficient state funds to support the storage requirements. In that event, the samples may be destroyed in a scientifically appropriate manner after testing. The department shall notify providers of the suspension within thirty days of its effective date.

34.38. (DHEC: Fetal Pain Awareness) (A) The department must utilize at least one hundred dollars to prepare printed materials concerning information that unborn children at twenty weeks gestation and beyond are fully capable of feeling pain and the right of a woman seeking an abortion to ask for and receive anesthesia to alleviate or eliminate pain to the fetus during an abortion procedure. The materials must be provided to each abortion provider in the State and must be placed in a conspicuous place in each examination room at the doctor's office. The materials must contain only the following information:

"Fetal Pain Awareness

An unborn child who is twenty weeks old or more is fully capable of experiencing pain. Anesthesia provided to a woman for an abortion typically offers little pain prevention for the unborn child. If you choose to end your pregnancy, you have a right to have anesthesia or analgesic administered to alleviate the pain to your unborn child during the abortion."

(B) The materials must be easily comprehendible and must be printed in a typeface large and bold enough to be clearly legible.

34.39. (DHEC: SCHIDS) From funds appropriated for Chronic Disease Prevention, the department shall establish a South Carolina Health Integrated Data Services (SCHIDS) program to disseminate data about prevalence, treatment and cost of disease from the South Carolina Health and Human Services Data Warehouse and in particular the Medicaid System. The purpose of the program is to educate communities statewide about improving health and wellness through lifestyle changes.

The Revenue and Fiscal Affairs Office shall provide data needed by the SCHIDS program to fulfill its mission, and all state agencies and public universities involved in educating South Carolinians through public programs for the purpose of improving health and wellness shall communicate with the program in order to improve collaboration and

birthing center's consulting physician. The department shall require a $25.00 registration fee upon receipt and review of the agreements containing these provisions. Birthing centers registering on-call and transfer policies in accordance with this proviso shall be deemed by the department to be in compliance with Section 44-89-60(3) of the South Carolina Code and any implementing regulations for this fiscal year.

34.50. DELETED

34.51. (DHEC: Abortion Clinic Certification) Prior to January 31, 2015, a facility other than a hospital that is licensed and certified by the department to perform abortions must file a report with the department that provides the number of physicians that performed an abortion at the facility between July 1, 2014 and December 31, 2014, who did not have admitting privileges at a local certified hospital and staff privileges to replace on-staff physicians at the certified hospital and the percentage of these physician in relation to the overall number of physicians who performed abortions at the facility. The report must include a summation of any abortion that resulted in an outcome which required a level of aftercare that exceeds what is customarily provided by physicians in such cases in accordance with accepted medical practice and indicate whether or not the abortion was performed by a physician with admitting privileges at a local certified hospital and staff privileges to replace on-staff physicians at the certified hospital. Any summation of any abortion must not divulge any information that is privileged or required to be maintained as confidential by any provision of law. An applicable facility must remit a twenty-five dollar filing fee to the department for the report required by this provision.

34.52. (DHEC: Seawall Reconstruction/Repair) In the current fiscal year, the Department of Health and Environmental Control may issue a special permit for the reconstruction or repair of an existing erosion control device of at least four thousand contiguous linear feet that is located landward of an area which the department has granted a permit authorizing a renourishment project that does not qualify for public funding and the permit is active as of July 1, 2014. The department may only issue the permit if the seawall will be reconstructed or repaired with like material and the footprint of the replacement is no more than two feet from the footprint of the original. The department may charge a permit fee equal to the actual cost of issuing the permit.

34.53. (DHEC: Maternal Morbidity and Mortality Review Committee) (A) From the funds appropriated to or authorized for the

21K

Federal Register

Monday,
July 3, 2000

Part V

Department of Health and Human Services

Office of Public Health and Science; Standards of Compliance for and Provision of Abortion-Related Services in Family Planning Services Projects; Final Rule and Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 59

RIN: 0940–AA00

Standards of Compliance for Abortion-Related Services in Family Planning Services Projects

AGENCY: Office of Population Affairs, OPHS, DHHS.

ACTION: Final rules.

SUMMARY: The rules issued below revise the regulations that apply to grantees under the federal family planning program by readopting the regulations, with one revision, that applied to the program prior to February 2, 1988. Several technical changes to the regulation are also made to remove and/or update obsolete regulatory references. The effect of the revisions made by the rules below is to revoke the compliance standards, promulgated in 1988 and popularly known as the "Gag Rule," that restricted family planning grantees from providing abortion-related information in their grant-funded projects.

DATES: These rules are effective July 3, 2000.

FOR FURTHER INFORMATION CONTACT: Samuel S. Taylor, Office of Population Affairs, (301) 594–4001.

SUPPLEMENTARY INFORMATION: The Secretary of Health and Human Services issues below regulations establishing requirements for recipients of family planning services grants under section 1001 of the Public Health Service Act, 42 U.S.C. 300. The rules below adopt, with minor technical amendments and one substantive modification, the regulations proposed for public comment on February 5, 1993, at 58 FR 7464. They accordingly revoke the compliance standards, known as the "Gag Rule," promulgated on February 2, 1988.

By notice published elsewhere in this issue of the **Federal Register**, the Department is separately acting to reinstitute, with minor changes, the interpretations of the statute relating to the provision of abortion-related information and services that applied to grantees prior to the issuance of the Gag Rule. The Secretary had previously proposed reinstituting these interpretations in the notice of February 5, 1993 and requested public comment on this proposed action; the public comment period was subsequently reopened by notice of June 23, 1993, 58 FR 34024.

I. Background

In 1988, the Secretary of Health and Human Services issued rules, widely known as the "Gag Rule," which substantially revised the longstanding polices and interpretations defining what abortion-related activities were permissible under Title X's statutory limitation on abortion services. That statutory limitation, section 1008 (42 U.S.C. 300a–6), provides that "[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning." The rules issued on February 2, 1988 (53 FR 2922) set out detailed requirements that (1) Prohibited the provision to Title X clients of nondirective counseling on all pregnancy options and referral to abortion providers, (2) required physical and financial separation of abortion-related activities from Title X project activities, and (3) prohibited Title X projects from engaging in activities that encourage, promote, or advocate abortion. These requirements are presently codified principally at 42 CFR 59.7–59.10.

The February 2, 1988 "Gag Rule" was extremely controversial: The proposed rules generated approximately 75,000 public comments, many of which were negative. 53 FR 2922. The rules were subsequently challenged in several district courts by a variety of providers, provider organizations, and others. Although the requirements embodied in the Gag Rule were upheld by the Supreme Court in 1991 as a permissible construction of section 1008, the rules continued to be a source of controversy, with the provider and medical communities litigating after 1991 to prevent enforcement of the rules. Following his inauguration in 1993, President Clinton ordered the Secretary to suspend the rules and initiate a new rulemaking:

> The Gag Rule endangers women's lives and health by preventing them from receiving complete and accurate medical information and interferes with the doctor-patient relationship by prohibiting information that medical professionals are otherwise ethically and legally required to provide to their patients. Furthermore, the Gag Rule contravenes the clear intent of a majority of the members of both the United States Senate and House of Representatives, which twice passed legislation to block the Gag Rule's enforcement but failed to override Presidential vetoes.
>
> For these reasons, you have informed me that you will suspend the Gag Rule pending the promulgation of new regulations in accordance with the "notice and comment" procedures of the Administrative Procedure Act. I hereby direct you to take that action as soon as possible. I further direct that, within 30 days, you publish in the **Federal Register** new proposed regulations for public comment.

Presidential Memorandum of January 22, 1993, published at 58 FR 7455 (February 5, 1993). The Secretary subsequently suspended the 1988 rules on February 5, 1993 (58 FR 7462) and issued proposed rules for public comment (58 FR 7464).

The notice of proposed rulemaking proposed to revise the program regulations by readopting the program regulations as they existed prior to the adoption of the Gag Rule, which would have the effect of revoking the Gag Rule. It also proposed that the policies and interpretations in effect prior to the issuance of the Gag Rule be reinstated, both in substance and in form. As noted in the proposed rules, these policies and interpretations, which had been in effect for a considerable time prior to 1988, were set out largely, "in the 1981 Family Planning Guidelines and in individual policy interpretations." 58 FR 7464. The pre-1988 interpretations had been developed during the 1970's and early 1980's in response to questions arising out of the Department's initial interpretation that section 1008 not only prohibited Title X projects from performing or providing abortions, but also prohibited actions by Title X projects that "promoted or encouraged" abortion as a method of family planning. Over time, questions were raised, and answered in a series of legal opinions, as to whether particular actions would violate the statute by promoting or encouraging abortion as a method of family planning. As summarized in the proposed rules, the answers that were developed were generally as follows:

> Title X projects [are] required, in the event of an unplanned pregnancy and where the patient requests such action, to provide nondirective counseling to the patient on all options relating to her pregnancy, including abortion, and to refer her for abortion, if that is the option she selects. However, consistent with the long-standing Departmental interpretation of the statute, Title X projects [are] not * * * permitted to promote or encourage abortion as a method of family planning, such as by engaging in pro-choice litigation or lobbying activities. Title X projects [are] also * * * required to maintain a separation (that is more than a mere exercise in bookkeeping) of their project activities from any activities that promote or encourage abortion as a method of family planning.

Id. By notice dated June 23, 1993 (58 FR 34024), the Secretary made available for public comment a detailed exposition of the prior policies and interpretations.

In the public comment periods, the Secretary received 146 comments,

virtually all of which concerned the proposed policies and interpretations rather than the proposed regulations themselves. Approximately one-third of these opposed the proposed policies and interpretations on various grounds; most of these comments were from individuals who, in general, were opposed to any change to the Gag Rule. The remainder of the public comments, most of which were from providers and other health organizations, generally supported the reinstatement of the prior policies and interpretations, although a number of these comments suggested that they be modified in various respects. The public comments and the Secretary's response thereto are summarized below.

II. Public Comment and Departmental Response

The public comment generally focused on a few issues raised by the rulemaking. As noted above, these comments generally pertained to the proposed policies and interpretations rather than to the proposed regulatory language itself. Accordingly, the comments on the issues raised in the rulemaking are summarized below, and the Secretary's response thereto is provided.

A. Lack of a Rational Basis To Revoke the Gag Rule; Necessity for Continuation of the Gag Rule

Most of the comments in opposition to the proposed rules came from individuals, and most objected to the proposed revocation of the Gag Rule on the ground that abortion is wrong or that tax dollars should not be used to provide abortion services of any kind. Several comments also objected that the Secretary had not rational basis for revoking the Gag Rule, as it had never gone into operation. For example, a comment signed by fifteen members of Congress argued that—

> HHS intends to discard the February 2, 1988 regulations in their entirety * * * regardless of whether any particular portion was the subject of court challenge or legislative action. * * * We believe the rejection of the 1988 rule is precipitous and that each portion of the 1988 regulations must be reviewed on its merits and justification provided in any final regulations as to why the 1988 clarifications were or were not maintained in a new rule.

With respect to the comments objecting to the revocation of the Gag Rule or the use of tax dollars for abortion on moral grounds, the Secretary notes that, under the interpretations adopted in conjunction with the regulations below, the funding of abortion or activities that promote or encourage abortion with Title X funds has been and will continue to be prohibited. Rather, what changes under the interpretations reinstated in conjunction with the regulations below is which activities are considered to "promote or encourage" abortion. In contrast to the position taken under the Gag Rule, under the present view (which was also the Department's view of the statute prior to 1988), the provision of neutral and factual information about abortion is not considered to promote or encourage abortion as a method of family planning. Indeed, the rule itself, now requires the provision to pregnant women, on request, of neutral, factual information and non-directive counseling on each of three options. The basic statutory interpretation underlying both the Gag Rule and the specific policies that governed the Title X program prior to 1988—that section 1008 prohibits activities that promote or encourage abortion as a method of family planning—remains unchanged.

With respect to the contentions that the Secretary lacks a rational basis for revoking the Gag Rule and that she must justify each separate part of the Gag Rule being discarded, we do not agree. The pre-1988 interpretation of the statute represents a permissible exercise of administrative discretion. The crucial difference between this approach and the Gag Rule is one of experience. Because of ongoing litigation, the Gag Rule was never implemented on a nationwide basis, so that its proponents can point to no evidence that it can and will work operationally on a national basis in the Title X program. The policies reflected in, and interpretations reinstituted in conjunction with, the regulations below, on the other hand, have been used by the program for virtually its entire history; indeed, they have been in effect during the pendency of this rulemaking. Both the program managers and the Title X grantee community are well-versed in these policies and interpretations, and the grantees have in the past generally been able to operate in compliance with them. Further, as evidenced by the public comment received, the reinstituted policies and interpretations are generally acceptable to the grantee community, in contrast to the compliance standards in the Gag Rule, which were generally unacceptable to the grantee community. This factor likewise favors their adoption, as it suggests a far greater likelihood of voluntary compliance by grantees. Finally, the suggestion that the Gag Rule provisions should be accepted or rejected separately is rejected as unsound. The provisions of the Gag Rule were an interrelated set of requirements that depended on several underlying assumptions about how the Title X program should work; moreover, they depended in part on several definitions that applied to all the major provisions of the Gag Rule. *See*, in this regard, 53 FR 2923, 2925; *see also*, the discussion of definitions at 53 FR 2926–2927.

B. Failure To Comply With the Administrative Procedure Act; Vagueness of Standards

A number of comments, from both proponents of and opponents to the proposed rules, objected to the failure to publish the actual policies and interpretations as part of the proposed rule on the ground that this violated the public comment requirements of the Administrative Procedure Act (APA); several comments argued that it was impossible to comment on policies that had never been published. A related criticism was that several of the interpretations described in the preamble to the notice of proposed rulemaking, particularly the interpretation relating to physical separation, were too vague.

The Secretary agreed that the provision of further information on the specific details of the pre-1988 policies and interpretations would promote more helpful public comment. Accordingly, by notice dated June 23, 1993 (58 FR 34024), the Department made available on request a summary of the policies and interpretations in existence prior to 1988. The June notice also extended the public comment period for 45 days, to permit further substantive comment on the prior policies and interpretations. Over a third of the public comments, including the majority of the comments from individuals, were received during the re-opened and comment period. The Secretary has thus addressed the concern about notice of the content of the policies and interpretations expressed by these comments.

As is further discussed below, the Secretary has incorporated in the regulatory text the policies relating to nondirective counseling and referral of the 1981 Program Guidelines for Project Grants for Family Planning Services (1981 Guidelines). The comments urging that these Guidelines requirements be reflected in the regulations have thus been accepted. With respect to the longstanding program interpretations, however, the Secretary does not agree that the Department is required to set out those

interpretations in the regulations promulgated below and accordingly, has not accepted the comments suggesting that it do so. As noted above, the interpretations themselves were developed in the classic way in which statutory interpretations are done: That is, they have generally been developed in legal opinions written to answer questions about how the statutory prohibition, as initially interpreted by the Department, applied to particular situations. This is not an unusual approach within the program as a whole: Interpretive guidance has been provided on a number of issues (*e.g.*, fee schedules, use of certain methods) over the years, as particular questions have arisen in the course of the program. While the program could incorporate those interpretations in the legislative rules below, the Secretary has decided not to do so. With respect to the areas that continue to be covered by guidance, the Secretary believes that incorporating the guidance into the regulations below would be inadvisable and unnecessary. The Secretary has thus chosen to preserve the program's flexibility to address new issues that may arise in this area.

Moreover, the Title X program grantees have operated on the basis of the policies of the 1981 Guidelines and the interpretations summarized in the notice published elsewhere in this issue of the **Federal Register** for virtually the entire history of the program and in general compliance with them. As the comment of one State agency grantee stated with regard to this issue:

> The [State] Family Planning Program has been a participant in the nation's Title X program since the early 1970's. The rules and *1981 Family Planning Guidelines* in place prior to the "Gag Rule" were adequate guidance to the state for program operation and for compliance with the statutory prohibition related to abortions. These guidelines and directives have been used successfully for many years in providing quality medical care, education and counseling to clients in the program.

The audits of 14 Title X grantees conducted by the GAO and of 31 Title X grantees conducted by the Department's Office of the Inspector General in the 1980's showed only minor compliance problems. Indeed, the principal recommendation of both audit reports was that the Department provide more specific guidance to its grantees than that previously available in the program guidelines and prior legal opinions, not that the Department undertake major disallowances, require major corrective actions, or develop new interpretations of the law such as that embodied in the Gag Rule. *See, e.g.*, Comp. Gen. Rep. No GAO/HARD–HRD–82–106 (1982), at 14–15. The Secretary is addressing this recommendation through the specific guidance in the notice published elsewhere in this edition of the **Federal Register** and believe that the notice will provide grantees with sufficient guidance to reduce or eliminate potential variations in grantee practice.

The Secretary views this final rule, the principal purposes of which are to revoke the Gag Rule and adopt the counseling and referral requirements noted, as separate and severable from the Notice. The interpretations set out in the Notice are being set out in order to clarify the Department's view of the statute and its operation in practical terms, and because so much of the public comment received was directed at the interpretations reflected in the Notice rather than at the revision of the regulation itself. Were the policies set forth in the Notice to be challenged or invalidated, it is our view that the Title X program could still be administered under the rules below in compliance with the statute, in that grantees would be prohibited by § 59.5(a)(5) below from providing abortions as part of the Title X family project and from engaging in counseling and referral practices inconsistent with the regulatory requirements adopted in that section. Such an outcome would be consistent with a permissible interpretation of the statute.

C. Amend, or Adopt a More Restrictive Reading of, the Statute

Fifteen of the comments that stated support for the proposed policies and interpretations suggested, however, that the prior limitations in the policies and interpretations with respect to what abortion-related activities a Title X project could engage in be eliminated. A few of these comments suggested that the statutory prohibition of section 1008 be repealed outright. Most of the comments suggested in essence that the statute be read strictly to prohibit only the use of funds for abortions, thereby permitting Title X projects to engage in a number of abortion-related activities that would not be permitted under the pre-1988 interpretations.

With respect to the suggestion that section 1008 be repealed, such an action is obviously outside the scope of what can be accomplished through rulemaking and thus cannot be accepted in this context. With respect to the remaining comments, while the Secretary agrees that the statute could on its face be read only to proscribe the use of Title X funds for the provisions of abortion, this is not considered to be the better reading of the statutory language. Rather, the legislative history of section 1008 indicates that that section was intended to restrict the permissible scope of abortion-related services provided under Title X. Conf. Rep. No. 1667, 97th Cong., 2d Sess. 8–9 (1970). The floor statements by the section's principal sponsor, Rep. Dingell, indicated that the section's restrictions on the "use" of Title X funds should be read as having a broader scope that is urged by these comments:

> Mr. Speaker, I support the legislation before this body. I set forth in my extended remarks the reasons why I offered to the amendment which prohibited abortion as a method of family planning * * *. With the "prohibition of abortion" the committee members clearly intended that abortion is not to be encouraged or promoted in any way through this legislation. Programs which include abortion as a method of family planning are not eligible for funds allocated through this Act.

116 Cong. Rec. 37375 (1970). The Department has consistently, since 1972, read section 1008 as incorporating this legislation on activities that "promote or encourage" abortion as a method of family planning. This interpretation is well-known to Congress, which has not, to date amended section 1008. Thus, there is legal support for this longstanding interpretation of the statute. Moreover, there is nothing in the rulemaking record that suggests that this fundamental reading of the statute, as it was administered before the Gag Rule, presented major operational problems for Title X projects. Accordingly, the Secretary has not accepted the suggestions made by this group of comments that section 1008 be read only to prohibit the provision of, or payment for, abortions.

D. Abortion Information and Counseling

The Gag Rule prohibited the provision of information other than information directed at protecting maternal and fetal health to women determined to be pregnant; thus, it prohibited what is generally known as "options counseling", *i.e.*, the provision to pregnant women in a nondirective fashion of neutral, factual information about all options for the management of a pregnancy, including abortion. *See*, 42 CFR 59.8 (1989 ed.). The pre-1988 policies, in contrast, required options counseling, if requested. As stated in the 1981 "Title X Guidelines":

> Pregnant women should be offered information and counseling regarding their pregnancies. Those requesting information on options for the management of an

unintended pregnancy are to be given non-directive counseling on the following alternative courses of action, and referral upon requests:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination.

The June, 1993 summary of the pre-1988 interpretations also stated that Title X projects were not permitted to provide options counseling that promoted abortion or encouraged patients to obtain abortion, but could advise patients of all medical options and accompanying risks.

Most of those comments supporting adoption of the proposed rules appeared to agree with the pre-1988 policies and interpretations. However, there appeared to be some confusion among those who agreed with the pre-1988 requirement for options counseling as to how much information and counseling could be provided. Several of these comments also suggested that the "on request" limitation be deleted, particularly where State law requires the provision of information about abortion to women considering that option.

Several comments opposing adoption of the proposed rules and revocation of the Gag Rule also specifically addressed the issue of counseling. Several of these comments suggested that counseling on "all options" include the option of keeping the baby, and two comments suggested that the rules should contain an exception for grantees or individuals who object to providing such information and counseling on moral grounds.

A number of comments argued that the regulatory text should reflect the requirement for nondirective counseling and referral. These comments recommended that the final regulations include specific language providing for options counseling as a necessary component of quality reproductive health care services. Some cited medical ethics and good medical care as requiring that patients receive full and complete information to enable them to make informed decisions. For example, a leading medical organization commented that all women, regardless of their income level, have a right to full and accurate information about all options for managing an unwanted pregnancy. The organization pointed out that it is essential that the program regulations contain specific language about the counseling and referral requirements, and recommended the incorporation of sections of the 1981 Title X program guidelines into the regulations so as to be absolutely clear that pregnancy counseling and referral must be provided to patients facing an unwanted pregnancy upon request. Congress has also repeatedly indicated that it considers this requirement to be an important one: the program's four most recent appropriations, Pub. L. 104–208 (110 Stat. 300–243), Pub. L. 105–78 (111 Stat. 1478), Pub. L. 105–277 (112 Stat. 2681), and Pub. L. 106–113 (113 Stat. 1501–225), required that pregnancy counseling in the Title X program be "nondirective." Consequently, the Secretary has decided to reflect this fundamental program policy in the regulatory text. *See*, § 59.5(a)(5) below. The interpretive summary has also been revised to reflect this change to the regulation. However, in response to the apparent confusion as to the amount of counseling permitted to be provided under the pre-1988 interpretations, the interpretive summary clarifies that Title X grantees are not restricted as to the completeness of the factual information they may provide relating to all options, including the option of pregnancy termination. It should be noted, though, that the previous restriction as to the "type" of information that may be provided about abortion continues: Information and counseling provided by Title X projects on all options for pregnancy management, including pregnancy termination, must be nondirective. Thus, grantees may provide as much factual, neutral information about any option, including abortion, as they consider warranted by the circumstances, but may not steer or direct clients toward selecting any option, including abortion, in providing options counseling.

The Secretary is retaining the "on request" policy in the regulatory language adopted below, on the ground that it properly implements the requirement for nondirective counseling. If projects were to counsel on an option even where a client indicated that she did not want to consider that option, there would be a real question as to whether the counseling was truly nondirective or whether the client was being steered to choose a particular option. We note that under the "on request" policy a Title X grantee is not prohibited from offering to a pregnant client information and counseling on all options for pregnancy management, including pregnancy termination; indeed, such an offer is required under § 59.5(a)(5) below. However, if the client indicates that she does not want information and counseling on any particular option, that decision must be respected. The regulatory language below reflects this policy. Also, consistent with longstanding program practice and sound public health policy (see the discussion in the following paragraphs) and to avoid ambiguity in when the offer of pregnancy options counseling must be made, the rule has been clarified to require the offer of pregnancy options counseling to be made whenever a pregnant client presents, not just when the pregnancy is "unintended."

With respect to the suggestion that counseling on "keeping the baby" be provided, the Secretary views that suggestion as co-extensive with the requirement for the provision of counseling on prenatal care and delivery, as the remaining counseling option set out in the 1981 "Title X Guidelines" and the regulatory language adopted below relates to foster care and adoption. If a more directive form of counseling is meant by this suggestion, it is rejected as inconsistent with the underlying interpretation, recently reinforced by Congress, that counseling on pregnancy options should be nondirective.

Finally, the Secretary rejects the suggestion that an exception to the requirement for options counseling be carved out for those organizations that object to providing such counseling on religious or moral grounds. First, totally omitting information on a legal option or removing an option from the client's consideration necessarily steers her toward the options presented and is a directive form of counseling. Second, the Secretary is unaware of any current grantees that object to the requirement for nondirective options counseling, so this suggestion appears to be based on more of a hypothetical than an actual concern. Third, the requirement for nondirective options counseling has existed in the Title X program for many years, and, with the exception of the period 1988–1992, it has always been considered to be a necessary and basic health service of Title X projects. Indeed, pregnancy testing is a common and frequent reason for women coming to visit a Title X clinic: in 1995, an estimated 1.1 million women obtained pregnancy tests in Title X clinics. (National Survey of Family Growth, 1995 cycle, special table.) Clearly, a significant number of Title X clients have a need for information and counseling relating to pregnancy. Fourth, this policy is also consistent with the prevailing medical standards recommended by national medical groups such as the American College of Obstetricians and Gynecologists and the American Medical Association. "Guidelines for Women's Health Care," American College of Obstetricians and

Gynecologists, 1996 ed., at 65; "Pregnancy Choices: Raising the Baby, Adoption, and Abortion," American College of Obstetricians and Gynecologists, September, 1993, reviewed December, 1995; "Code of Medical Ethics: Current Opinions with Annotations," American Medical Association, 199–1997 ed. Accordingly, the Secretary has not accepted this suggestion.

The corollary suggestion, that the requirement to provide options counseling should not apply to employees of a grantee who object to providing such counseling on moral or religious grounds, is likewise rejected. In addition to the foregoing considerations, such a requirement is not necessary: under 42 U.S.C. 300a–7(d), grantees may not require individual employees who have such objections to provide such counseling. However, in such cases the grantees must make other arrangements to ensure that the service is available to Title X clients who desire it.

E. Referral for abortion

The Gag Rule specifically prohibited referral for abortion as a method of family planning and required grantees to give women determined to be pregnant a list of providers of prenatal care, which list could not include providers "whose principal business is the provision of abortion." 42 CFR 59.8(a) (1989 ed.). The Gag Rule permitted referral to an abortion provider only where there was a medical emergency. 42 CFR 59.8(a)(2) (1989 ed.). By contrast, the 1981 Guidelines required appropriate referral on request, while the pre-1988 interpretations permitted Title X projects to make what was known as a "mere referral" for abortion; a "mere referral" was considered to be the provision to the client of the name and address and/or telephone number of an abortion provider. Affirmative actions, such as obtaining a consent for the abortion, arranging for transportation, negotiating a reduction in the fee for an abortion or arranging for or scheduling the procedure, were considered to be prohibited by section 1008. The pre-1988 rules (§ 59.5(b)(1)) were interpreted by the agency to require referral for abortion where medically indicated. *See, Valley Family Planning* v. *State of North Dakota*, 489 F.Supp. 238 (D.N.D. 1980), *aff'd.*, 661 F.2d 99 (8th Cir. 1981).

A number of comments, mostly from individuals and organizations supporting revocation of the Gag Rule, suggested modifications of the proposed referral policies and interpretations. Most of these comments suggested that the content limitations on referrals be broadened, with Title X grantees being permitted to provide other relevant information, such as comparative charges, stage of pregnancy up to which referral providers may under State law or will provide abortion, the number of weeks of estimated gestation, etc. These comments argued that the provision of such factual information does not "promote or encourage" abortion any more than does the provision of the abortion providers' names and addresses and/or telephone numbers. One comment also suggested that the restriction on negotiating fees for clients referred for abortion conflicts with the requirement to refer for abortion where medically indicated.

Several comments opposing revocation of the Gag Rule also expressed problems with the proposed referral policies and interpretations. A few comments urged that referrals to agencies that can assist clients who choose the "keeping the baby" or adoption options should be required. Another comment criticized the requirement for referral where "medically indicated" as confusing. Revisions suggested were that "self-referrals" for abortion be specifically prohibited, to reduce commercialization and profiteering by Title X grantees who are also abortion providers and that grantees who objected to abortion on moral or religious grounds be permitted not to make abortion referrals.

The Secretary agrees with the comments advocating expanding the content of what information may be provided in the course of an abortion referral. The content (as opposed to action) restrictions of the "mere referral" policy proceeded from an assumption that the provision of information other than the name and address and/or telephone number of an abortion provider might encourage or promote abortion as a method of family planning. The Secretary now agrees, based on experience and the comments of several providers on this point, that the provision of the types of additional neutral, factual information about particular providers described above is likely to do little, if anything, to encourage or promote the selection of abortion as a method of family planning over and above the provision of the information previously considered permissible; at most, such information would seem likely to assist clients in making a rational selection among abortion providers, if abortion is being considered. Moreover, it does not seem rational to restrict the provision of factual information in the referral context, when no similar restriction applies in the counseling context. Accordingly, the Secretary has revised the interpretations summarized in the notice section to clarify that grantees are not restricted from providing neutral, factual information about abortion providers in the course of providing an abortion referral, when one is requested by a pregnant Title X client.

Consistent with the incorporation of the requirement for nondirective counseling in the regulations, the regulations below also include the remaining requirement from the 1981 Guidelines, the requirement to provide a referral, if requested by the client. As referenced previously, a number of comments argued that the regulatory text should reflect the requirement for nondirective counseling and referral. One comment described the provision of factual information and referral as requested as both a necessary and significant component of the Title X program for many years. Another comment pointed out that the program guideline requirements regarding pregnancy options counseling and referral have been used for many years, are well understood and accepted in the Title X provider community, and should be required services in Title X family planning clinics. Since the services about which pregnancy options counseling is provided are not ones which a Title X project typically provides, the provision of a referral is the logical and appropriate outcome of the counseling process.

The Secretary is not accepting the remainder of the comments on this issue, as they either proceed from a misunderstanding of, or do not raise valid objections to, the regulations and the proposed policies and interpretations. The comment arguing that the restriction on negotiating fees conflicts with the requirement to refer for abortion where medically indicated is based on a misunderstanding of that requirement: in such circumstances, the referral is not for abortion "as a method of family planning" (*i.e.*, to determine the number and/or space of one's children) but is rather for the treatment of a medical condition; thus, the statutory prohibition does not apply, so there is no restriction on negotiating fees and similar actions. The suggestion that referrals to agencies that can assist clients who choose the options of "keeping the baby" or adoption be required is likewise rejected as unnecessary. Under the regulatory language adopted below, the options of prenatal care and delivery and adoption are options that are required to be part of the options counseling process, so an

appropriate referral for one or the other option would be required, if the client chose one of those options and requested a referral. However, requiring a referral for prenatal care and delivery or adoption where the client rejected those options would seem coercive and inconsistent with the concerns underlying the "nondirective" counseling requirement. The Secretary also rejects the criticism that the provision requiring referral for abortion where medically indicated is undefined and confusing. The meaning of the regulatory requirement for referrals where medically indicated (which applies to all medical services not provided by the project, not just abortion services) has not in the past been a source of confusion for providers, and the Secretary believes that Title X medical personnel are able to make the medical judgments this requirement calls for.

The Secretary likewise rejects the suggestion that "self-referrals" for abortion be banned. Very few current Title X providers are also abortion providers: it is estimated that, over the past decade, the percentage of Title X providers located with or near abortion providers has been at or below five percent, with approximately half of these providers consisting of hospitals. Thus, the issue this comment raises is irrelevant to the vast majority of Title X grantees and the program as a whole. Moreover, with respect to those few grantees that are also abortion providers, some may be the only or one of only a few abortion providers in their service area, making "self-referrals" a necessity in such situations. The Department has no evidence that commercialization and profiteering are occurring in these circumstances; absent such evidence, the Secretary sees no reason to limit or cut off a legal service option for those Title X clients who freely select it. However, the Department will continue to monitor the issue of self-referrals in the Title X program, to forestall the type of problem suggested by these commenters.

Finally, the Secretary rejects the suggestion that the referral requirement not apply to providers that object to it on moral or religious grounds for the same reasons it objected to the same suggestion with respect to counseling.

F. Physical and Financial Separation

The Gag Rule required Title X projects to be organized so as to have a physical and financial separation from prohibited abortion activities, determined by whether there was "objective integrity and independence [of the Title X project] from prohibited activities." 42 CFR 59.9 (1989 ed.). This determination was to be based on a case-by-case review of facts and circumstances. Factors relevant to this determination included, but were not limited to, the existence of separate accounting records, the degree of separation from facilities (such as treatment, consultation, examination, and waiting room) in which prohibited activities occurred and the extent of such prohibited activities, the existence of separate personnel, and the extent of the presence of evidence of identification of the Title X project and the absence of identification of material promoting abortion. *Id.*

The pre-1988 interpretations required Title X grantees to maintain physical and financial separation between the Title X project and any abortion-related activities they conducted, in that a Title X grantee was required to ensure that the Title X-supported project was separate and distinguishable from those activities. This requirement was held to go beyond a requirement for the technical allocation of funds between Title X project activities and impermissible abortion activities. However, it was considered permissible for a hospital grantee to provide abortions, as long as "sufficient separation" was maintained, and common waiting rooms were also permissible, as long as no impermissible materials were present. Common staff and unitary filing systems were also permissible, so long as costs were properly allocated and, with respect to staff members, their abortion-relation activities were performed in a program that was itself separate from the Title X project. The test, as articulated in the summary made available for comment by the June 23, 1993 notice, was "whether the abortion element in a program of family planning services bulks so large and is so intimately related to all aspects of the program as to make it difficult or impossible to separate the eligible and non-eligible items of cost."

These interpretations received by far the most specific and extensive public comment. The vast majority of this public comment was from providers and provider organizations and was negative. Although it was generally agreed that the financial separation of Title X project activities from abortion-related activities was required by statute and, in the words of one comment, "absolutely necessary," many of these comments objected that requiring additional types of separation would be unnecessary, costly, and medically unwise. The argument was made that the requirement for physical separation is unnecessary, as it is not required by the statute which, on its face, requires financial separation only. Further, it was argued that since Title X grantees are subject to rigorous financial audits, it can be determined whether program funds have been spent on permissible family planning services, without additional requirements being necessary. With respect to the issue of cost, it was generally objected that requiring separation of staff and facilities would be inefficient and cost ineffective. For example, one comment argued that—

> The wastefulness and inefficiency of the separation requirements is * * * illustrated by the policy which allows common waiting rooms, but disallows "impermissible materials" in them. This puts grantees in the position of having to continuously monitor health information for undefined "permissibility" or to build a separate waiting room just to be able to utilize those materials * * *.

It was argued that these concerns were particularly important for small and rural clinics "that may be the only accessible Title X family planning and/or abortion providers for a large population of low-income women." Of particular concern for such clinics was the duplication of costs inherent in the separation requirements, as they—

> cannot afford to operate separate facilities or to employ separate staff for these services without substantially increasing the prices of * * * services. Nor can they offer different services on different days of the week because so many of their patients * * * are only able to travel to the clinic on one day.

Many providers also pointed out that requiring complete physical separation of services would be inconsistent with public health principles, which recommend integrated health care, and would impact negatively on continuity of care. As one comment stated, "women's reproductive health needs are not artificially separated between services: a woman who needs an abortion may also need contraceptive services, and may at another time require parental care." Several providers objected in particular that such a separation would, in the words of one comment, "remove * * * one of the most opportune time[s] to facilitate the entry of the abortion patent into family planning counseling, which is at the post-abortion check-up." it was also pointed out that separation of services would burden women, by making them "make multiple appointments or trips to visit different staff or facilities." Finally, the separation policy was objected to by several of the comments that otherwise generally supported the proposed rule

as unnecessarily broad, ambiguous, and vague.

Several of the comments opposing the revocation of the Gag Rule and the adoption of the proposed rules likewise objected specifically to the separation requirements, generally on the ground that the pre-1988 policies were vague and unenforceable. Two comments also argued that, if the pre-1988 requirement of physical separation was to be reinstituted, it made no sense to revoke § 59.9 of the Gag Rule in its entirety, as that section of the Gag Rule contained specific standards to implement this requirement; alternatively, it was argued that if the Secretary is going to use different standards to determine whether the requisite physical separation existed, those should be published for public comment.

The Secretary agrees that the comments on both sides of this issue have identified substantial concerns with the pre-1988 interpretations with respect to the issue of how much physical separation should be required between a grantee's Title X project activities and abortion-related activities. The Secretary agrees with the comments that the pre-1988 interpretation that some physical separation was required was unenforceable. Indeed, since the pre-1988 interpretations had held that it was permissible to provide abortions on a Title X clinic site and to have common waiting areas, records, and staff (subject largely to proper allocation of costs), it was difficult to tell just what degree and kind of physical separation were prohibited. As a consequence, the agency attempted to enforce this requirement on only a few occasions prior to 1988. The Secretary does not agree with opponents of the proposed rules, however, who argued that the "physical separation" requirements in § 59.9 of the Gag Rule should be retained on the ground that they provide a necessary clarification of this issue. Although § 59.9 provided ostensibly more specific standards, the fundamental measure of compliance under that section remained ambiguous: "the degree of separation from facilities [in which prohibited activities occurred] and the extent of such prohibited activities," and "[t]he extent to which" certain materials were present or absent. Furthermore, since under § 59.9 compliance was to be determined on a "facts and circumstances" basis, this section of the Gag Rule provided grantees with less specific advance notice of the compliance standards than did the pre-1988 policies and interpretations. Moreover, the change in policy from the more concrete policies proposed during the Gag Rule rulemaking to the less concrete "facts and circumstances" standard ultimately adopted in the final Gag Rule as a result of the public comment suggests the practical difficulties of line-drawing in this area. In fact, since the Gag Rule was never implemented on a national basis, the precise contours of the compliance standards of § 59.9 were never determined. The Secretary has accordingly not accepted the suggestion from several opponents of the proposed rule that the policies of § 59.9 be retained.

As noted by many of the comments from groups that generally supported the revocation of the Gag Rule, the statute does not on its face require physical separation; rather, by its terms it is addressed to the use of "funds." While the interpretation of the statute by agency counsel on which the requirement for physical separation is based was reasonable, it is not the only possible reading of the statute. Rather, the fundamental question under the statute is, as the agency sees it, whether Title X funds are used by Title X grantees to promote or encourage abortions as a method of family planning in the Title X-assisted project. The Department has traditionally viewed a grant project as consisting of an identified set of activities supported in whole or in part by grant funds. If a Title X grantee can demonstrate by its financial records, counseling and service protocols, administrative procedures, and other means that—within the identified set of Title X-supported activities—promotion or encouragement of abortion as a method of family planning does not occur, then it is hard to see what additional statutory protection is afforded by the imposition of a requirement for "physical" separation. Indeed, in the light of the enforcement history noted above, it is not unreasonable to say that the standard of "physical" separation has, as a practical matter, had little relevance or applicability in the Title X program to date. Moreover, the practical difficulty of drawing lines in this area, both as experienced prior to 1988 and as evident in the history of the Gag Rule itself, suggests that this legal interpretation is not likely ever to result in an enforceable compliance policy that is consistent with the efficient and cost-effective delivery of family planning services. Accordingly, the Secretary has accepted the suggestion of a number of the comments that the requirement for physical separation be dropped; the interpretations summarized in the notice published in the notices section of this edition of the **Federal Register** are revised accordingly. This decision makes it unnecessary to respond to the remaining comments on the issue.

G. Advocacy Restrictions

The Gag Rule, at 42 CFR 59.10 (1989 ed.), prohibited Title X projects from encouraging, promoting, or advocating abortion as a method of family planning. This section prohibited Title X projects from engaging in actions to "assist women to obtain abortions or increase the availability or accessibility of abortion for family planning purposes," including actions such as lobbying for the passage of legislation to increase the availability of abortion as a method of family planning, providing speakers to promote the use of abortion as a method of family planning, paying dues to any group that as a significant part of its activities advocated abortion as a method of family planning, using legal action to make abortion available as a method of family planning, and developing or disseminating materials advocating abortion as a method of family planning. The pre-1988 interpretations likewise prohibited the promotion or encouragement of abortion as a method of family planning through advocacy activities such as providing speakers, bringing legal action to liberalize statutes relating to abortion, and producing and/or showing films that tend to encourage or promote abortion as a method of family planning. However, under those prior interpretations, it was considered permissible for Title X grantees to be dues-paying members of abortion advocacy groups, so long as there were other legitimate program-related reasons for the affiliation.

Very few comments were received concerning these proposed interpretations. Those received from persons and entities that generally supported the proposed rules generally argued against the restriction on showing films advocating abortion, on the ground that it was possible to violate this restriction by showing a film that was purely factual and detailed relative risks. The few comments on this part of the policies and interpretations received from those who generally opposed revoking the Gag Rule pointed out the similarity between the advocacy policies articulated in the proposed interpretations and § 59.10 of the Gag Rule and argued that § 59.10 should accordingly be reinstated.

As set out above, the Secretary is of the view the Gag Rule cannot and should not be adopted piecemeal, as recommended by these comments. Moreover, the Secretary is of the view

that the prohibition against dues paying contained in § 59.10 is not required by the statute and does not represent sound public policy. Accordingly, the suggestion that § 59.10 be reinstated has not been adopted. With respect to the criticism of the prohibition against Title X grantees showing films advocating abortion as a method of family planning, it is recognized that the prohibition should not encompass the kind of neutral, factual information that grantees are permitted to provide in the counseling context; the interpretations have been clarified accordingly. To the extent that these comments seek to further liberalize the advocacy restrictions, however, they are rejected as inconsistent with the Secretary's basic interpretation of section 1008.

H. Miscellaneous

A number of comments were received on miscellaneous issues. Those comments, and the Secretary's responses thereto, are summarized below.

1. Changes outside the scope of the rulemaking

Several comments were received advocating changes to other sections of the regulations on issues other than the issue of compliance with section 1008. These comments included the following suggestions: that the regulations be revised to permit natural family planning providers to be Title X grantees; that the regulations be revised to prohibit single method providers from participating in Title X projects; that the footnote in the regulation addressing Pub. L. 94–63 be revised to state that the law also forbids coercion to carry a pregnancy to term; that the regulations be revised to deal with recent medical developments, such as HIV or Norplant. All of these suggestions are rejected on the ground that they exceed the scope of the rulemaking because these issues were not the subject of the Notice of Proposed Rulemaking.

2. Audit standards

Several providers urged that the OMB audit standards for Title X projects be revised to reflect the change in the regulations. While this comment is likewise outside the scope of the rulemaking, the Department intends to work with the Office of Management and Budget to revise the program audit standards to reflect the regulations below and the policies and interpretations also being reinstituted.

3. Separation of Powers

Two comments, including one from four members of Congress, argued that the suspension of the Gag Rule violated the separation of powers insofar as it misspent federal tax dollars without amendment to the statute or compliance with the APA. The Secretary disagrees that suspension of the Gag Rule violated either the statute or the APA. The Gag Rule was, in the Secretary's view, a permissible interpretation of the statute, but not the only permissible interpretation of the statute; thus, suspension of those rules (and reinstitution of the Department's longstanding policies and interpretations of the statute) is not inconsistent with the statute. Nor was the suspension action inconsistent with the APA, as the findings which the APA requires be made in such circumstances were made. Finally, the Secretary notes that this issues is now moot, with the publication of the regulations below.

I. Technical Amendments

Because the proposed rules proposed the reissuance of the program regulations that were issued in 1980, it was recognized that—

> some of the other regulations cross-referenced in the rules below may no longer be operative or citations may need to be updated. However, such housekeeping details will be addressed in the final rules.

58 FR 7464. Further review of the proposed regulations has established that this is indeed the case. Accordingly, a number of technical amendments have been made to the regulations, to delete obsolete statutory or regulatory references or to clarify the existing provisions or incorporate new regulatory or other references made relevant by subsequent changes in the law. A summary of the technical amendments, and the reasons therefor, follows:

1. *§ 59.2 (definition of "low income family"):* The reference to "Community Services Administration Income Poverty Guidelines (45 CFR 1060.2)" is changed to "Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2)." This change reflects a change in the law, effected by Pub. L. 97–35, § 673.

2. *§ 59.2 (definition of "State"):* The definition of this term is changed to reflect statutory changes regarding the Trust Territories of the Pacific Islands effected by Pub. L. 99–239 (relating to the Federated States of Micronesia, the Marshall Islands, and the Republic of Palau).

3. *§ 59.5(a)(8):* The reference to the "CSA Income Poverty Guidelines" is changed, consistent with and for the reason set out above with respect to § 59.2 (definition of "low income family").

4. *§ 59.9:* The reference to "Subpart Q" of 45 CFR Part 74 has been deleted, as that subpart has been revoked. A reference to 45 CFR Part 92 has been added, to reflect the requirements at that part that apply by their terms of State and local governments.

5. *§ 59.10:* The references to 42 CFR Part 122 and 45 CFR Part 19 have been deleted, as those parts have been revoked. A reference to 37 CFR Part 401, which applies by its terms, has been added, reflecting a change in the law. The description of 45 CFR Part 74 has been changed, to reflect accurately the current title of that part. A reference to 45 CFR Part 92 has been added, to reflect the requirements at that part that apply by their terms to State and local governments.

6. *§ 59.11*: The word "documented" has been inserted before the word "consent" in this section to clarify what was implicit in this section, that the consent for disclosure must be documented by the project.

7. *§ 59.12 (proposed):* The proposed section (which was the prior section relating to inventions and discoveries) has been deleted, as it has been superseded by the government-wide regulations at 37 CFR Part 401, a reference to which has been added to § 59.10. This change has also occasioned the renumbering of the proposed § 59.13.

The above changes are all technical in nature and simply bring the regulations issued below into conformity with current law. They are thus essentially housekeeping in nature, as noted in the proposed rules. Accordingly, and for the reasons set out above, the Secretary finds that public comment on these changes would be impracticable, unnecessary, and contrary to the public interest and that good cause therefore exists for omitting public comment thereon.

III. Effective Date

These regulations are adopted effective upon publication, as they meet the conditions for exception from the requirement for a 30-day delay in effective date under 5 U.S.C. 553(d). First, by revoking the Gag Rule, the regulations below relieve the restrictions imposed on grantees' conduct of their Title X projects by the Gag Rule. Second, the policies adopted in the regulations below and the interpretations adopted in conjunction with them are already largely in effect, by virtue of the suspension of the Gag Rule and the reinstitution of the pre-

1988 policies and interpretations effected by the interim rules of February 5, 1993. To the extent this *status quo* is changed by the revision of the policies and interpretations in question, the effect of those revisions is to clarify and simplify certain of the present restrictions, which should make complying with the policies and interpretations easier for grantees than is presently the case. Thus, no useful purpose would be served by delaying the effective date of these regulations, and the Secretary accordingly finds that good cause exists for making them effective upon publication.

IV. Analysis of Impacts

The Secretary has examined the impacts of the final rule under the Regulatory Flexibility Act (5 U.S.C. 601–612), and certifies that this final rule will not have a significant impact on a substantial number of small entities.

Section 202 of the Unfunded Mandates Reform Act (the Act) requires that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100,000,000 (adjusted for inflation) in any year. This rule will not result in such an expenditure; consequently, it is not covered by Section 202 of the Act.

Executive Order 13132 requires that a Federalism Assessment be prepared in any cases in which policies have significant federalism implications as defined in the Executive Order. The Department does not intend or interpret this final rule as imposing additional costs or burdens on the States. The Department has evaluated the public comments. Public comments from State and local health departments indicate support for the Title X policies contained in the final rule and the interpretations to ensure the provision of quality medical care and patients' rights to comprehensive services. In the interest of consistent program operation and uniform understanding of the policy, the final rule codifies what has been longstanding program policy and is consistent with current program practice.

The Office of Management and Budget has reviewed this rule pursuant to Executive Order 12866.

List of Subjects in 42 CFR Part 59.

Family planning—birth control; Grant programs—health; Health facilities.

Dated: June 28, 2000.

David Satcher,

Assistant Secretary for Health and Surgeon General.

Approved: June 28, 2000.

Donna E. Shalala,

Secretary.

PART 59—GRANTS FOR FAMILY PLANNING

For the reasons set out in the preamble, subpart A of part 59 of title 42, Code of Federal Regulations, is hereby revised to read as follows:

Subpart A—Project Grants for Family Planning Services

Sec.

59.1 To what programs do these regulations apply?
59.2 Definitions.
59.3 Who is eligible to apply for a family planning services grant?
59.4 How does one apply for a family planning services grant?
59.5 What requirements must be met by a family planning project?
59.6 What procedures apply to assure the suitability of informational and educational material?
59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?
59.8 How is a grant awarded?
59.9 For what purposes may grant funds be used?
59.10 What other HHS regulations apply to grants under this subpart?
59.11 Confidentiality.
59.12 Additional conditions.

Subpart A—Project Grants for Family Planning Services

Authority: 42 U.S.C. 300a–4.

§ 59.1 To what programs do these regulations apply?

The regulations of this subpart are applicable to the award of grants under section 1001 of the Public Health Service Act (42 U.S.C. 3200) to assist in the establishment and operation of voluntary family planning projects. These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.

§ 59.2 Definitions.

As used in this subpart:

Act means the Public Health Service Act, as amended.

Family means a social unit composed of one person, or two or more persons living together, as a household.

Low income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). "Low-income family" also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.

Nonprofit, as applied to any private agency, institution, or organization, means that no part of the entity's net earnings benefit, or may lawfully benefit, any private shareholder or individual.

Secretary means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

State includes, in addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlaying Islands (Midway, Wage, *et al.*), the Marshall Islands, the Federated State of Micronesia and the Republic of Palau.

§ 59.3 Who is eligible to apply for a family planning services grant?

Any public or nonprofit private entity in a State may apply for a grant under this subpart.

§ 59.4 How does one apply for a family planning services grant?

(a) Application for a grant under this subpart shall be made on an authorized form.

(b) An individual authorized to act for the applicant and to assume on behalf of the applicant the obligations imposed by the terms and conditions of the grant, including the regulations of this subpart, must sign the application.

(c) The application shall contain—

(1) A description, satisfactory to the Secretary, of the project and how it will meet the requirements of this subpart;

(2) A budget and justification of the amount of grant funds requested;

(3) A description of the standards and qualifications which will be required for all personnel and for all facilities to be used by the project; and

(4) Such other pertinent information as the Secretary may require.

§ 59.5 What requirements must be met by a family planning project?

(a) Each project supported under this part must:

(1) Provide a broad range of acceptable and effective medically approved family planning methods

(including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participated as part of a project as long as the entire project offers a broad range of family planning services.

(2) Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the applicant.[1]

(3) Provide services in a manner which protects the dignity of the individual.

(4) Provide services without regard of religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or martial status.

(5) Not provide abortion a method of family planning. A project must:

(i) Offer pregnant women the opportunity to provided information and counseling regarding each of the following options:

(A) Prenatal care and delivery;

(B) Infant care, foster care, or adoption; and

(C) Pregnancy termination.

(ii) If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling.

(6) Provide that priority in the provision of services will be given to persons from low-income families.

(7) Provide that no charge will be made for services provided to any persons from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge.

(8) Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

(9) If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX or XXI agency is required.

(10)(i) Provide that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subgrantees which have previously provided or propose to provide family planning services to the area proposed to be served by the applicant.

(ii) Provide an opportunity for maximum participation by existing or potential subgrantees in the ongoing policy decisionmaking of the project.

(11) Provide for an Advisory Committee as required by § 59.6.

(b) In addition to the requirements of paragraph (a) of this section, each project must meet each of the following requirements unless the Secretary determines that the project has established good cause for its omission. Each project must:

(1) Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.

(2) Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance.

(3) Provide for informational and educational programs designed to—

(i) Achieve community understanding of the objectives of the program;

(ii) Inform the community of the availability of services; and

(iii) Promote continued participation in the project by persons to whom family planning services may be beneficial.

(4) Provide for orientation and in-service training for all project personnel.

(5) Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

(6) Provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning.

(7) Provide that all services purchased for project participants will be authorized by the project director or his designee on the project staff.

(8) Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.

(9) Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate, that these rates are reasonable and necessary.

(10) Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

§ 59.6 What procedures apply to assure the suitability of informational and educational material?

(a) A grant under this section may be made only upon assurance satisfactory to the Secretary that the project shall provide for the review and approval of informational and educational materials developed or made available under the project by an Advisory Committee prior to their distribution, to assure that the materials are suitable for the population

[1] Section 205 of Pub. L. 94–63 states: "Any (1) officer or employee of the United States, (2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or (3) person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than $1,000 or imprisoned for not more than one year, or both."

or community to which they are to be made available and the purposes of title X of the Act. The project shall not disseminate any such materials which are not approved by the Advisory Committee.

(b) The Advisory Committee referred to in paragraph (a) of this section shall be established as follows:

(1) *Size.* The Committee shall consist of no fewer than five but not more than nine members, except that this provision may be waived by the Secretary for good cause shown.

(2) *Composition.* The Committee shall include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended.

(3) *Function.* In reviewing materials, the Advisory Committee shall:

(i) Consider the educational and cultural backgrounds of individuals to whom the materials are addressed;

(ii) Consider the standards of the population or community to be served with respect to such materials;

(iii) Review the content of the material to assure that the information is factually correct;

(iv) Determine whether the material is suitable for the population or community to which is to be made available; and

(v) Establish a written record of its determinations.

§ 59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?

(a) Within the limits of funds available for these purposes, the Secretary may award grants for the establishment and operation of those projects which will in the Department's judgment best promote the purposes of section 1001 of the Act, taking into account:

(1) The number of patients, and, in particular, the number of low-income patients to be served;

(2) The extent to which family planning services are needed locally;

(3) The relative need of the applicant;

(4) The capacity of the applicant to make rapid and effective use of the federal assistance;

(5) The adequacy of the applicant's facilities and staff;

(6) The relative availability of non-federal resources within the community to be served and the degree to which those resources are committed to the project; and

(7) The degree to which the project plan adequately provides for the requirements set forth in these regulations.

(b) The Secretary shall determine the amount of any award on the basis of his estimate of the sum necessary for the performance of the project. No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project which was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975.

(c) No grant may be made for an amount equal to 100 percent for the project's estimated costs.

§ 59.8 How is a grant awarded?

(a) The notice of grant award specifies how long HHS intends to support the project without requiring the project to recompete for funds. This period, called the project period, will usually be for three to five years.

(b) Generally the grant will initially be for one year and subsequent continuation awards will also be for one year at a time. A grantee must submit a separate application to have the support continued for each subsequent year. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as the grantee's progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

(c) Neither the approval of any application nor the award of any grant commits or obligates the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application.

§ 59.9 For what purpose may grant funds be used?

Any funds granted under this subpart shall be expended solely for the purpose for which the funds were granted in accordance with the approved application and budget, the regulations of this subpart, the terms and conditions of the award, and the applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

§ 59.10 What other HHS regulations apply to grants under this subpart?

Attention is drawn to the following HHS Department-wide regulations which apply to grants under this subpart. These include:

37 CFR Part 401—Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements

42 CFR Part 50, Subpart D—Public Health Service grant appeals procedure

45 CFR Part 16—Procedures of the Departmental Grant Appeals Board

45 CFR Part 74—Uniform administrative requirements for awards and subawards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments

45 CFR Part 80—Nondiscrimination under programs receiving Federal assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964

45 CFR Part 81—Practice and procedure for hearings under Part 80 of this Title

45 CFR Part 84—Nondiscrimination on the basis of handicap in programs and activities receiving or benefitting from Federal financial assistance

45 CFR Part 91—Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance

45 CFR Part 92—Uniform administrative requirements for grants and cooperative agreements to state and local governments

§ 59.11 Confidentiality.

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

§ 59.12 Additional conditions.

The Secretary may, with respect to any grant, impose additional conditions prior to or at the time of any award, when in the Department's judgment these conditions are necessary to assure orb protect advancement of the approved program, the interests of public health, or the proper use of grant funds.

[FR Doc. 00–16758 Filed 6–30–00; 8:45 am]

BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Public Health and Science

Provision of Abortion-Related Services in Family Planning Services Projects

AGENCY: Office of Population Affairs, OPHS, DHHS.

ACTION: Notice.

SUMMARY: This notice informs the public of the interpretations relating to the statutory requirement that no funds appropriated under Title X of the Public Health Service Act be used in programs in which abortion is a method of family planning.

FOR FURTHER INFORMATION CONTACT: Samuel S. Taylor, Office of Population Affairs, (301) 594–4001.

SUPPLEMENTARY INFORMATION: On February 5, 1993, the Department of Health and Human Services published in the **Federal Register** a notice of proposed rulemaking that proposed to revise the regulations at 42 CFR Part 59, Subpart A. Subpart A of Part 59 sets forth the program requirements applicable to grantees under section 1001 of the Public Health Service (PHS) Act, 42 U.S.C. 300, *et seq.* The notice of proposed rulemaking proposed to revise that subpart by readopting the program regulations as they existed prior to February 2, 1988. This action would have the effect of revoking the regulations published on February 2, 1988, commonly known as the "Gag Rule," which set forth standards for the compliance by such grantees with section 1008 of that Act, 42 U.S.C. 300a–6.

The February 5, 1993 notice of proposed rulemaking also proposed to reinstitute the pre-1988 policies and interpretations regarding compliance with section 1008. 58 FR 7464. As explained in the notice of proposed rulemaking, those policies and interpretations derived from previous opinions of the Department concerning section 1008. To promote more useful public comment in the rulemaking process, the Department subsequently made available a more detailed summary of the policies and interpretations and reopened the public comment period. 58 FR 34042 (June 23, 1993).

A number of public comments on the prior policies and interpretations were obtained during the reopened comment period, and the public comments received during both comment periods were generally focused on the prior policies and interpretations rather than on the proposed regulatory language. The Department has changed one paragraph of the regulations and has modified its prior interpretations in several particulars based in part on the public comment received. These modifications, and the grounds therefor, are described in the preamble to the final rules published on this date in the rules section of the **Federal Register.** The interpretations, as so modified, are set out in the summary statement below. The summary below is also reorganized from the summary statement made available for public comment, for purposes of clarification.

Accordingly, to provide guidance to grantees in order to promote uniform administration of the program and facilitate grantee compliance with the interpretations that are being reinstituted in conjunction with the final regulations adopted on this date, provided below is a summary of the program regulatory requirements and interpretations that relate to section 1008 of the PHS Act.

Program Policies Regarding the Title X National Family Planning Program and the Section 1008 Abortion Prohibition

Section 1008 of the Title X statute, 42 U.S.C. 300a–6, states: "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning." This prohibition applies not only to the performance of abortion by a Title X project, but also to the conduct of certain abortion-related activities by the project. However, the prohibition does not apply to all the activities of a Title X grantee, but only to those within the Title X project. This statement summarizes the Department requirements and interpretations in existence prior to the imposition of the 1988 "Gag Rule" with regard to implementation of section 1008, as modified following the rulemaking of 1993.

1. General Principles

In general, section 1008 prohibits Title X programs from engaging in activities which promote or encourage abortion as a method of family planning. However, section 1008 does not prohibit the funding under Title X of activities which have only a possibility of encouraging or promoting abortion; rather, a more direct nexus is required. The general test is whether the immediate effect of the activity in question is to promote or encourage the use of abortion as a method of family planning. If the immediate effect of the activity in question is essentially neutral, then it is not prohibited by the statute. Thus, a Title X project may not provide services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion within Title X program activities, or failing to preserve sufficient separation between Title X program activities and abortion-related activities.

2. Abortion Counseling and Referral

Under 42 CFR 59.5(a)(5), a Title X project must:

Not provide abortion as a method of family planning. A project must:

(i) Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

(A) Prenatal care and delivery;

(B) Infant care, foster care, or adoption; and

(C) Pregnancy termination.

(ii) If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral on request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling.

However, there are limitations on what abortion counseling and referral is permissable under the statute. A Title X project may not provide pregnancy options counseling which promotes abortion or encourages persons to obtain abortion, although the project may provide patients with complete factual information about all medical options and the accompanying risks and benefits. While a Title X project may provide a referral for abortion, which may include providing a patient with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project may not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient. Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by section 1008 and is required by 42 CFR 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications.

3. Advocacy Activities

A Title X project may not promote or encourage the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning. Films that present only neutral, factual information about abortion are permissible. A Title X project may be a dues paying participant in a national abortion advocacy organization, so long as there are other legitimate program-related reasons for the affiliation (such as access to certain information or data useful to the Title X project). A Title X project may also discuss abortion as an available alternative when a family planning method fails in a discussion of relative risks of various methods of contraception.

4. Separation

Non-Title X abortion activities must be separate and distinct from Title X project activities. Where a grantee conducts abortion activities that are not part of the Title X project and would not be permissible if they were, the grantee must ensure that the Title X-supported project is separate and distinguishable from those other activities. What must be looked at is whether the abortion element in a program of family planning services is so large and so intimately related to all aspects of the program as to make it difficult or impossible to separate the eligible and non-eligible items of cost.

The Title X project is the set of activities the grantee agreed to perform in the relevant grant documents as a condition of receiving Title X funds. A grant applicant may include both project and nonproject activities in its grant application, and, so long as these are properly distinguished from each other and prohibited activities are not reflected in the amount of the total approved budget, no problem is created. Separation of Title X from abortion activities does not require separate grantees or even a separate health facility, but separate bookkeeping entries alone will not satisfy the spirit of the law. Mere technical allocation of funds, attributing federal dollars to non-abortion activities, is not a legally supportable avoidance of section 1008.

Certain kinds of shared facilities are permissible, so long as it is possible to distinguish between the Title X supported activities and non-Title X abortion-related activities: (a) A common waiting room is permissible, as long as the costs properly pro-rated; (b) common staff is permissible, so long as salaries are properly allocated and all abortion related activities of the staff members are performed in a program which is entirely separate from the Title X project; (c) a hospital offering abortions for family planning purposes and also housing a Title X project is permissible, as long as the abortion activities are sufficiently separate from the Title X project; and (d) maintenance of a single file system for abortion and family planning patients is permissible, so long as costs are properly allocated.

Whether a violation of section 1008 has occurred is determined by whether the prohibited activity is part of the funded project, not by whether it has been paid for by federal or non-federal funds. A grantee may demonstrate that prohibited abortion-related activities are not part of the Title X project by various means, including counseling and service protocols, intake and referral procedures, material review procedures, and other administrative procedures.

Dated: June 28, 2000.

Samuel S. Taylor,

Acting Director, Office of Population Affairs.

[FR Doc. 00–16759 Filed 6–30–00; 8:45 am]

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Corrections

Federal Register
Vol. 65, No. 155
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This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 59

RIN: 0940-AA00

Standards of Compliance for Abortion-Related Services in Family Planning Services Projects

Correction

In rule document 00–16758 beginning on page 41270 in the issue of Monday, July 3, 2000, make the following corrections:

§59.1 [Corrected]

1. On page 41278, second column, fourth line, "(42 U.S.C.3200)" should read "(42 U.S.C. 300)".

§59.2 [Corrected].

2. On the same page, third column, sixth line of the definition *State*, "outlaying" should read "outlying".

3. On the same page, third column, seventh line of the definition *State*, "Wage" should read "Wake".

§59.5 [Corrected]

4. On page 41279, first column, sixth line of paragraph (a)(1), "participated" should read "participate".

5. On page 41279, first column, first line of paragraph (a)(4), "of" should read "to".

6. On the same page, first column, fourth line of paragraph (a)(4), "martial" should read "marital".

7. On the same page, first column, first line of paragraph (a)(5), insert "as" in front of "a".

8. On the same page, first column, second line of paragraph (a)(5)(i), insert "be" in front of "provided".

§59.12 [Corrected]

9. On page 41280, third column, sixth line, "orb" should read "or".

[FR Doc. C0–16758 Filed 8–9–00; 8:45 am]
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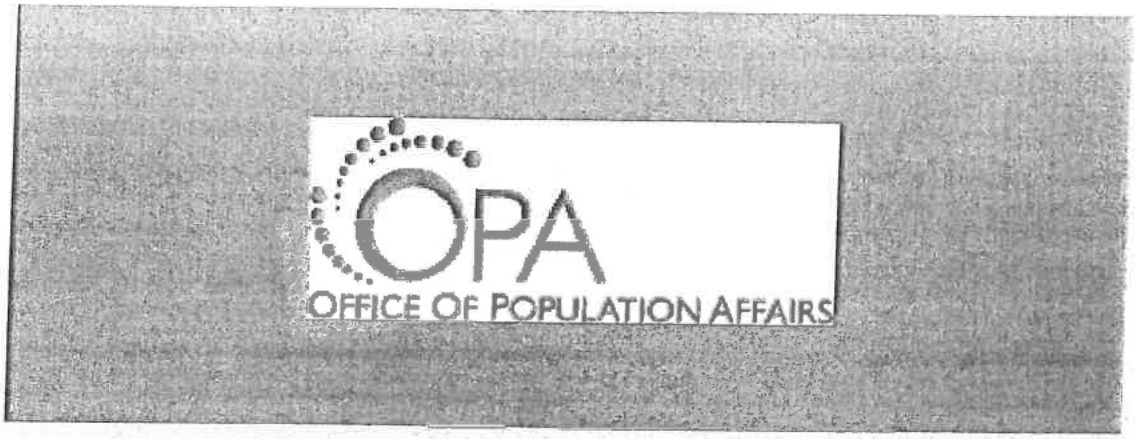

Program Requirements for Title X Funded Family Planning Projects

Version 1.0 April 2014

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Title X Statute http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/

Title X Regulations http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/

Appropriations Language/Legislative Mandates http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/legislative-mandates/

Sterilization of Persons in Federally Assisted Family Planning Projects Regulations http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/

Department of Health and Human Services Regions http://www.hhs.gov/opa/regional-contacts/

ACRONYMS

The following is a list of acronyms and abbreviations used throughout this document.

ACRONYM/ ABBREVIATION	
CFR	Code of Federal Regulations
FDA	U.S. Food and Drug Administration
FPL	Federal Poverty Level
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
I&E	Information and Education
NOA	Notice of Award
OASH	Office of the Assistant Secretary for Health
OGM	Office of Grants Management
OMB	Office of Management and Budget
OPA	Office of Population Affairs
OSHA	Occupational Safety and Health Administration
PHS	U.S. Public Health Service
STD	Sexually Transmitted Disease

COMMONLY USED REFERENCES

As a Federal grant program, requirements for the Title X Family Planning Program are established by Federal law and regulations. For ease of reference, the law and regulations most cited in this document are listed below. Other applicable regulations and laws are cited throughout the document.

Law	Title X Public Law ("Family Planning Services and Population Research Act of 1970")	Public Law 91-572
Law	Title X Statute ("Title X of the Public Health Service Act")	42 U.S.C.300, *et seq.*
Regulation	Sterilization Regulations ("Sterilization of persons in Federally Assisted Family Planning Projects")	42 CFR part 50, subpart B
Regulation	Title X Regulations ("Project Grants for Family Planning Services") (	42 CFR part 59, subpart A
Regulation	HHS Grants Administration Regulations	45 CFR parts 74

	("Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations" (part 74) and "Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments" (part 92))	and 92
Regulation	"Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations"	2 CFR 215 (OMB Circular A-110)
OMB Circular	"Grants and Cooperative Agreements with State and Local Governments"	OMB Circular A-102

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INTRODUCTION

To assist individuals in determining the number and spacing of their children through the provision of affordable, voluntary family planning services, Congress enacted the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). The law amended the Public Health Service (PHS) Act to add Title X, "Population Research and Voluntary Family Planning Programs." Section 1001 of the PHS Act (as amended) authorizes grants "to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)."

The Title X Family Planning Program is the only Federal program dedicated solely to the provision of family planning and related preventive health services. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective medically (U.S. Food and Drug Administration (FDA)) approved contraceptive methods and related services on a voluntary and confidential basis. Title X services include the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). OASH is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in 42 CFR 59.7(a). Final award decisions are made by the Regional Health Administrator for the applicable Public Health Service Region in consultation with the Deputy Assistant Secretary for Population Affairs and the Assistant Secretary for Health or their designees. The HHS Regional Offices monitor program performance of Title X grantees in each respective region.

The Title X Family Planning Guidelines consist of two parts, 1) *Program Requirements for Title X Funded Family Planning Projects* (hereafter referred to as *Title X Program Requirements*) and 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.*

These documents have been developed to assist current and prospective grantees in understanding and implementing the family planning services grants program authorized by Title

X of the PHS Act (42 U.S.C. 300 *et seq.*). These documents also form the basis for monitoring projects under the Title X program.

OVERVIEW OF PROGRAM REQUIREMENTS

This document is organized into 16 sections that describe the various requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and in other applicable Federal statutes, regulations, and policies. Links to the Title X statute and implementing regulations, other statutory provisions that are applicable to the Title X program, regulations related to sterilization, and additional resources to maximize the quality of services offered by Title X projects are provided on page 2 of this document.

The concise explanation of general program requirements that follows can be used to help prepare a grant application or monitor funded programs for compliance with Title X requirements. In addition, prospective applicants and grantees should consult all of the resources and references identified in this document for more complete information and to ensure that the project application and program operations comply with these and other Federal requirements.

Additional documents, including the annual *Announcement of Anticipated Availability of Funds for Family Planning Services Grants* (Title X Funding Opportunity Announcement), other Funding Opportunity Announcements for OPA priority areas, and relevant language in Federal appropriations laws, contain the most current information about Title X program requirements and are generally updated annually. The Title X Funding Opportunity Announcement includes the most recent list of program priorities and key issues, and identifies geographic areas where there will be a grant competition for the applicable fiscal year. Subject to the availability of funds, the funding announcement is published annually and posted on the HHS Grants.gov Website Portal. The *Program Requirements for Title X Funded Family Planning Projects* is posted on the OPA website (http://www.hhs.gov/opa). In general, the requirements that apply to the direct recipients of Title X funds also apply to sub-recipients and contractors (HHS Grants Policy Statement, 2007).

1. APPLICABILITY

As stated above, the requirements set forth in this document apply to the award of grants under section 1001 of the PHS Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. These projects consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children (42 CFR 59.1).

2. DEFINITIONS

Terms used throughout this document include:

TERM	DEFINITION
The Act or Law	Title X of the Public Health Service Act, as amended
Family	A social unit composed of one person, or two or more persons living together, as a household
Low-income family	A family whose total annual income does not exceed 100% of the most recent Federal Poverty Guidelines; also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources
Grantee	The entity that receives Federal financial assistance via a grant and assumes legal and financial responsibility and accountability for the awarded funds and for the performance of the activities approved for funding
Nonprofit	Any private agency, institution, or organization for which no part of the entity's net earnings benefit, or may lawfully benefit, any private stakeholder or individual.
Project	Activities described in the grant application and any incorporated documents supported under the approved budget. The "scope of the project" as defined in the funded application consists of activities that the total approved grant-related project budget supports.
Secretary	The Secretary of Health and Human Services and any other officer or employee of the U.S. Department of Health and Human Services to whom the authority involved has been delegated.
Service Site	The clinics or other locations where services are provided by the grantee or sub-recipient.
Sub-recipients	Those entities that provide family planning services with Title X funds

	under a written agreement with a grantee. May also be referred to as delegates or contract agencies.
State	Includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Mid-way, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.

3. ELIGIBILITY

Any public or nonprofit private entity located in a state (which includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Mid-way, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau) is eligible to apply for a Title X family planning services project grant (42 CFR 59.2, 42 CFR 59.3).

Even where states apply for a family planning services grant, local and regional entities may also apply directly to the Secretary for a family planning services grant. Faith-based organizations and American Indian/Alaska Native/Native American organizations are eligible to apply for Title X family planning services grants. Private nonprofit entities must provide proof of nonprofit status during the application process.

Although State agencies are eligible for funding, the Title X statute specifically protects the right of local and regional entities to apply directly to the Secretary for a family planning services grant (Section 1001(b), PHS Act).

4. APPLICATION

The Office of Population Affairs publishes, at a minimum, an annual announcement of the availability of Title X family planning services grant funds that sets forth specific application requirements and evaluation criteria. Applications must be submitted to OASH, Office of Grants Management (OGM) on the forms required by HHS, in the manner required, and approved by an individual authorized to act for the applicant. The application process is conducted through an electronic grants system.

If an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential sub-

recipients that have previously provided or propose to provide family planning services to the area to be served by the applicant (42 CFR 59.5 (a)(10)(i)).

Unless otherwise instructed, applicants should respond to the standard instructions contained in the grant application package as well as any HHS supplemental instructions.

Successful applications must include:

- a narrative description of the project and the manner in which the applicant intends to conduct the project and comply with all requirements of the law and regulations;
- a budget that includes an estimate of project income and costs, with justification of the amount of grant funds requested (42 CFR 59.4(c)(2)) and which is consistent with the terms of Section 1006(a) of the Act, as implemented by regulation (42 CFR 59.7(b));
- a description of the standards and qualifications the project will use for all personnel and facilities; and
- other pertinent information as may be required by the Secretary (42 CFR 59.4(c)(4)).

Title X grant funds cannot constitute 100% of a project's estimated costs; therefore, applicants must clearly specify all other sources of funding that will be used to support the Title X project (42 CFR 59.7(c)).

5. CRITERIA FOR FUNDING

Within the limits of funds available for these purposes, grants are awarded for the establishment and operation of projects that will best promote the purposes of Section 1001 of Title X of the PHS Act. The application must address all seven points contained in section 59.7(a) of the regulations. These are the criteria HHS uses to determine which family planning projects to fund and in what amount.

In making funding decisions, HHS takes into account:

- the number of patients, and, in particular, the number of low-income patients to be served;
- the extent to which family planning services are needed locally;
- the relative need of the applicant;
- the capacity of the applicant to make rapid and effective use of the Federal assistance;
- the adequacy of the applicant's facilities and staff;
- the relative availability of non-Federal resources within the community to be served and the degree to which those resources are committed to the project; and
- the degree to which the project plan adequately provides for the requirements set forth in the Title X regulations.

Funding of applications that propose to rely on other entities to provide services will take into

consideration the extent to which the applicant indicates it will be inclusive in considering all entities that are eligible to receive Federal funds to best serve individuals in need throughout the anticipated service areas.

6. NOTICE OF AWARD

The Notice of Award (NOA) is the document that informs the grantee of the duration of HHS support for the project without requiring it to recompete for funds (42 CFR 59.8 (a)). This period of funding is called the "project period." The project is generally funded in increments known as "budget periods." Each budget period is typically 12 months, although shorter or longer budget periods may be established for compelling administrative or programmatic reasons. Decisions regarding whether and at what level to continue awards are based on factors such as the adequacy of the grantee's programmatic progress, management practices, compliance with the terms and conditions of the previous award, program priorities, and the availability of appropriations. In all cases, subsequent budget periods, also known as non-completing continuation awards, require a determination by HHS that continued funding is in the best interest of the government.

The U.S. government is not obligated to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application (42 CFR 59.8(c)).

Grantees must provide the awarding agency with timely and unrestricted access to examine all records, books, papers, and documents related to the award (45 CFR 74.53 and 92.42). Records must be maintained generally for 3 years from submission of the final federal financial report (45 CFR 74.53)

7. USE OF GRANT FUNDS

All funds granted for Title X family planning services projects must be expended only for the purpose for which the funds were awarded and in accordance with the approved application and budget. Funds may not be used for prohibited activities, such as abortion as a method of family planning, or lobbying. The Notice of Award (NOA) provides other stipulations regarding the use of funds. Funds must be used in accordance with the Title X family planning services projects regulations, the terms and conditions of the award, and the HHS grants administration regulations set out at 45 CFR parts 74 and 92.

8. PROJECT MANAGEMENT AND ADMINISTRATION

All projects receiving Title X funds must provide services of high quality and be competently and efficiently administered.

8.1 Voluntary Participation

Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)). Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).

A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

8.2 Prohibition of Abortion

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Grantees and sub-recipients must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning. Additional guidance on this topic can be found in the July 3, 2000, Federal Register Notice entitled *Provision of Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41281, and the final rule entitled *Standards of Compliance for Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41270.

Grantees are also responsible for monitoring sub-recipients' compliance with this section.

8.3 Structure and Management

Family planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by sub-recipients. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate.

8.3.1 The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92).

8.3.2 If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (45 CFR parts 74 and 92).

8.3.3 The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).

8.3.4 The grantee must ensure that services provided through a contract or other similar arrangement are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)).

8.3.5 Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)).

8.3.6 The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds. Documentation and records of all income and expenditures must be maintained as required (45 CFR parts 74.20 and 92.20).

8.4 Charges, Billing, and Collections

The grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.

Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services

8.4.1 Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).

Within the parameters set out by the Title X statute and regulations, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients self-report.

8.4.2 A schedule of discounts, based on ability to pay, is required for individuals with family

incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).

8.4.3 Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).

8.4.4 For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).

8.4.5 Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).

8.4.6 Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts(42 CFR 59.5(a)(9)).

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

8.4.7 Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9)]

8.4.8 Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

8.4.9 Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

8.5 Project Personnel

Title X grantees must have approved personnel policies and procedures.

8.5.1 Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. These policies should include,

but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.

8.5.2 Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)).

8.5.3 Projects must be administered by a qualified project director. Change in Status, including Absence, of Principal Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54.

8.5.4 Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6).

8.5.5 Appropriate salary limits will apply as required by law.

8.6 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office.

8.6.1 Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)).

8.6.2 The project's training plan should provide for routine training of staff on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking

8.6.3 The project's training plan should provide for routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.

8.7 Planning and Evaluation

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). In order to adequately plan and evaluate program activities, grantees should develop written goals and objectives for the project period that are specific, measurable, achievable, realistic, time-framed, and which are consistent with Title X Program Requirements. The program plan should be based on a needs assessment. Grantee project plans must include an evaluation component that identifies indicators by which the program measures the

achievement of its objectives. For more information on quality improvement, see *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.*

9. PROJECT SERVICES AND CLIENTS

Projects funded under Title X are intended to enable all persons who want to obtain family planning care to have access to such services. Projects must provide for comprehensive medical, informational, educational, social, and referral services related to family planning for clients who want such services.

9.1 Priority for project services is to persons from low- income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)).

9.2 Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)).

9.3 Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).

9.4 Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).

9.5 Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8).

9.6 All grantees should assure services provided within their projects operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.

9.7 All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of

this care.

9.8 All projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)).

9.9 Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)).

9.10 Projects must provide pregnancy diagnosis and counseling to all clients in need of this service (42 CFR 59.5(a)(5)).

9.11 Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

- prenatal care and delivery;
- infant care, foster care, or adoption; and
- pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)).

9.12 Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

"None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities."

"Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest."

10. CONFIDENTIALITY

Every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

11. COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION

Title X grantees are expected to provide for community participation and education and to promote the activities of the project.

11.1 Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b)(10)).

11.2 Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b)(3)). Each family planning project must provide for community education programs (42 CFR 59.5(b)(3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.

11.3 Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3).

12. INFORMATION AND EDUCATION MATERIALS APPROVAL

Every project is responsible for reviewing and approving informational and educational materials. The Information and Education (I&E) Advisory Committee may serve the community participation function if it meets the requirements, or a separate group may be identified .

12.1 Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006

(d)(2), PHS Act; 42 CFR 59.6(a)).

12.2 The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2)).

12.3 Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6(b)(1)). This Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)).

12.4 The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee.

12.5 The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee.

12.6 The I&E Advisory Committee(s) must:

- consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
- consider the standards of the population or community to be served with respect to such materials;
- review the content of the material to assure that the information is factually correct;
- determine whether the material is suitable for the population or community to which it is to be made available; and
- establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).

13. ADDITIONAL ADMINISTRATIVE REQUIREMENTS

This section addresses additional requirements that are applicable to the Title X program and are set out in authorities other than the Title X statute and implementing regulations.

13.1 Facilities and Accessibility of Services

Title X service sites should be geographically accessible for the population being served. Grantees should consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' abilities to access services.

Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).

Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR part 84).

13.2 Emergency Management

All grantees, sub-recipients, and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E), and clinic facilities must meet applicable standards established by Federal, State, and local governments (e.g., local fire, building, and licensing codes).

Health and safety issues within the facility fall under the authority of the Occupational Safety and Health Administration (OSHA). Disaster plans and emergency exits are addressed under 29 CFR 1910, subpart E. The basic requirements of these regulations include, but are not limited to:

- Disaster plans (e.g. fire, bomb, terrorism, earthquake, etc.) have been developed and are available to staff.
- Staff can identify emergency evacuation routes.
- Staff has completed training and understand their role in an emergency or natural disaster.
- Exits are recognizable and free from barriers.

13.3 Standards of Conduct

Projects are required to establish policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others (HHS Grants Policy Statement 2007, II-7).

13.4 Human Subjects Clearance (Research)

Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9).

13.5 Financial and Reporting Requirements

Audits of grantees and sub-recipients must be conducted in accordance with the HHS grants administration regulations (45 CFR parts 74.26 and 92.26), as applicable, by auditors meeting established criteria for qualifications and independence (OMB A-133).

Grantees must comply with the financial and other reporting requirements set out in the HHS grants administration regulations (45 CFR parts 74 and 92), as applicable. In addition, grantees must have program data reporting systems which accurately collect and organize data for program reporting and which support management decision making and act in accordance with other reporting requirements as required by HHS.

Grantees must demonstrate continued institutional, managerial, and financial capacity (including funds sufficient to pay the non-Federal share of the project cost) to ensure proper planning, management, and completion of the project as described in the award (42 CFR 59.7(a)).

Grantees must reconcile reports, ensuring that disbursements equal obligations and drawdowns. HHS is not liable should the recipient expenditures exceed the actual amount available for the grant.

14. ADDITIONAL CONDITIONS

With respect to any grant, HHS may impose additional conditions prior to or at the time of any award, when, in the judgment of HHS, these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds (42 CFR 59.12).

15. CLOSEOUT

Within 90 days of the end of grant support, grantees must submit:

- a final Federal Financial Report (FFR)
- a final progress report

Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal Government may recover amounts based on the results of an audit covering any part of the period of grant support (HHS Grants Policy Statement, II-90).

For a complete list of requirements, grantees should review the HHS Grants Policy Statement, available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

16. OTHER APPLICABLE HHS REGULATIONS AND STATUTES

Attention is drawn to the following HHS Department-wide regulations that apply to grants under Title X. These include:

- 37 CFR Part 401: Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements;
- 42 CFR Part 50, Subpart D: Public Health Service grant appeals procedure;
- 45 CFR Part 16: Procedures of the Departmental Grant Appeals Board;
- 45 CFR Part 74: Uniform administrative requirements for awards and sub-awards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments, and Indian tribal governments;
- 45 CFR Part 80: Nondiscrimination under programs receiving Federal assistance through HHS effectuation of Title VI of the Civil Rights Act of 1964;
- 45 CFR Part 81: Practice and procedure for hearings under Part 80 of this Title;
- 45 CFR Part 84: Nondiscrimination on the basis of disability in programs and activities receiving or benefitting from Federal financial assistance;
- 45 CFR Part 91: Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance;
- 45 CFR Part 92: Uniform administrative requirements for grants and cooperative agreements to State and local governments; and
- 45 CFR Part 100: Intergovernmental Review of Department of Health and Human Services Programs and Activities.

In addition, the following statutory and regulatory provisions may be applicable to grants under Title X:

- The Patient Protection and Affordable Care Act (Public Law 111-148);
- The Trafficking Victims Protection Act of 2000, as amended (Public Law 106-386);
- Sex Trafficking of Children or by Force, Fraud, or Coercion (18 USC 1591);
- The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191); and
- Appropriations language that applies to the Title X program for the relevant fiscal year.

Abortions Performed in South Carolina, 2014

Facility	Clinical Estimate of Gestation			
	18 weeks or less	19 to 24 weeks	25 weeks or more	Total
Charleston Women's Medical Center	1887	0	0	1887
Greenville Women's Clinic, PA	2108	0	0	2108
Planned Parenthood of SC Inc - Columbia	1645	0	0	1645
Greenville Memorial Hospital	4	7	0	11
Medical University of South Carolina	22	36	0	58
Spartanburg Regional Medical Center	3	2	0	5
Total	5669	45	0	5714

Facility	Gestation Calculated from Date Last Normal Menses Began				
	18 weeks or less	19 to 24 weeks	25 weeks or more	Unknown*	Total
Charleston Women's Medical Center	1884	0	0	3	1887
Greenville Women's Clinic, PA	2105	0	0	3	2108
Planned Parenthood of SC Inc - Columbia	1644	0	0	1	1645
Greenville Memorial Hospital	3	7	0	1	11
Medical University of South Carolina	18	23	0	17	58
Spartanburg Regional Medical Center	2	1	0	2	5
Total	5656	31	0	27	5714

*Unknown includes records with missing date of last menstrual period, as well as calculated values that are negative.

Source: SC DHEC - Office of Public Health Statistics and Information Services - Division of Biostatistics
September 2015

Abortions Performed in South Carolina, 2013

Facility	Clinical Estimate of Gestation			
	18 weeks or less	19 to 24 weeks	25 weeks or more	Total
Charleston Women's Medical Center	1928	0	0	1928
Greenville Women's Clinic, PA	2064	0	0	2064
Planned Parenthood of SC Inc - Columbia	1805	0	0	1805
Greenville Memorial Hospital	8	11	0	19
Medical University of South Carolina	26	31	0	57
Palmetto Richland Memorial Hospital	2	1	0	3
Spartanburg Regional Medical Center	0	2	0	2
Total	5833	45	0	5878

Facility	Gestation Calculated from Date Last Normal Menses Began				
	18 weeks or less	19 to 24 weeks	25 weeks or more	Unknown*	Total
Charleston Women's Medical Center	1922	0	0	6	1928
Greenville Women's Clinic, PA	2057	0	0	7	2064
Planned Parenthood of SC Inc - Columbia	1804	0	0	1	1805
Greenville Memorial Hospital	6	9	1	3	19
Medical University of South Carolina	24	28	1	4	57
Palmetto Richland Memorial Hospital	0	0	0	3	3
Spartanburg Regional Medical Center	0	1	0	1	2
Total	5813	38	2	25	5878

*Unknown includes records with missing date of last menstrual period, as well as calculated values that are negative.

Source: SC DHEC - Office of Public Health Statistics and Information Services - Division of Biostatistics
September 2015

DHEC
PROMOTE PROTECT PROSPER

REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

1. FACILITY NAME *(if not clinic or hospital, give address)*

2. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION

3. COUNTY OF PREGNANCY TERMINATION

4. AGE LAST BIRTHDAY

5. MARRIED?
☐ Yes ☐ No

6. DATE OF PREGNANCY TERMINATION
(Month, Day, Year)

7a. RESIDENCE-STATE

7b. COUNTY

7c. CITY, TOWN OR LOCATION

7d. INSIDE CITY LIMITS?
☐ Yes ☐ No

7e. ZIP CODE

8. OF HISPANIC ORIGIN?
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latina
Specify: _____

9. RACE
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
(Name of the enrolled or principal tribe)
_____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

10. EDUCATION
(Specify only highest grade completed)
☐ 8th grade or less
☐ 9th-12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree, (e.g., AA, AS)
☐ Bachelor's degree, (e.g., BA, AB, BS)
☐ Master's degree, (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate or professional degree (e.g., PhD, EdD)

11. DATE LAST NORMAL MENSES BEGAN
(Month, Day, Year)

12. DATE OF CONCEPTION
(Month, Day, Year)

13. CLINICAL ESTIMATE OF GESTATION
(Weeks)

14. PREVIOUS PREGNANCIES *(Complete each section)*

LIVE BIRTHS		OTHER TERMINATIONS	
14a. Now Living Number _____ ☐ None	14b. Now Dead Number _____ ☐ None	14c. Spontaneous Number _____ ☐ None	14d. Induced *(Do not include this termination)* Number _____ ☐ None

15. TERMINATION PROCEDURES

15a. PROCEDURE THAT TERMINATED PREGNANCY *(Check only one)*

TYPE OF TERMINATION PROCEDURES

1 ☐ Suction Curettage
2 ☐ Sharp Curettage
3 ☐ Dilation and Evacuation (D & E)
4 ☐ Intra-Uterine Saline Instillation
5 ☐ Intra-Uterine Prostaglandin Instillation
6 ☐ Hysterotomy/Hysterectomy
7 ☐ Medical (Nonsurgical), Specify Medication(s) _____
8 ☐ Other (Specify) _____

15b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY
(Check all that apply)

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
None ☐ 0

16–17. CONSENT REQUIREMENTS
(Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended)

ITEM 16 MUST BE COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE.

16a. WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT?
☐ Yes ☐ No

16b. IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO:
(check one)
1 ☐ Medical Emergency
2 ☐ Incest
3 ☐ Not Capable/Mentally Incompetent
4 ☐ None of the above

16c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM:
(check one)
1 ☐ Spouse
2 ☐ Parent
3 ☐ Legal Guardian
4 ☐ None of the above

ITEM 17 MUST BE COMPLETED FOR EACH PATIENT UNDER 17 YEARS OF AGE.

17a. IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM:
(check one)
1 ☐ Parent
2 ☐ Legal Guardian
3 ☐ Grandparent
4 ☐ Person in Loco Parentis
5 ☐ None of the above

17b. IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW:
(check one)
1 ☐ Emancipated Minor
2 ☐ Court Order
3 ☐ Medical Emergency
4 ☐ Incest
5 ☐ None of the above

18. DATE REPORT COMPLETED *(Month, Day, Year)*

FOR STATE OFFICE USE ONLY
19. DATE REPORT RECEIVED

SAMPLE

Resource List

This resource list is not meant to be all-inclusive but to serve as a resource of community services and is given to those people desiring additional information on what is available in the surrounding area.

This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the USDA, Director, Office of Civil Rights,
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
or call (800)795-3272.

Additional Resources

To view the complete publication
Directory of Services for
Women and Families in South Carolina
visit:
www.scdhec.gov/administration/library/ML-017048.pdf
or scan the QR Code below with your smart phone.

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

www.scdhec.gov

CR-010443 7/12

Resources During Your *Pregnancy*

If you are pregnant, here are some resources you may need.

Listings included for Aiken, Allendale, Bamberg, Barnwell, Calhoun, Holly Hill, Orangeburg and surrounding areas.

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Prenatal (Maternity) Care

You will need to begin prenatal care as soon as possible. Let the nurse know if you need help making an appointment.

See your local yellow pages for more information on OB/GYN providers.

Support Services

Your local county public health department can provide you with pregnancy testing and assistance during your pregnancy.

Women, Infants and Children (WIC) is a supplemental food program that assists with purchasing foods that can help your baby grow. WIC also provides assistance with breastfeeding.

WIC
Women, Infants & Children
SOUTH CAROLINA

www.scdhec.gov/WIC

Make An Appointment

Centralized Appointing
(800) 450-1687 (toll-free) or (803) 642-7543

Aiken County Public Health Department
(803) 642-1687

Allendale County Public Health Department
(803) 584-3818

Bamberg County Public Health Department
(803) 245-5176

Barnwell County Health Department
(803)541-1061

Calhoun County Public Health Department
(803) 874-2037

Holly Hill Public Health Department
(803) 496-3324

Orangeburg County Public Health Department
(803) 536-9060

Department of Social Services

Your local Department of Social Services (DSS) can also assist you in getting health insurance through Medicaid and other resources like food stamps.

Aiken County
(803) 649-1111

Allendale County
(803) 584-7048

Bamberg County
(803) 245-4361

Barnwell County
(803)541-1200

Calhoun County
(803) 874-3384

Orangeburg County
(803) 531-3101

Adoption Services

If you are considering adoption, the following services can answer your questions.

Bethany Christian Services (Columbia, SC)
(800) 238-4269 (toll-free)

Florence Crittenton (Charlotte, NC)
(704) 372-4663

Department of Social Services (Columbia, SC)
(803) 898-7318

Community Resources

If you are not sure what your plans are, these community resources may be able to help you.

Day Break Crisis Pregnancy Center (Columbia, SC)
(803) 771-6634

Life Choices (Aiken, SC)
(803) 649-9890

Information on Pregnancy Termination

Planned Parenthood (Augusta, GA)
(706) 724-5557

Planned Parenthood (Columbia, SC)
(803) 256-4908

Charleston Women's Medical Center
(800) 358-4075 (toll-free) or (843) 571-5161

Greenville Women's Clinic, P.A.
(800) 776-0082 (toll-free) or (864) 232-1584

ABORTION RESOURCES

Charleston Women's Medical Center
1312 Ashley River Road
Charleston, SC 29407
(843) 571-5161 or (800) 358-4075
www.charlestonwomensmedicalcenter.com

Greenville Women's Clinic
1142 Grove Road
Greenville, SC 29605
(888) 710-6084
www.greenvillewomensclinic.com

Planned Parenthood Columbia Health Center
2712 Middleburg Drive, #107
Columbia, SC 29204
(803) 256-4908
http://www.plannedparenthood.org/

Carolina Center for Women
421 North Wendover Rd.
Charlotte, NC 28211
(704) 367-2255
www.carolinacenterforwomen.com

A Preferred Women's Health Center
2903 Professional Parkway
Augusta, GA 30907
(888) 562-7415
www.apwhc.com

Atlanta Center for Women's Choice
1874 Piedmont Road, Suite 580E
Atlanta, GA 30324-4975
(855) 489.6597

Feminist Women's Health Center
1924 Cliff Valley Way NE
Atlanta, GA 30329
(800) 877.6013
www.feministcenter.org

The information provided above is not an exhaustive list and is not an endorsement of any health

FEES COLLECTED BY SCDHEC FROM ABORTION FACILITIES

July 01, 2010 - September 20, 2015

	License/Inspection/Late Fees	Infectious Waste Annual Permit Fee	Drug Control Fee	License/Inspection/Late Fees	Infectious Waste Annual Permit Fee	License/Inspection/Late Fees	Infectious Waste Annual Permit Fee	
	Planned Parenthood South Atlantic	Planned Parenthood South Atlantic	Planned Parenthood South Atlantic	Greenville Women's Clinic PA	Greenville Women's Clinic PA	SC Women's Center*	Charleston Women's Medical Center*	TOTAL FEES COLLECTED
07/01/15 - 09/20/15	$0	$150	$0	$0	$150	$0	$150	$450
SFY'2015	$900	$150	$125	$925	$150	$925	$150	$3,325
SFY'2014	$500	$150	$125	$500	$150	$500	$150	$2,075
SFY'2013	$625	$150	$125	$500	$150	$500	$150	$2,200
SFY'2012	$500	$150	$125	$500	$150	$500	$150	$2,075
SFY'2011	$500	$150	$125	$500	$150	$500	$150	$2,075
	$3,025	$900	$625	$2,925	$900	$2,925	$900	$12,200

Note: *SC Women's Center's invoices are billed to: Charleston Women's Medical Center.
Charleston Women's Medical Center is the facility name and SC Women's Center is the licensee name.

STANDARD OPERATING PROCEDURE MANUAL

INFECTIOUS WASTE PROGRAM
INFECTIOUS AND RADIOACTIVE WASTE MANAGEMENT SECTION
DIVISION OF WASTE MANAGEMENT
BUREAU OF LAND AND WASTE MANAGEMENT

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DATE: September 2014

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

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South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

REGISTRATION OF SOUTH CAROLINA INFECTIOUS WASTE GENERATORS

A. Generators who are not registered with the Department.

1. Generators of Infectious Waste either send in a completed Registration Form or contact the Infectious Waste Department to obtain a Registration Form in which they are directed to our DHEC Infectious Waste Webpage (www.scdhec.gov/infectiouswaste) to obtain a copy of our Infectious Waste Registration Form (DHEC Form 1999). If unable to obtain a copy of the Registration Form by email we will then fax or mail to the generator.
2. Receive the infectious waste form & date stamp.
3. Review the form for completeness and accuracy. If incomplete, unclear, or inconsistent, contact the facility.
4. Once complete, add information in EFIS.
   a. Search to see whether the company already exists in EFIS. Search by address only first and then by company name. After each search, clear all fields using the eraser.
   b. If the company does not already exist in EFIS, enter the name of the company and click on the green plus.
   c. If the company does already exist in EFIS, then click on "Permits" and then the green plus sign to add the infectious waste registration to the already existing company.
   d. Enter or confirm FEIN through the 'Company' screen under the 'Other Names/IDs' button.
5. Request that Finance create an invoice. The amount of the invoice is determined as follows: If they generate or estimate they will generate 50 lbs. thru 999 lbs. in any one calendar month within the past or next 12 calendar months, invoice $150.00. If they generate or estimate they will 1,000 lbs or more in any one calendar month within the past or next 12 calendar months, invoice $600.00. If they do not generate or estimate they will generate at least 50 lbs. in any one calendar month within the past or next 12 calendar months, then go to #8. (Annual Invoices are generated by EQC Administration July of each year.)
6. Receive the $150.00 (Large Qty. Generator) or $600.00 payment (Extra-large Qty Generator).
7. If payment is received before the facility is invoiced, make a copy of the check & IW Registration Form and send to EQC Administration.
8. Send out to the Generator the registration confirmation letter generated in EFIS with a new "expiration date" dated 3 years from the last day of the month, the registration date which will be the end of the current month is automatically inserted by EFIS. (Example) If registration is received Feb. 28 and entered into EFIS on March 1, 2010, the expiration date will be March 31, 2013. For a small quantity generator registration(s) received in April, use a May end of the month expiration date. **The month of April is reserved for large quantity generators.**
9. Scan the information (infectious waste registration form and a copy of a new registration letter with a new expiration date) into WebExtender. (Filing system example: SC40-0001G) SC is for South Carolina; 40 is for the county number "Richland County"; 0001 is for the number of that generator in Richland County; and G is for Generator.

B. Receive renewal registration form.

1. Receive the infectious waste form and date stamp.
2 Follow steps 2-3 and 5-9 in Section A. Confirm all data referenced in step 4.

C. Send out renewal notices for small quantity generators

1. Send out renewal notices on or near the 5th of each month with a three (3) month span. (Ex: 04-01-2010 – 06-30-2010)

2. Log onto EFIS to generate this report and follow these steps:
a. Click on the EFIS Icon located on your Computer
b. Click on Reports, click on the Infectious Waste from the Report Groups
c. Click on Generators from the Categories Group, click on small generator renewal notice from the Report Names Group
d. Click on generate report located at the bottom of the screen
e. Grey screen will appear with two boxes for the expiration date type in (Ex: 04-01-2010 – 06-30-2010), press enter
f. All generator registrations expiring between those dates will be printed with the expiration date being the last day of the month.
3. Fold all renewal notices so that the company name appears in the window box of the envelope.
4. Once complete put renewal notices in the section's outgoing mail box or hand carry to any other outgoing mail station.
5. Receive back the infectious waste form and date stamp.
6. Distribute renewal notice to appropriate staff member using county code.
7. Review the form for completeness and accuracy. If incomplete, unclear, or inconsistent, contact the facility.
8. Once review is complete enter the renewal notice and updated information into EFIS.
9. If the facility's street address has changed, be sure to update the address under the "site Info' tab as well as the address on the 'Company' screen.
10. If their status has changed to Large or Extra Large Quantity Generator (refer to A.5. for generator status) send or request that Finance send an invoice for $150.00 or $600.00. If they do not generate or estimate they generated 50 lbs. or more in any one calendar month over the past 12 months, then go to # 11.
11. Receive the $150.00 or $600.00 payment.
12. Send out to the Generator the new registration confirmation letter with a new "expiration date" dated at the end of the current month except for the month of April. The month of April is reserved for large quantity generators. For renewals received in April, use a May end of month expiration date.
13. Scan the information (infectious waste renewal registration form) into WebExtender. (Filing system example: SC40-0001G) SC is for South Carolina; 40 is for the county number "Richland County"; 0001 is for the number of that generator in Richland County; and G is for Generator.
14. If the renewal notice is not returned or if it is returned by the post office, investigate the facility's status by calling, checking with information in the local area or online, and if reasonable, visiting the facility in person.
15. If the generator does not re-register to comply with the regulations within 30 days of registration expiration, then prepare an enforcement referral for management review. See the G: drive for an example of an enforcement referral.

D. Send renewal notices for large quantity generators.
1. Send out the infectious waste renewal form on the 1st of January of each year, then the 1st business day of each month. (Refer to Section B)
2. Receive the infectious waste form and date stamp.
3. Review the form for completeness and accuracy
If incomplete, unclear, or inconsistent, contact the facility.

4. Enter the renewal notice and any updated information into EFIS, once complete.
5. If the facility's street address has changed, be sure to update the address under the "site Info' tab as well as the address on the 'Company' screen.
6. If their generator status has changed (Refer to A.5 for generator status) make the status change in EFIS, and adjust the invoice if needed.
7. Send out to the Generator the new registration confirmation letter with a new "expiration date" dated at the end of April. The month of April is reserved for large quantity generators.
8. Scan the information (infectious waste renewal registration form) into WebExtender. (Filing system example: SC40-0001G) SC is for South Carolina; 40 is for the county number "Richland County"; 0001 is for the number of that generator in Richland County; and G is Generator.
9. If the renewal notice is not returned or if it is returned by the post office, investigate the facility's status by calling, checking with information in the local area or online, and if reasonable, visiting the facility in person..
10. If the generator does not re-register to comply with the regulations within 30 days of registration expiration, then prepare an enforcement referral for management review. See the G: drive for an example of an enforcement referral.

E. Entering registration and renewals in EFIS.

F. EQC Administration will send out invoices for infectious waste annual fees in July.

1. EQC Administration will send a copy of the mailing list to the infectious waste program to verify addresses and fees two weeks prior to mailing.
2. If EQC Administration receives the invoice back, then the Bureau of Finance will notify the infectious waste program of the returned invoice.
3. The infectious waste program will research the problem and notify the Bureau of Finance to either re-send the invoice or cancel the invoice all together.
4. The infectious waste program will request a list of generators who have not paid 30 days after invoices were sent. Program staff will call using the form 'Fee Resolution'.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

REGISTRATION OF SC INFECTIOUS WASTE TRANSPORTERS

REFERENCE: South Carolina Infectious Waste Management Regulations R.61-105, Section N. Infectious Waste Transporter Requirements, dated June 2010.

Transporters of infectious waste, which is generated, stored, transferred, transported, treated or disposed within South Carolina, must be registered with the Department.

If a company or business is interested in becoming a registered transporter, the following procedure is used:

A. Registration packet is mailed to the person requesting the registration. The registration packet includes:
   1. The standard letter of explanation and instructions to all new applicants (See G: drive).
   2. The Infectious Waste Transporter Registration Form (DHEC Form 3408).
   3. The Infectious Waste Transporter Certificate of Insurance Form (DHEC Form 3407).
   4. The checklist for Infectious Waste Management Plan Review (See G:drive) .
   5. A copy of the South Carolina Infectious Waste Regulations, R.61-105.

B. Contact the applicant if the information is not complete. The following items must be reviewed:
   1. The application must be completed in its entirety.
   2. The application must be certified by an authorized signature.
   3. The $500.00 registration fee must be enclosed. If not, check to see if the fee has been submitted online.
   4. The original Certificate of Insurance should be completed and signed by a qualified insurance company. If the transporter chooses not to have this form signed, the entire insurance policy must be submitted. Call to verify with insurance company.
   5. The policy must state at least $1,000,000 general liability and remain current (**always** check for expiration date).
   6. Review entire infectious waste management plan. Fill in the appropriate box on the registration form with the administratively complete date. The plan must meet Department criteria to handle infectious waste and to clean up spills. The checklist is used to help determine if the plan is acceptable. Provide comments or questions in writing in a formal letter to applicant for a written response. Typically, the registration process should be completed within 30 days of the date of application receipt or the date the application is determined to be administratively complete. Once approved and the registration is complete, this becomes a legal and binding document.

C. Once all criteria are met, the Department issues the South Carolina registration number to the applicant. Each transporter will have its own unique number. (Filing system example: SC41-01T) SC is for South Carolina; 41 is for the state number "South Carolina"; 01 is for the number of that transporter in South Carolina; and T is for Transporter. The number is automatically generated from the EFIS program. This is accomplished by entering the Transporter section and going into "New" companies and entering all the information from the application.

D. The Program generates an invoice from DHEC's billing computer system. This is done by going into EFIS, Reports, Infectious Waste, Financial, and Miscellaneous Invoice. Type in Transporter number and the invoice will automatically come up with the name. Send a copy of the invoice along with the $500.00 fee to the Bureau of Finance (See Appendix).

E. Generate a registration certificate with the transporter name, facility address, telephone number, person responsible, and Department issued identification number. Generate a transporter approval letter notifying the transporter of approval, which is valid for one year from the date issued.

F. Mail both documents to the mailing address.

G. Renewal notice letters are sent to the registrant approximately 1(one) month before their registration expires (see G:drive).

H. When a transporter renewal application is received, an updated annual infectious waste management plan must accompany the application.

File all documents according to the filing system procedures in this document. The new transporter to the transporter list on the G: drive, and E-mail the LWM_HELP division to add the new list on the internet. Managers will review all new registered transporters.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

TRANSPORTER APPROVAL LETTER

Date

Contact Name
Facility Name
Facility Address

Dear :

The Bureau of Land and Waste Management has approved your registration application. The information included on the registration form, evidence of financial responsibility for sudden and accidental occurrences, and other supporting documentation indicated that your company meets or exceeds all of the requirements set forth in Regulation 61-105 to transport infectious waste.

Enclosed you will find the Infectious Waste Transporter Number SC_____ issued to _____, in accordance with the South Carolina Infectious Waste Management Act. This registration is valid for (1) year from the date of issuance and renewal may be sought by following procedures outlined in Regulation 61-105. In the event of any regulation revision, you will be required to comply with any applicable portion.

Thank you for your cooperation. If you have any questions, please contact me at 803.898____.

Sincerely,

Name
Infectious & Radioactive Waste Section
Bureau of Land and Waste Management

Enclosure

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
TRANSPORTER REGISTRATION

OFFICE OF ENVIRONMENTAL QUALITY CONTROL
BUREAU OF LAND AND WASTE MANAGEMENT
INFECTIOUS WASTE TRANSPORTER REGISTRATION

Date of Issue: Expiration Date:

Registration Number: SC

Permission is hereby granted to:

Name of transporter:

Address:

Contact:

Phone:

This registration is issued pursuant to the South Carolina Infectious Waste Management Act and South Carolina Infectious Waste Regulations 61-105. The authority granted hereunder is subject to the requirements of aforementioned laws and regulations and the following conditions:

1. Operations must conform to the information pertaining to the activities as described on the registration form and all applicable provisions of the S.C. Infectious Waste Management Regulations, the S.C. Public Service Commission Regulations and the Federal Department of Transportation Regulations.

2. In the event of any change in the coverage of the Certificate of Insurance policy, an authorized representative of the insurance company must sign the form (DHEC 3407) and submit to the Department.

3. Please note this registration approval and the transporter registration number are not transferrable. This registration is the property of the Bureau of Land and Waste Management and must be surrendered on demand.

_____

Name, Environmental Health Manager
Infectious and Radioactive Waste Management
Bureau of Land and Waste Management

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
TRANSPORTER RENEWAL NOTICE

Date

Contact Name
Facility Name
Facility Address

RE: SC Infectious Waste Registration Number SC____

Dear Mr.

Your S.C. infectious waste transporter registration will expire _____. Please complete in its entirety, the enclosed Transporter Registration Application as required in Section N(6) of the SC Infectious Waste Regulations, R.61-105. Also, a copy of your updated infectious waste management plan is required as described in Section N(7) of the regulations. Please include the annual $500.00 processing fee as described in the Environmental Protections Fees Regulation R.61-30.

Also, your infectious waste transporter insurance will expire on _____. As required in Section O(1)c please have the enclosed certificate of insurance form completed by your insurance company and the original returned to the Department.

If you have any questions concerning the registration procedures, please contact the Department at 803.896.____.

Sincerely,

Name
Infectious and Radioactive Waste Section
Bureau of Land and Waste Management

Enclosures

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
INSPECTION OF GENERATORS

A. Preparing for inspections
1. Note if the Inspector has previously inspected the facility. If it was, note any previous and current status violations, or changes in registration information.
2. Create an Inspection Report with the facility information for any facility to be inspected.

B. Recommended Equipment for inspections
1. Inspection Report – printed or PDA
2. Camera – check to be sure camera is in working order
3. DHEC Badge
4. PPE-long pants and closed toe shoes
5. Business cards
6. Phone
7. Brochures
8. Compliance letters
9. Lists of transporters
10. Get the Point stickers
11. Gloves
12. Weight log sheets
13. Blank inspection reports
14. Drivers License and your DHEC Driver ID #
15. Metal box w/trip ticket and gas card
16. Pen
17. Copies of the Regulation (one copy required)

C. DHEC inspector inspects the generator of infectious waste and takes pictures of the site conditions and any violations. Inspector looks at how the waste is packaged, stored, treated, manifested, and disposed of with a Department registered transporter.

D. If the Generator is not in compliance, a warning letter is sent with corrective action sheet attached. If conditions warrant, make recommendation(s) to manager and conduct follow-up inspection within 3 months. If facility is in compliance, issue an In Compliance letter.

E. The Inspector will use an infectious waste inspection form (Appendix C) as a report of an inspection and must be filed with the generator's file. Notes are hand-written on the Inspection Report during the inspection, then finalized in the office and a final Inspection Report is attached in EFIS.

F. After an inspection is completed, one of three paths can be taken.
1. If no violations are found at the time of the inspection, a compliance letter is filled out and given (or mailed) to the contact person.
2. If the violations found are all minor, or no more than 4 intermediate violations are found, according to the enforcement rubric found on the G: drive, a warning letter and Certification

of Compliance Action letter are generated (see templates on G: drive, in Infectious Waste folder, in Infectious Waste Inspections folder) and given to the Section Manager for review and signature. A Corrective Action task is created, dated approximately 30 days from the date of the warning letter, and assigned to the inspector. At this time, the manager will change the Inspection Task status in EFIS to 'Reviewed.' Once signed, these are photocopied, scanned, docketed, and integrated according to the Filing Protocol before mailing. When a response is received from the facility listing actions taken to put facility back in compliance, the actions taken should be reviewed, and if appropriate, Violation status should be changed to 'Closed,' the Compliance status of the citations should be changed to 'In Compliance,' the date of the letter should be entered as the 'Compliance Date', and the Corrective Action task should be closed. If the response in not appropriate, the facility should be notified. The documents submitted should also be retained appropriately.

NOTE: For any facility that has 4 or more intermediate violation but is not referred to enforcement, consider performing a follow-up inspection within approximately 6 months after inspection. This should be discussed with the Manager and a new task created in EFIS.

EFIS Procedure:

From Permit screen: 1. Click on Violations button. 2. Select Violation to be updated. 3. Click Details button. 4. Change Status from 'Open' to 'Closed.' 5. Click Citations button. 6. In the Compliance status column, change the status from 'In Violation' to 'In Compliance' (either use LOV or type 'In Comp'). 7. Enter date of letter in Compliance Date column. 8. Save.

To see if facilities are sending their certification to us in a timely manner, a check should be run every 2 weeks. For any facilities that have not sent in their certification at the time of that check, the inspector should be notified so that they can take appropriate action.

EFIS Procedure:

1. On Data Entry menu, click 'Violations.' 2. For Program Owner, click on LOV and enter lwi, then select LWM-Infectious Waste. 3. For Status, select 'Open' using the LOV. 4. Execute Query (or click F8). 5. Click the box next to Export Data to Report/File. 6. Click File. 7. Save on G: drive, in Infectious waste folder, in Infectious Waste Inspections folder, in Violations folder. Send e-mail to inspectors that new violations list has been posted.

3. If a major violation is found, or more than 4 intermediate violations are found, the Inspection Report must be printed. Then consult with the manager regarding the enforcement referral. If it is determined that a referral will be made, an Inspection Result Letter must be generated (see Enforcement letter template on G: drive, in Infectious Waste folder, in Infectious Waste Inspections folder), and an Enforcement referral must be generated (see IW referral template on G: drive, in Infectious Waste Folder, in Enforcement folder). (Otherwise a warning letter must be generated) Once this is all created, give to Section Manager for review. She will change the Task result in EFIS to 'Referred to Enforcement,' get the Division Director's signature, and give all paperwork to the Enforcement Section.

Note: For violations found during inspections at hospitals, nursing homes, renal dialysis and ambulatory surgery centers, a copy of the enforcement referral should be sent to Melinda Bradshaw (or current HR Liaison in Health Regulation).

G. Audits-

1. When to conduct an Audit
   a. Conduct audits of small quantity generators to ensure that they are classified correctly as to status.
   b. When new facilities register, do an audit when they have been operating approximately 1 year.
   c. Randomly
2. Generate a letter in EFIS asking for 12 months of manifests and weight log.
2. Review records that are received.
3. If generator status changes, send an invoice if needed.
4. If required information is not available, take enforcement action as needed.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

INFECTIOUS WASTE GENERATOR INSPECTION REPORT

Date of Inspection:_____

A. General Information:

1. Generator Name: _____Registration Number-_____

2. Address: -_____

3. Contact Person: _____Phone Number: _____

4. If the information above changed, were we notified within 30 days?	Yes	No	N/A	(R.61-105 (F)(2))
5. Does the facility have a designated infection control committee and a written waste stream protocol?	Yes	No	N/A	(R.61-105 (F)(5))

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged?	Yes	No	N/A	(R.61-105 (I)(1))
2. Containers Properly Labeled?				
a. a. Universal biohazard symbol?	Yes	No	N/A	(R.61-105 (J)(2)(a))
b. b. Department issued number?	Yes	No	N/A	(R.61-105 (J)(2)(b))
c. c. Date the container storage began?	Yes	No	N/A	(R.61-105 (J)(2)(d))
3. Infectious waste properly segregated from solid waste?	Yes	No	N/A	(R.61-105 (H))
4. Disinfection of surfaces in contact with infectious waste prior to reuse?	Yes	No	N/A	(R.61-105 (L)(1))

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents?	Yes	No	N/A	(R.61-105 (K)(1)(a))
2. Waste protected from weather conditions?	Yes	No	N/A	(R.61-105 (K)(1)(b))
3. Waste stored to prevent release?	Yes	No	N/A	(R.61-105 (K)(1)(c))
4. Outdoor storage area locked?	Yes	No	N/A	(R.61-105 (K)(2))
5. Authorized personnel only area?	Yes	No	N/A	(R.61-105 (K)(3))
6. Labeled with biohazard symbol?	Yes	No	N/A	(R.61-105 (K)(4))
7. Waste odorless and under storage time limit?	Yes	No	N/A	(R.61-105 (K)(5)(a))

D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release?	Yes	No	N/A	(R.61-105 (F)(6)(g))
2. Is the waste properly treated prior to disposal?	Yes	No	N/A	(R.61-105 (F)(6)(h))
3. Records maintained for 2 years?	Yes	No	N/A	(R.61-105 (AA)(2)&(3))
4. Weight record obtained within 50 days of shipment?	Yes	No	N/A	(R.61-105 (F)(6)(j))
5. Waste picked up at facility?	Yes	No	N/A	(R.61-105 (N)(2))
6. Is it properly manifested with the name and registration number of the generator?	Yes	No	N/A	(R.61-105 (M)(1)(b))
a. Number of containers and volume or weight?	Yes	No	N/A	(R.61-105 (M)(1)(e&f))
b. Name of transporter?	Yes	No	N/A	(R.61-105 (M)(1)(j))
7. Is the transporter registered with the Department?	Yes	No	N/A	(R.61-105 (F)(6)(i))
If no, please note name, address, contact person, and phone number for the transporter.				
8. Does the facility treat waste on site?	Yes	No	N/A	(R.61-105 (X)(2))

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

Inspector:

General Information:

1. Generator Name:_____ Registration Number SC_____G
2. Address:_____ Date of Inspection:_____

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
INSPECTION OF TRANSPORTERS

A. Preparing for inspection

1. Perform initial inspection within the first week of operation and typically every 3 months thereafter. Note if the Program previously inspected the facility. If it was, note any previous violations.
2. Create an Inspection Report with the facility information for any facility to be inspected.
3. Review facility documentation on file including approved permit and SOPs.

B. Recommended Equipment for inspections

1. Inspection Report
2. Camera
3. Badge
4. PPE-long pants and closed toe shoes
5. Business cards
6. Phone
7. Brochures
8. Compliance letters
9. Copies of lists of transporters
10. "Get the Point" program stickers
11. Latex Gloves
12. PDA

C. DHEC inspector inspects the treatment facility and takes pictures of the site conditions and any violation of the regulation and the reviews the approved SOP manual. Inspector looks at how the waste is packaged, stored, manifested, and disposed of. Also the inspector checks and verifies that all operations of the units and trailers comply with the treatment facility SOP. Document inspection results on the inspection report.

D. The Inspector will use an infectious waste inspection form (Appendix E) as a report of an inspection. Notes are hand-written on the Inspection Report during the inspection, then finalized in the office and a final Inspection Report is attached in EFIS.

E. Refer below to determine compliance or enforcement action.

F. The Inspector will use an infectious waste inspection form (Appendix E) as a report of an inspection and must be filed with the treatment facility's file. Notes are hand-written on the Inspection Report during the inspection, then finalized in the office and a final Inspection Report is attached in EFIS.

G. After an inspection is completed, one of three paths can be taken.

1. If no violations are found at the time of the inspection, a compliance letter is filled out and given (or mailed) to the contact person.
2. If the violations found are all minor, or no more than 2 intermediate violations are found, according to the enforcement rubric found on the G: drive, a warning letter and Certification of Compliance Action letter are generated (see templates on G: drive, in Infectious Waste

folder, in Infectious Waste Inspections folder) and given to the Section Manager for review and signature. At this time, the manager will change the Inspection Task status in EFIS to 'Reviewed.' Once signed, these are photocopied, scanned, docketed, and integrated according to the Filing Protocol before mailing. When a response is received from the facility listing actions taken to put facility back in compliance, the actions taken should be reviewed, and if appropriate, Violation status should be changed to 'Closed,' the Compliance status of the citations should be changed to 'In Compliance,' and the date of the letter should be entered as the 'Compliance Date.' If the response in not appropriate, the facility should be notified. The documents submitted should also be retained appropriately.

EFIS Procedure:

From Permit screen: 1. Click on Violations button. 2. Select Violation to be updated. 3. Click Details button. 4. Change Status from 'Open' to 'Closed.' 5. Click Citations button. 6. In the Compliance status column, change the status from 'In Violation' to 'In Compliance' (either use LOV or type 'In Comp'). 7. Enter date of letter in Compliance Date column. 8. Save.

To see if facilities are sending their certification to us in a timely manner, a check should be run every 2 weeks. For any facilities that have not sent in their certification at the time of that check, the inspector should be notified so that they can take appropriate action.

EFIS Procedure:

1. On Data Entry menu, click 'Violations.' 2. For Program Owner, click on LOV and enter lwi, then select LWM-Infectious Waste. 3. For Status, select 'Open' using the LOV. 4. Execute Query (or click F8). 5. Click the box next to Export Data to Report/File. 6. Click File. 7. Save on G: drive, in Infectious waste folder, in Infectious Waste Inspections folder, in Violations folder. Send e-mail to inspectors that new violations list has been posted.

3. If a major violation is found, or more than 2 intermediate violations are found, the Inspection Report must be printed. Then consult with the manager regarding the enforcement referral. If it is determined that a referral will be made, an Inspection Result Letter must be generated (see Enforcement letter template on G: drive, in Infectious Waste folder, in Infectious Waste Inspections folder), and an Enforcement referral must be generated (see IW referral template on G: drive, in Infectious Waste Folder, in Enforcement folder). (Otherwise a warning letter must be generated) Once this is all created, give to Section Manager for review. She will change the Task result in EFIS to 'Referred to Enforcement,' get the Division Director's signature, and give all paperwork to the Enforcement Section.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

INFECTIOUS WASTE TRANSPORTER INSPECTION REPORT

A. General Information:

1. Inspection Date: _____

2. Transporter Name: _____ Registration Number: SC_____

3. Trailer Number: _____ License Plate Number: _____

4. DHEC Inspector(s): _____

B. Condition of Cargo-Carrying Body:

Fully enclosed?	Yes	No	(R.61-105 Q(1)(a))
Leaking?	Yes	No	(R.61-105 Q(1)(d))
Properly Labeled (on all 3 sides)?			(R.61-105 Q(1)(g))
a. Infectious Waste Transporter Name	Yes	No	(R.61-105 Q(1)(g)(i))
b. Department Issued Number	Yes	No	(R.61-105 Q(1)(g)(ii))
c. INFECTIOUS WASTE, MEDICAL WASTE or BIOHAZARDOUS WASTE wording	Yes	No	(R.61-105 Q(1)(g)(iii))
Biohazard symbol on on two sides and the front and back	Yes	No	(R61-105 Q(1)(g)(h)
Trailer in Secured Location with Limited Access?	Yes	No	(R.61-105 Q(3)(b))
Breeding Place for Insects, Rodents or Putrescent?	Yes	No	(R.61-105 Q(3)(c))
Drainage discharge to sanitary sewer?	Yes	No	(R.61-105 Q(4))

C. Condition of the Waste:

Waste Loaded Properly?	Yes	No	(R.61-105 Q(1)(b))
Properly Packaged?	Yes	No	(R.61-105 P(1)(a))
Properly Labeled?			
a. Universal Biohazard Symbol?	Yes	No	(R.61-105 P(1)(b))
b. Department Issued Number (if in-state)	Yes	No	(R.61-105 P(1)(b))
Date of Storage?	Yes	No	(R.61-105 P(1)(b))
Properly Manifested?	Yes	No	(R.61-105 R(1))
Waste unloaded into a fixed storage at a transfer facility?	Yes	No	(R.61-105 N(3)(b))

Results of Inspection:

Inspector's Signature: _____ Date: _____

D. General Information:

1. Transporter Name:_____ Registration Number SC _____

2. License Plate Number:_____Inspection Date:_____Trailer Number:_____

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
INSPECTION OF TREATMENT FACILITIES

A. Preparing for inspection

1. Perform initial inspection within the first week of operation about every three months for the first year of operation, and typically every 6 to 12 months thereafter. Note if the Program previously inspected the facility. If it was, note any previous violations.
2. Create an Inspection Report with the facility information for any facility to be inspected.
3. Review facility documentation on file including approved permit and SOPs.

B. Recommended Equipment for inspections

1. Inspection Report
2. Camera
3. Badge
4. PPE-long pants and closed toe shoes
5. Business cards
6. Phone
7. Brochures
8. Compliance letters
9. Copies of lists of transporters
10. "Get the Point" program stickers
11. Latex Gloves
12. PDA

C. DHEC inspector inspects the treatment facility and takes pictures of the site conditions and any violation of the regulation and the reviews the approved SOP manual. Inspector looks at how the waste is packaged, stored, manifested, and disposed of. Also the inspector checks and verifies that all operations of the units and trailers comply with the treatment facility SOP. Document inspection results on the inspection report.

D. The Inspector will use an infectious waste inspection form (Appendix E) as a report of an inspection. Notes are hand-written on the Inspection Report during the inspection, then finalized in the office and a final Inspection Report is attached in EFIS.

E. Refer below to determine compliance or enforcement action.

F. The Inspector will use an infectious waste inspection form (Appendix E) as a report of an inspection and must be filed with the treatment facility's file. Notes are hand-written on the Inspection Report during the inspection, then finalized in the office and a final Inspection Report is attached in EFIS.

G. After an inspection is completed, one of three paths can be taken.

1. If no violations are found at the time of the inspection, a compliance letter is filled out and given (or mailed) to the contact person.
2. If the violations found are all minor, or no more than 2 intermediate violations are found, according to the enforcement rubric found on the G: drive, a warning letter and Certification of Compliance Action letter are generated (see templates on G: drive, in Infectious Waste folder, in Infectious Waste Inspections folder) and given to the Section Manager for review and signature. At this time, the manager will change the Inspection

Task status in EFIS to 'Reviewed.' Once signed, these are photocopied, scanned, docketed, and integrated according to the Filing Protocol before mailing. When a response is received from the facility listing actions taken to put facility back in compliance, the actions taken should be reviewed, and if appropriate, Violation status should be changed to 'Closed,' the Compliance status of the citations should be changed to 'In Compliance,' and the date of the letter should be entered as the 'Compliance Date.' If the response in not appropriate, the facility should be notified. The documents submitted should also be retained appropriately.

EFIS Procedure:

From Permit screen: 1. Click on Violations button. 2. Select Violation to be updated. 3. Click Details button. 4. Change Status from 'Open' to 'Closed.' 5. Click Citations button. 6. In the Compliance status column, change the status from 'In Violation' to 'In Compliance' (either use LOV or type 'In Comp'). 7. Enter date of letter in Compliance Date column. 8. Save.

To see if facilities are sending their certification to us in a timely manner, a check should be run every 2 weeks. For any facilities that have not sent in their certification at the time of that check, the inspector should be notified so that they can take appropriate action.

EFIS Procedure:

1. On Data Entry menu, click 'Violations.' 2. For Program Owner, click on LOV and enter lwi, then select LWM-Infectious Waste. 3. For Status, select 'Open' using the LOV. 4. Execute Query (or click F8). 5. Click the box next to Export Data to Report/File. 6. Click File. 7. Save on G: drive, in Infectious waste folder, in Infectious Waste Inspections folder, in Violations folder. Send e-mail to inspectors that new violations list has been posted.

3. If a major violation is found, or more than 2 intermediate violations are found, the Inspection Report must be printed. Then consult with the manager regarding the enforcement referral. If it is determined that a referral will be made, an Inspection Result Letter must be generated (see Enforcement letter template on G: drive, in Infectious Waste folder, in Infectious Waste Inspections folder), and an Enforcement referral must be generated (see IW referral template on G: drive, in Infectious Waste Folder, in Enforcement folder). (Otherwise a warning letter must be generated) Once this is all created, give to Section Manager for review. She will change the Task result in EFIS to 'Referred to Enforcement,' get the Division Director's signature, and give all paperwork to the Enforcement Section.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
TREATMENT FACILITY ANNUAL INSPECTION REPORT
DIVERSIFIED MEDICAL SERVICES
Permit Number IWMP32-001

General Information-Annual Inspection:
1. DHEC Inspector(s): _____ Date of Inspection: _____
2. DMS Personnel Present: _____

Yes No
Module I.H.-Documents maintained at the facility
___ ___1. Permit Application and Effective Infectious Waste Permit
___ ___2. Standard Operating Procedures Manual (see also (U)(4))
___ ___5. Record of accidental releases (See also (U)(7))
___ ___7. Closure plan (See also (W)(7)(m) and (W)(12))
___ ___8. Manifest copies (See also (AA)(2) and Mod. II.C)
___ ___9. Facility operations logs (See also (U)(14)(f))
___ ___Module II.D-Financial Assurance (See also (W)(12 & 13))
___ ___Module III.B-Appropriate PPE used while handling waste(see also SOP section 3.8)
___ ___Module III.C-All containers on every load monitored for radioactivity (See also (U)(10))
___ ___Module III.D-Appropriate Release plan in place and followed (See also (U)(7) and (I) & (J) and SOP section 3.7)
___ ___Module III.E-Waste handled appropriately (See also (U)(1-13) and SOP section 3.5)
___ ___Module III.F-Residue disposed of appropriately (See also (T)(4) and SOP section 9.0)
___ ___Module IV.C-Containers in good condition (see also (I & J))
___ ___Module IV.D-Containers labeled properly (See also (I) & (J))
Module IV.F-Appropriate loaded trailer management
___ ___a. Loaded trailers parked within fenced boundary
___ ___b. Loaded trailers marked with biohazard symbol sign and words 'Infectious Waste', 'Medical Waste', or 'Biohazardous Waste' (See also R. 61-105 (K)(2) and (5)(c))
___ ___d. Loaded trailers inspected every day and documentation of these inspections maintained
Module IV.G-Appropriate empty trailer management
___ ___a. Empty trailers completely empty except emptied carts or tubs
Yes No
___ ___ b. Both rear doors latched open unless trailer contains empty containers, then unlocked
___ ___ c. Disinfected, with time of disinfection noted in logbook.
___ ___Module IV.H-Log available containing arrival and departure times, point of origin, trailer number, weight of waste, time of disinfection, and number of containers in all trucks
Module V.B-Maintenance Req's
___ ___1. Adhere to maintenance program in SOP 7.0
___ ___2. SOP section 7.0 submitted to Program when updated
___ ___3. Maintenance inspection checklist completed daily, available for 3 years
___ ___4. One-year schedule of maintenance forecast submitted to the Program annually
Module V.C. Operating Performance
___ ___1. Autoclave repair schedule and documentation reported to Program
___ ___2. Credentials available of persons calibrating, adjusting, or repairing equipment
___ ___3. Control equipment reviewed annually by a certified technician

___ ___4. Radiation detection equipment tested weekly and calibrated annually for sensitivity
___ ___5. Daily Bacillus stearothermophillus testing (See also (U)(14)(a & e))
___ ___7. Autoclaves operated at a minimum of 250 °F, 15 psi, and 45 minutes (see also (U)(14)(b))

Module VI.B-Housekeeping

___ ___1. Appropriate use of biohazard bags
___ ___2. Release or leakage handled appropriately (See also Mod. X)
___ ___3. Adsorbents or absorbents immediately autoclaved (See also (L)(1)(c))
___ ___4. No standing water or liquid except within designated locations
___ ___5. Adequate lighting within the facility where waste is stored or handled.
___ ___6. Removable items decontaminated prior to a worker leaving a work area where the items have been in contact with regulated waste.
___ ___7. All areas where regulated waste is handled are properly posted.
___ ___8. Waste in areas where regulated waste is handled was immediately cleaned up and disinfected.

Yes No

___ ___Module VII.B- Emergency preparedness and response activities established according to SOP sections 4.0-4.2. Current list of emergency coordinators and state and local emergency responders readily available in the event of an emergency.
___ ___Module VII.C-Appropriate fire protection system installed
___ ___Module VII.D-MSDS for all chemicals on property posted in an easily accessible location
___ ___Module VII.E-Main gate closed when facility is unoccupied with security to prevent entry by unauthorized people.
___ ___Module VIII.D.1-Employee roster available showing name, SSN, date-of-hire, date of transfer, instructor name, subject covered, employee signature, and date
___ ___Module VIII.D.4.-Individuals are adequately trained and informed in hygiene techniques and housekeeping rules.
___ ___Module VIII.E.1-Exposure Control Plan initiated and reviewed annually.
___ ___Module VIII.E.2-Appropriate employees trained to 29 CFR 1910.1030 standard
___ ___Module VIII.E.3-29 CFR 1910.1030 training covers all elements of standard
___ ___Module VIII.E.4-Exposure Control Plan is accessible to employees
___ ___Module VIII.F-An accurate record is maintained for any employee with occupational exposure
___ ___Module VIII.F.1-The record includes the name and SSN of the employee.
___ ___Module VIII.F.2-The record includes a copy of the employee's Hep B vaccinations status, including dates of vaccinations.
___ ___Module VIII.F.3-The record includes any medical records relative to the employee's ability to receive vaccinations.
___ ___Module VIII.F.4-The record includes a copy of all results of examination, medical testing, and the follow-up procedures
___ ___Module VIII.F.5-The record includes the employer's copy of the health care professional's written opinion
___ ___Module VIII.F.6-The record includes a copy of the information provided to the health care professional
___ ___Module VIII.G.1-Training records include the dates of the training session
___ ___Module VIII.G.2-Training records include the contents or a summary or the training session

Yes No

___ ___Module VIII.G.3-Training records include the names and qualification of the persons conducting the training

___ ___Module VIII.G.4-Training records include the names, SSNs, work locations, and job titles of all persons attending the training sessions

___ ___Module VIII.G.5-Training records are maintained for 3 years from date of training

___ ___Module IX.A.1-Permitee complies with SOP Section 3.8 when using PPE.

___ ___Module IX.A.2-Copies of the PPE Program are distributed to all individuals at DMS and the Department upon request, a reference copy is available at each work site.

___ ___Module IX.A.3-PPE Program is reviewed annually by the DMS Safety Officer

___ ___Module X.A.2-Infectious waste spills are handled according to (U)(7) and SOP section 4.2 using an EPA registered disinfectant according to manufacturer's instructions

___ ___Module X.A.3-Trailers, carts, and containers are disinfected according to SOP Section 3.5 before reuse.

___ ___Module XI.A.2-Report submitted to the Department describing the total weight of infectious waste received for treatment during the preceding month and its point of origin.

___ ___Module XI.A.2.a-Check submitted for fee due for waste treated

Results of Inspection: Summary of Violations and Discrepancies:

_____

_____

_____

_____

_____

_____

Inspector: _____

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

TREATMENT FACILITY QUARTERLY INSPECTION REPORT
DIVERSIFIED MEDICAL SERVICES
Permit Number IWMP32-001

General Information-Quarterly Inspection:
1. DHEC Inspector(s): _____ Date of Inspection: _____
2. DMS Personnel Present: _____

Yes No
Module I.H.-Documents maintained at the facility
___ ___5. Record of accidental releases (See also (U)(7))
___ ___8. Manifest copies (See also (AA)(2) and Mod. II.C)
___ ___9. Facility operations logs (See also (U)(14)(f))
___ ___Module III.B-Appropriate PPE used while handling waste(see also SOP section 3.8)
___ ___Module III.C-All containers on every load monitored for radioactivity (See also (U)(10))
___ ___Module III.D-Appropriate Release plan in place and followed (See also (U)(7) and (I) & (J) and SOP section 3.7)
___ ___Module III.E-Waste handled appropriately (See also (U)(1-13) and SOP section 3.5)
___ ___Module III.F-Residue disposed of appropriately (See also (T)(4) and SOP section 9.0)
___ ___Module IV.C-Containers in good condition (see also (I & J))
___ ___Module IV.D-Containers labeled properly (See also (I) & (J))
Module IV.F-Appropriate loaded trailer management
___ ___a. Loaded trailers parked within fenced boundary
___ ___b. Loaded trailers marked with biohazard symbol sign and words 'Infectious Waste', 'Medical Waste', or 'Biohazardous Waste' (See also R. 61-105 (K)(2) and (5)(c))
___ ___d. Loaded trailers inspected every day and documentation of these inspections maintained
Module IV.G-Appropriate empty trailer management
___ ___a. Empty trailers completely empty except emptied carts or tubs
___ ___ b. Both rear doors latched open unless trailer contains empty containers, then unlocked
___ ___ c. Disinfected, with time of disinfection noted in logbook.
___ ___Module IV.H-Log available containing arrival and departure times, point of origin, trailer number, weight of waste, time of disinfection, and number of containers in all trucks

Yes No
Module V.B-Maintenance Req's
___ ___1. Adhere to maintenance program in SOP 7.0
___ ___3. Maintenance inspection checklist completed daily, available for 3 years
Module V.C. Operating Performance
___ ___1. Autoclave repair schedule and documentation reported to Program
___ ___2. Credentials available of persons calibrating, adjusting, or repairing equipment
___ ___4. Radiation detection equipment tested weekly and calibrated annually for sensitivity
___ ___5. Daily Bacillus stearothermophillus testing (See also (U)(14)(a & e))
___ ___7. Autoclaves operated at a minimum of 250 °F, 15 psi, and 45 minutes (see also (U)(14)(b))
Module VI.B-Housekeeping
___ ___1. Appropriate use of biohazard bags
___ ___2. Release or leakage handled appropriately (See also Mod. X)

___ ___3. Adsorbents or absorbents immediately autoclaved (See also (L)(1)(c))
___ ___4. All areas free of standing water or liquid except within designated locations
___ ___5. Adequate lighting within the facility where waste is stored or handled.
___ ___6. Removable items decontaminated prior to a worker leaving a work area where the items have been in contact with regulated waste.
___ ___7. All areas where regulated waste is handled are to be properly posted.
___ ___8. Waste in areas where regulated waste is handled was immediately cleaned up and disinfected.
___ ___Module VII.E-Main gate closed when facility is unoccupied with security to prevent entry by unauthorized people.
___ ___Module VIII.D.1-Employee roster available showing name, SSN, date-of-hire, date of transfer, instructor name, subject covered, employee signature, and date
___ ___Module VIII.D.4.-Individuals are adequately trained and informed in hygiene techniques and housekeeping rules.
___ ___Module VIII.E.2-Appropriate employees trained to 29 CFR 1910.1030 standard
___ ___Module VIII.E.4-Exposure Control Plan is accessible to employees
Yes No
___ ___Module VIII.G.5-Training records are maintained for 3 years from date of training
___ ___Module IX.A.1-Permitee complies with SOP Section 3.8 when using PPE.
___ ___Module IX.A.2-Copies of the PPE Program are distributed to all individuals at DMS and the Department upon request, a reference copy is available at each work site.
___ ___Module X.A.2-Infectious waste spills are handled according to (U)(7) and SOP section 4.2 using an EPA registered disinfectant according to manufacturer's instructions
___ ___Module X.A.3-Trailers, carts, and containers are disinfected according to SOP Section 3.5 before reuse.

Results of Inspection: Summary of Violations and Discrepancies:

_____

_____

_____

_____

_____

_____

Inspector: _____

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
ENTERING INSPECTION INFORMATION

1. The Inspection Report must be completed with information gathered during the inspection.
2. Inspection information must be entered in EFIS.
3. Enter an inspection task.
   a. On permit screen, enter facility permit and Query.
   b. Click Details button.
   c. Click Tasks button.
   d. For "Group," enter Infectious Waste (or I).
   e. For "Type," enter either Compliance or Follow up, depending on inspection type.
   f. For "Status." enter Complete (or C).
   g. For "Complete date," enter date inspection was done.
   h. For "Results," enter appropriate response from LOV (usually Completed or C).
   i. Enter employee ID for "Person Assigned" and "Completed By."
   j. Enter any applicable details in the "Description" box.
4. Enter violation(s), if any.
   a. On permit screen, enter facility permit and Query.
   b. Click Details button.
   c. Click Violations button.
   d. Click on Green +.
   e. If the facility has a prior violation from another program, the name of the Program Owner and the Permit ID will already be filled in when the green + is clicked. These will need to be changed to reflect the appropriate information for our Program.
   f. For "Program Owner," use LOV to find LWM-Infectious Waste.
   g. For "Permit ID," enter exactly.
   h. Enter county, as needed.
   i. For "Violation Type," Infectious Waste (or I).
   j. For "Date of Violation" and "Aware Date," enter inspection date.
   k. Enter appropriate "Status" from LOV.
   l. Enter employee ID for "Issued By."
   m. Enter any applicable details in the "Description" box.
   n. Click Citations button.
   o. Under "Deficiency Reg/Act," use LOV to select appropriate section for citation.
   p. Under "Reg/Citation," select specific citation.
   q. Select appropriate "Compliance Status" from LOV.
   r. If Compliance status is "In Compliance," fill in appropriate date as compliance date.
   s. Repeat steps 14-17 as needed for separate citations.
5. Save Inspection Report to WebExtender

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

INVESTIGATION OF INFECTIOUS WASTE COMPLAINTS

A. After the infectious waste complaint is taken, the EQC Region is contacted for assistance in inspecting the complaint.

B. If the EQC Region requires additional help, a state car is located and the central office infectious waste inspector assists.

C. Contact the responsible party to clean up the waste.

D. If no other responsible party is identified, the property owner is responsible for clean up. Give the property owner contact information for the Emergency Clean Up Contractor, which is available on the G: drive.

E. Warning letter is sent to the violator or if appropriate, a referral to enforcement should be considered.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
EMERGENCY CLEAN UP CONTRACTOR

As of November 2008, our Emergency Clean-Up Contractor is Diversified Medical Services. To contact them in case of an emergency:

Diversified Medical Services (SC41-19T)
200 Foster Brothers Dr.
West Columbia, SC 29172
(803) 926-3220 Office
(803) 622-8963 Cell
(803) 926-3663 Fax

Updating the Emergency Clean-Up Contractor

1. Every 5 years, the contract for Emergency Clean-Up Contractor is sent out for bid.
2. Approximately 3 months before the old contract expires, the Program contacts Business Management to create a new requisition and re-bid.
3. Once new contract is in place scan into the G: Drive

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

RESPONSE ACTIONS TO INFECTIOUS WASTE INCIDENTS

When infectious waste spills are reported to the Emergency Response system or when complaints are called in, this procedure should be followed:

A. 24 Hour emergency telephone (803) 253-6488
1. Collect as much information as possible from the caller
2. Alert the *on-call* person in the region.
3. Put all information into EFIS

B. Complaints:
1. Collect as much information as possible from caller
2. Fill out Call Information form (Appendix C)
3. Investigate by collecting information at site of problem
4. Record brand names and lot numbers if identity of generator is unknown
5. Notify region of all complaints ("Who to call" list is located on the DHECnet)
6. Determine (consult with manager) whether to visit the site
7. Upload pictures if any into EFIS

C. What to take with you on an investigation:
1. Phone
2. Infectious Waste Response Kit (make sure to check it for supplies before you leave) kit is stored in the storage room
3. Camera
4. All information that was collected from the caller
5. Emergency Clean Up Contractors number
6. Regional staff phone # ("Who to call" list is located on the DHECnet)
7. When you return make sure to replace any items from the kit that were used and disinfect as necessary.

Responding to a registered facility:
1.Collect as much information as possible from caller
2.

When approaching an infectious waste spill, use the same precautions as one would use if it were a chemical spill:

A. IDENTIFICATION: identification of the waste involved and the characteristics that determine their degree of hazard.

B. EVALUATION: impact or risk the substance poses to public health and the environment.

C. CONTROL: method to eliminate or reduce the impact of the incident.

D. INFORMATION: knowledge acquired concerning the conditions or circumstances

particular to the incident.

E. *SAFETY*: protection of responders and general public.

F. *RECOGNITION*: Recognizing the type and degree of the hazard present is the first important step. Determine the amount of waste released, the types of waste solids vs. liquids, the potential for disease transmission, and any compromise of safety barriers.

1. *Standard Precautions* is the practice of treating all blood and certain body fluids from all patients as though they are known to contain human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Standard precautions are intended to prevent exposure of health care workers to blood born pathogens. Since it is difficult to determine by appearance the source of body fluids, assume that any body fluid is one to which standard precautions apply.

   Large releases of blood, body fluids, or microbiological cultures pose much more of a problem than body parts or absorbed fluids. Fluids create aerosols that can be easily inhaled. Microbiological cultures are concentrated masses of organisms. Both fluids and cultures are more proficient at disease transmission than waste where the organisms are held within the waste and are less likely to get onto you or into the air.

2. *Sharps* (objects capable of causing cuts or puncture wounds) present a physical hazard as well as an infectious hazard. Sharps have the ability to both cause a portal of entry and contain enough organisms to cause disease.

3. *Infectious waste* can be *mixed* waste. Both radiological and chemical hazards may be found in infectious waste containers.

4. If *safety barriers* (boxes, bags, or other containments) have not been breached, the risk is minimal.

G. *EVALUATION:* Evaluation can be made after the initial recognition stage. The potential impact to responders, public health and/or the environment should be determined. When considering the potential impact to humans, an understanding of how diseases are transmitted is vital. *Direct contact* with infectious agents in the waste is the most likely method for exposure. *Aerosols* must be considered when liquid waste or microbiological cultures are involved.

H. *CONDITIONS NECESSARY FOR DISEASE TRANSMISSION*:

1. An organism which is pathogenic to humans, and
2. A susceptible host, and
3. A sufficient number of pathogenic organisms, and
4. A portal of entry into the host, and
5. A mechanism to breach the portal.

All of these must occur simultaneously for disease transmission.

Impact to public health and the environment are evaluated by considering:

1. Potential number of people who could be exposed
2. Potential routes of exposure
3. Time needed to get safety barriers in place or to disinfect

I. *CONTROL*: Controlling the public access to the site can reduce the potential number of people exposed. Control of the hazards can be accomplished by chemical disinfection and/or replacement of physical safety barriers. On-scene coordinators should control access by setting up barriers. The responsible party should, under DHEC supervision, replace safety barriers and disinfect.

J. *INFORMATION*: Information that can be obtained at the site will help assess the dangers. Manifests on board the vehicle may help to identify the type of waste involved. Labeling of the vehicle and individual containers may help to identify hazards.

K. *ADDITIONAL RESOURCES:*

1. DHEC Emergency Phone Line - 803-253-6488
2. Infectious Waste Management Program - 803-896-4000
3. Local Health Department
4. Local Hospital Infection Control Staff
5. Centers for Disease Control (for untreated microbiological cultures)
   1600 Clifton Road, N.E. Atlanta, GA 30333 USA
   Tel: (800) CDC-INFO (800-232-4636) TTY: (888) 232-6348
   24 Hours/Every Day - cdcinfo@cdc.gov

L. *SAFETY*: Proper safety barriers will protect the responder and the public safety barriers can be personal protective equipment, disinfection, or containment barriers for the waste. Personal protection is needed for the respiratory tract, the skin, and the mucous membranes (especially the eyes, mouth, and nose).

M. *POTENTIAL HEALTH HAZARDS*

1. CONDITIONS NECESSARY FOR DISEASE TRANSMISSION:
   a. Organism which is pathogenic to humans, and
   b. Susceptible host, and
   c. Sufficient number of pathogenic organisms, and
   d. Portal of entry into the host, and
   e. Mechanism to breach the portal.

2. TYPES OF MEDICAL WASTE THAT POSE A HAZARD
   a. All waste should be considered contaminated with infectious human pathogens

3. ROUTES OF EXPOSURE FROM CONTAMINATED WASTE:
   a. BREAKS IN SKIN
      1. Cuts
      2. Rashes
      3. Abrasions
      4. Puncture wounds

   4. MUCOUS MEMBRANES
      a. Eyes
      b. Mouth
      c. Nose

   5. RESPIRATORY TRACT

   6. INGESTION (secondary route)

N. METHODS OF PROTECTION
   1. Cover all damaged skin (cuts, abrasions, etc.)
   2. Wear appropriate personal protective equipment
   3. Wash hands and exposed body surfaces with bacteriocidal soap after handling potentially contaminated materials

O. PERSONAL PROTECTIVE EQUIPMENT FOR DRY WASTE
   1. Coveralls, Tyvek
   2. Inner gloves, latex
   3. Outer gloves, leather
   4. Shoe covers or boots

P. PERSONAL PROTECTIVE EQUIPMENT FOR DUSTY WASTE
   1. Coveralls, Tyvek
   2. Inner gloves, latex
   3. Outer gloves, leather
   4. Shoe covers or boots
   5. Dust or mist respirators

Q. PERSONAL PROTECTIVE EQUIPMENT FOR LIQUID WASTE
   1. Liquid repellant coveralls, or Tyvek
   2. Inner gloves, latex
   3. Outer gloves, leather
   4. Liquid repellant shoe covers or boots
   5. Dust or mist respirators

R. HAZARD LEVELS (RISK OF INFECTION FOLLOWING DIRECT EXPOSURE)
   1. Used sharps - high
   2. Unused sharps - low

3. Blood and blood products - moderate to high (depends on portal of entry)
4. Microbiological cultures - high (unless adequately treated)
5. Pathological waste
   a. Tissues - low
   b. Body fluids to which standard precautions apply - low to moderate
   c. Research animals and bedding - low to moderate
   d. Isolation waste - low to moderate

IF YOU THINK YOU HAVE BEEN DIRECTLY EXPOSED TO INFECTIOUS AGENTS, CONTACT THE HEALTH DEPARTMENT OR YOUR PHYSICIAN. GET IMMEDIATE TREATMENT FOR ACCIDENTAL CUTS, ABRASIONS, OR PUNCTURE WOUNDS. THEN, NOTIFY YOUR MANAGER.

REMEMBER - DIRECT CONTACT WITH INFECTIOUS AGENTS AND/OR AIR-BORNE PRODUCTS ARE THE MOST LIKELY METHODS OF EXPOSURE.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
ALL PERMIT APPLICATIONS

REFERENCE: South Carolina Infectious Waste Management Regulations R.61-105, Dated June 2005. Section W. Permit Applications and Issuance.

The review process involves the following:

Infectious waste intermediate handling facilities and treatment facilities (unless eligible for a permit - by - rule) must submit an application and all paperwork as outlined in the Regulation. A demonstration of need may be required. The permit application will be reviewed by an engineer and a microbiologist or other qualified technical staff.

Normally within 60 days, a letter will be written outlining any deficiencies that might exist in the application. Upon receipt of all information required and necessary for the adequate evaluation of the facilities plans, the Department will give public notice of the proposed facility and receive public comments for thirty (30) days; a public hearing may be held. After the public comment period, the Department will reconsider the application for a permit along with other relevant information; and then will either issue or deny the permit.

Although the Regulations do not limit permit length, permits are typically valid for 10 years.

Infectious waste treatment facilities which comply with the conditions of Permit By Rule; Section X, Items (2) shall be deemed to have a permit by rule.

A. After the application is received, contact the applicant if not administratively complete. The following items must be reviewed:

1. The application must be completed in its entirety.
2. The application must be certified by an authorized signature.
3. The registration fee must be enclosed (refer to R.61-30 for fee). If not, check to see if the fee has been submitted online.
4. Financial responsibility coverage must be included and verified with the insurance company.
5. Review entire draft of the manual submitted required in Section U(4) of R.61-105.
6. Provide comments or questions in writing in a formal letter to applicant for a written response. Once completed and approved, this becomes a legal and binding document.

B. Once all criteria are met, the Department issues a Permit number generated in EFIS. The Program generates an invoice from DHEC's billing computer system. This is done by going into EFIS, Reports, Infectious Waste, Financial, and Miscellaneous Invoice. Type in the Permit number and the invoice will automatically come up with the name. Send a copy of the invoice along with the fee to the Bureau of Finance (See Appendix).

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

TREATMENT FACILITY PERMIT

REFERENCE: South Carolina Infectious Waste Management Regulations R.61-105, Dated June 2010.

A. Any person who plans to own or operate a treatment facility, within this state must submit a completed application for a permit as an Infectious/Medical Waste Treatment Facility.

B. To obtain a permit the person must submit a complete application. The application must address all regulation requirements of Section W, Item (1), Permit Applications and Issuance of the South Carolina Infectious Waste Management Regulations R.61-105. Note that sections I, J, K, L, T, U, V, W, X, Y, Z & AA are the specific requirements for treatment facilities.

C. A "demonstration of need" (Section W paragraphs (1), (2), and (3)) is very important and must be submitted as early as possible in the application process to determine further application activity and necessity.

D. After the application is received, contact the applicant if not administratively complete. The following items must be reviewed:

1. The application must be completed in its entirety.
2. The application must be certified by an authorized signature.
3. The registration fee must be enclosed (refer to R.61-30 for fee). If not, check to see if the fee has been submitted online.
4. Financial responsibility coverage must be included and verified with the insurance company.
5. Review entire draft of the manual.
6. Provide comments or questions in writing in a formal letter to applicant for a written response. Once completed and approved, this becomes a legal and binding document.

E. Once all criteria are met, the Department issues a Permit number generated in EFIS.

The Program generates an invoice from DHEC's billing computer system. This is done by going into EFIS, Reports, Infectious Waste, Financial, Miscellaneous Invoice. Type in Permit number and the invoice will automatically come up with the name. Send a copy of the invoice along with the fee to the Bureau of Finance (See Appendix).

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
INTERMEDIATE HANDLING FACILITIES PERMIT

Any person who owns or operates an intermediate handling facility within this state must submit a completed application for a permit as an intermediate handling facility. The application must address all regulatory requirements. Section V, Intermediate Handling Facilities Standards, of the South Carolina Infectious Waste Management Regulations R.61-105 outlines the specific requirements.

A. After the application is received, contact the applicant if not administratively complete. The following items must be reviewed:

1. The application must be completed in its entirety.
2. The application must be certified by an authorized signature.
3. The registration fee must be enclosed (refer to R.61-30 for fee). If not, check to see if the fee has been submitted online.
4. Financial responsibility coverage must be included and verified with the insurance company.
5. Review entire draft of the manual.
6. Provide comments or questions in writing in a formal letter to applicant for a written response. Once completed and approved, this becomes a legal and binding document.

B. Once all criteria are met, the Department issues a Permit number generated in EFIS.

The Program generates an invoice from DHEC's billing computer system. This is done by going into EFIS, Reports, Infectious Waste, Financial, Miscellaneous Invoice. Type in Permit number and the invoice will automatically come up with the name. Send a copy of the invoice along with the fee to the Bureau of Finance (See Appendix).

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
PERMIT - BY - RULE FACILITY PERMIT

A. Any person who owns or operates a treatment facility within this state must notify the Department in writing that they are operating with a Permit - By - Rule. This notification must include all information required in Section X of R. 61-105.

B. To obtain a permit the person must comply with all conditions listed in Section X.

C. The Program will determine compliance with Section X at compliance inspections, including a determination as to weight generated onsite vs. offsite. A list of facilities that have properly notified the Program will be kept on the G: drive in the "Annual Report of Generated Waste" Folder.

D. There is no fee for this type of permit.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

ALTERNATIVE TREATMENT METHODS (TECHNOLOGIES) REVIEW PROCESS

A. PROCEDURE:

The Infectious Waste Management Regulation, R. 61-105 requires that alternate technologies must be approved by the Department. Is the technology an approved method such as incineration, steam sterilization, or chemical disinfection? If so, no approval is necessary. Sometimes, a manufacturer may want to have a regulatory approved method reviewed and approved.

Facilities seeking to use alternative treatment methods or companies wishing to provide alternate treatment methods to facilities must provide alternative treatment method applications filled out and submitted with associated data.

Check application for completeness. The Program will complete this administrative review within 5 business days. If not complete contact applicant for necessary information.

Send completed application for review.

Engineer - Review application for process and physical design.

Microbiologist (or other appropriate technical staff) - Review application for biological inactivation efficacy monitoring data.

After review, engineer and microbiologist sends concerns to Infectious Waste Section Manager. Manager reviews submittals. Application is approved or more data is requested or application is denied with specific reasons.

Approved methods will be listed on the G: drive in the 'Alt Treatment' folder.

B. GUIDANCE MANUAL:

Technical Assistance Manual: State Regulatory Oversight Of Medical Waste Treatment Technologies April 1994 or more current manual, A Report of the State and Territorial Association on Alternate Treatment Technologies

The Technical Assistance Manual is used as an internal guidance document for review of the technologies.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
FILING SYSTEM FOR INFECTIOUS WASTE SECTION

All infectious waste files are scanned into WebExtender except as noted. Confidential Files are maintained next to the Radioactive Waste Program Confidential Files located in Room 1227. The Infectious Waste Records Retention Schedule approved August 18, 2003 will be followed for all paper files. Copy of retention schedule shall be kept on G:Drive. The passwords to get into the WebExtender are located in room 1056 at the WebExtender computer. See Appendix ___ for WebExtender instructions. (under development)

COUNTY CODES

01=Abbeville
02=Aiken
03=Allendale
04=Anderson
05=Bamberg
06=Barnwell
07=Beaufort
08=Berkeley
09=Calhoun
10=Charleston
11=Cherokee
12=Chester
13=Chesterfield
14=Clarendon
15=Colleton
16=Darlington
17=Dillon
18=Dorchester
19=Edgefield
20=Fairfield
21=Florence
22=Georgetown
23=Greenville
24=Greenwood
25=Hampton
26=Horry
27=Jasper
28=Kershaw
29=Lancaster
30=Laurens
31=Lee
32=Lexington
33=McCormick
34=Marion
35=Marlboro
36=Newberry
37=Oconee
38=Orangeburg
39=Pickens
40=Richland
41=Saluda
42=Spartanburg
43=Sumter
44=Union
45=Williamsburg
46=York

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

CONDUCTING INVESTIGATION OF RADIOACTIVE MATERIAL SENT TO AN INFECTIOUS WASTE TREATMENT FACILITY IN SOUTH CAROLINA

A. Scope:

This procedure outlines the activities that will be taken by the Department to investigate radioactive material received at an infectious waste treatment facility In South Carolina.

B. References:

1. South Carolina Infectious Waste Management Regulations R.61-105
2. Transportation of Radioactive Waste Into or Within South Carolina R.61-83
3. Radioactive Material (Title A) R.61-63

C. Definitions:

1. Radioactive Material- Any and all equipment or materials which are radioactive or have radioactive contamination and which are required pursuant to any governing laws, regulations or licenses to be disposed of or stored as radioactive waste.
2. Transporter - A person engaged in the off-site transportation of infectious waste.

D. Procedure:

1. The infectious waste treatment facility shall screen all incoming shipments to the facility for the potential presence of radioactive material. If the detector alarms, the treatment facility shall notify the Infectious and Radioactive Waste Management Section.

2. The Infectious and Radioactive Waste Management Section will request that the infectious waste treatment facility survey the package(s) containing the radioactive material with a hand held Geiger-Muller (G-M) instrument and provide the radiation reading.

3. The Treatment Facility shall provide the radiation readings and facility contact information to a staff member from the Radioactive Waste Program for follow up. The Radioactive Waste Program will request that the treatment facility contact the generator to pick up the waste. The Infectious and Radioactive Waste Section will follow-up to ensure that the package is returnedto the generator.

Note: If the package(s) must be opened to determine the generator of the radioactive waste, the Radioactive Waste Program will request the assistance of the Infectious Waste Program.

4. The Director or Section Manager will determine whether a violation of applicable regulations has occurred.

a. If a violation of R.61-105 has occurred, the Infectious and Radioactive Waste Section will contact the Director, Division of Waste Management to discuss the violations and enforcement. This will be followed by a memorandum from the Infectious and Radioactive Waste Section providing the details of the investigation. (Examples include failure of the transporter to screen the packages for radioactivity or incomplete manifest)

b. If a violation of R.61-63 or R.61-83 has occurred, the Infectious and Radioactive Waste Section will determine the severity of the violation and take enforcement actions. (Examples include a radioactive material licensee shipping radioactive waste, violations of DOT regulations)

E. Responsibilities:

1. Radioactive Waste:

a. Investigate suspect package(s) shipped to the treatment facility.
b. Determine whether violations of 61-63 or 61-83 have occurred and take enforcement actions.
c. Notify Infectious Waste of potential violations of R.61-105.
d. Assist Infectious Waste in reviewing transporter-screening procedures for radioactive material.
e. Provide training to EQC personnel as applicable.
f. Coordinate sample collection, transportation to lab, and evaluate analysis results.
g. Inform Infectious Waste, District, and Air Quality of actions.
h. Follow-up on returned shipments.
i. Enter Incident Report Into EFIS

2. Infectious Waste:

a. Assist the Radioactive Waste Program in determining the generator of the waste. (This may require opening packages of infectious waste and/or search of manifests.)
b. Visit the offending facility at least once every two weeks and periodically to verify that the passive radiation monitoring system is functioning.
c. Review potential violation of R.61-105 and refer violations to the Hazardous Waste Enforcement Section.
d. Hazardous Waste Enforcement will follow normal enforcement procedures. The Infectious and Radioactive Waste Section personnel may be called upon for technical assistance.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
ANNUAL GOVERNOR'S REPORT

The Annual Governor's Report is generated every October. Refer to previous Governor's Reports on G:drive.

1. Click on Governor's Report

2. Retrieve current data from report.

3. Go to Microsoft. Excel-Annual #s.xls.

4. To add the year labels to the graph, Right Click in chart.

5. Select Source data.

6. Click Series. (Rename)

7. Add years as Category (x) axis labels, separated by commas.

8. To add year to data.

9. Add data.

10. Select chart. "Weight Generated Column" is highlighted. Hold cursor at bottom right corner of highlighted column and pull down so that new data is highlighted.

11. To predict next year's data:

    a. Select at least two cells that contain the starting values for the trend. If you want to increase the accuracy of the trend series, select additional starting values.

    b. Drag the fill handle in the direction that you want to fill with increasing values or decreasing values.

This report is sent to David Scaturo, Daphne Neel, Elizabeth Dieck, and Jonathan Yarborough in the Commissioner's office. It is then posted at: http://www.scstatehouse.net/reports/reports.html#h .

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

APPEALS

When we send notice of an appealable decision, it is important that we do the following:

(1) Send notice on the same day to everyone who's entitled to notice,

(2) Include a copy of the current Notice of Appeal Procedure, and

(3) Keep a record of when each notice was sent, to whom it was sent and by what method.

An updated Notice of Appeal Procedure dated January 7, 2011, is attached, and the current version is always available at http://dhecnet/co/counsel.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE
APPENDIX A-CALL INFORMATION SHEET
Rev. 5/11/07
Incident Entry

Incident #:_____ Bureau Receptionist:_____

Caller Name:_____ P or C? Caller Phone #:_____

Caller Mailing Address:_____

Caller Organization:_____ Incident Status: *Open* or *Closed*?

Incident Type:_____ Sub-Type:_____ County:_____
(where incident occurred)

Description: (include NRC #, if applicable)

PRP Name:_____ P or C? PRP Phone #:_____
(PRP = Potentially Responsible Party)

PRP Mailing Address:_____

DHEC Notified Date:_____ DHEC Notified Time:_____ Via: *phone* Recv'd By _____
(last name)

Observed Date:_____ Observed Time:_____

Occurred Date:_____ Occurred Time:_____ Duration:_____ (hrs)

Assigned To:_____ 48 Hour Goal Met? 5 Day Goal Met?

Closure Comments:_____

Details

RQ Release	Transportation Related	Product Contained
MSDS Available	Injuries	Surface Water Affected
Chemtrec Consulted	Evacuation	Name of Water body

Cleanup Contractor Used:_____

On-Site Coordinator:_____

Lead Investigator:_____

Cleanup Process Comments:_____

Substance:_____ Estimated Qty:_____ Estimated Units:_____

Comments:_____

Site Info

Facility/Site Name:_____

Site Address:_____
(where incident occurred)

Directions:_____ Water body:_____

Notifications

DHEC Pgm? Organization Name:_____

Contact Person:_____ Notified Date:_____ Notified Time:_____

Comments:_____

DHEC Pgm? Organization Name:_____

Contact Person:_____ Notified Date:_____ Notified Time:_____

Comments:_____

DHEC Pgm? Organization Name:_____

Contact Person:_____ Notified Date:_____ Notified Time:_____

Comments:_____

DHEC Pgm? Organization Name:_____

Contact Person:_____ Notified Date:_____ Notified Time:_____

Comments:_____

Common Notifications Include…

County EPD
EQC District
R1
ERS Manager
ERS
SLED
Division Director
Media Relations
Drinking Water

Georgia
North Carolina
NRC
- EPA Region IV
- USCG - Charleston
- USCG - Savannah

SC EPD
SC DNR
Deputy Commissioner
LLR

APPENDIX B-INFECTIOUS WASTE DOCKETING SYSTEM

When starting computer, login with user ID and password for the Land & Waste Management Scanning System.

The Ax Integrator toolbar will appear on the desktop. Move it to the right corner of the screen. Set it to "Rad Waste" within the drop-down menu.

After startup, select the BLWM-RWM Scanning System (desktop icon).

Enter the Hazardous Waste Docketing System (desktop icon).

Select Infectious Waste Section, then log in with personal ID and password.

After log in, the "Infectious Waste Permit Search" screen providing two options. Select "Add New Permit" or "Search". (Permit information must be populated before a search can be performed.) Select "Add New Permit" to enter information for new permit. If performing a "Search", go to #8 in SOP.

After selecting "Add New Permit", the "Add New Infectious Waste Permit" screen appears. Enter all required information. "Permit Type, Permit Number, County, and State" sections contain drop down menus and/or bubble options for entering information. Information can be obtained from the permittee's file. The comments section is pre-populated with "none". Specific comments can be added. (Comments section cannot be left blank.)

After permit information is entered, select "Save File" to return to the "Infectious Waste Permit Search" area.

From the "Infectious Waste Permit Search" screen, select "Search ". Without any specific search criteria, all permits added for Infectious Waste will be retrieved. Specific search criteria reduce the number of permits retrieved. Permit Type, County, and State are drop down menu options for searching.

After performing the permit search, "Infectious Waste Permit Search Results" are available to select the necessary permit. If the required permit can be selected, choose "Select" for that permit and go to #12 in the SOP.

If the required permit is not available for selection or a more detailed search is needed, select "Back to Permit Search". Provide more information for searching, then hit the "Search" key in order to "Select" the permit needed from the "Infectious Waste Permit Search Results".

After selecting a permit, "Infectious Waste Permit Details" are available for the individual permit. Verify that the necessary permit has been selected based upon the permit summary. If not, select "Back to Search Results" to select necessary permit.

After selecting the necessary permit, "Infectious Waste Permit Details" are available for the individual permit. Verify that the "Permit Summary" is accurate. If any changes are necessary, select "Update Permit" to make those changes.

After completing changes, select "Save". You will be returned to the "Infectious Waste Permit Details" page.

There is an "Associated Documents" list to the right of the screen. The list includes document types and totals for each type associated with individual permits. Select the document type for adding a new document.

Entering into the "Associated Registration/Permit Issuance Documents" screen, select "Add Document".

Enter the required information into the "Add Infectious Waste Document". The "Month, Day, and Year" are drop-downs and the "Direction" is a bubble selection. The comments section is pre-populated with "none". Specific comments can be added. (Comments section cannot be left blank.)

After entering info, select "Save" to return to the "Associated Registration/Permit Issuance Documents" page to scan the document into WebXtender 5.25. The document will be given a "Scan ID" number prior to scanning.

Select "Scan" on the "Associated Registration/Permit Issuance Documents" page for the document to be scanned.

The "Infectious Waste Document Scan Page" appears. Select the " scan documents" button on the Ax Integrator toolbar to begin the scan process. The "Application Xtender" page opens for scanning the document. After the document is scanned, select "Save". The document is stored in WebXtender 5.25 using the specific "Scan ID" number.

Close the "Application Xtender" window, returning to the "Infectious Waste Document Scan Page". Select "Scan Complete", then "OK" in the question box asking "Have you scanned the document?".

The scanning process is complete. Close all windows associated with document scanning.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
STANDARD OPERATING PROCEDURE

APPENDIX C-RETRIEVING A SCANNED DOCUMENT

Enter the Hazardous Waste Docketing System (desktop icon) to determine the document to be retrieved from WebXtender 5.25.

Select Infectious Waste Section, then log in with personal ID and password.

After log in, the "Infectious Waste Permit Search" screen providing two options. Select "Add New Permit" or "Search". Select "Search". Without any specific search criteria, all permits added for Infectious Waste will be retrieved. Specific search criteria reduce the number of permits retrieved. Permit Type, County, and State are drop down menu options for searching.

After performing the permit search, "Infectious Waste Permit Search Results" are available to select the necessary permit. If the required permit can be selected, choose "Select" for that permit and go to # 7 in the SOP.

If the required permit is not available for selection or a more detailed search is needed, select "Back to Permit Search". Provide more information for searching, then hit the "Search" key in order to "Select" the permit needed from the "Infectious Waste Permit Search Results".

After selecting a permit, "Infectious Waste Permit Details" are available for the individual permit. Verify that the necessary permit has been selected based upon the permit summary. If not, select "Back to Search Results" to select necessary permit.

After selecting the necessary permit, "Infectious Waste Permit Details" are available for the individual permit. Verify that the "Permit Summary" is accurate. If any changes are necessary, select "Update Permit" to make those changes.

After completing changes, select "Save". You will be returned to the "Infectious Waste Permit Details" page.

There is an "Associated Documents" list to the right of the screen. The list includes document types and totals for each type associated with individual permits. Select the document type to search for a document.

Entering into the "Associated Registration/Permit Issuance Documents" screen, there will be a list of associated documents for that permittee. Identify the document needed and record the "Scan ID" number(s) for search/retrieval in WebXtender 5.25.

Login to WebXtender 5.25 (desktop icon).

Click on "LWM_Files-LWM Dockit and File Imaging".

In the drop-down menu for "PROG", select infectious waste. At lower right of window, choose "Submit".

In next window, select "Docket Num ("Scan ID")" to be retrieved. Select "open" on document.

After document review, close WebXtender 5.25.

RETRIEVING GENERATOR NUMBERS

Go into EFIS permits

Permit type (large or small)

Status

Approved

Execute query