

# **ELECTRONICS RECYCLING BOX CERTIFICATION SHEET**

THE GENERATOR CERTIFICATION SHEET MUST BE PLACED INSIDE BOX PRIOR TO SHIPMENT.

**This certification applies to facilities (generators) utilizing the Electronics Recycling Box for shipments of medical equipment.**

## **A. Generator Information**

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

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

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_

## **B. Disinfection Requirements**

The medical equipment must be decontaminated to ensure it does not contain any "regulated waste". The Bloodborne Pathogens standard, 29 CFR 1910.1030 uses the term, "regulated waste," to refer to the following categories of waste which require special handling: (1) liquid or semi-liquid blood or OPIM; (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM. The used medical equipment must be decontaminated, to ensure it would not be classified as an infectious material by the US DOT under 49 CFR 173.134(a)(8).

## **C. Management of Pharmaceuticals and DEA Controlled Substances**

The medical equipment must have all Pharmaceuticals and DEA Controlled Substances removed from the units prior to shipment.

## **D. Management of Hazardous Materials**

The medical equipment must be drained of all liquids, reagents and standards. All hazardous materials must be removed and segregated from the equipment and not included in the Electronics Recycling Box.

Medical equipment containing radioactive sources, compressed gases and refrigerant gases must not be placed in the Electronics Recycling Box.

## **E. Generator Certifications**

I certify that all information submitted is true and accurate, and the medical equipment contained in the Electronics Recycling Box meets the above conditions.

Generator Signature \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Questions regarding this form should be directed to customer service,  
toll-free at 1-888-669-9725**

