



CITY OF RAPID CITY

Public Works Department

Solid Waste Division

300 Sixth Street

Rapid City, SD 57701-2724

Telephone: (605) 355-3496 FAX: (605) 355-3092

Website: rapidcityrecycles.org

Rapid City Landfill Medical Waste Disposal

This manifest must be completed by the generator and hauler and accompany all loads brought to the Rapid City Landfill for disposal. Per Rapid City Ordinance Section **8.08.270** - "**Prohibited wastes**", *Infectious waste which has been treated in a manner acceptable to the Director of Public Works or his or her designee to remove its infectious potential may be placed for disposal provided the Director of Public Works or his or her designee is informed of its presence at the time of entry upon the landfill.* If a load containing medical waste has not met the above requirements, the load will be rejected and the generator required to remove this material from the landfill.

MEDICAL WASTE GENERATOR INFORMATION

Generator Name/Organization	Generator Address	Phone #
<p><i>I certify that the discharged medical waste was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel have properly gathered, containerized, and rendered non-infectious. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and preparing this material is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or banishment from disposal at the Rapid City Landfill for knowing violations.</i></p>		
Generator Name (Please Print)	Signature	Date

MEDICAL WASTE HAULER INFORMATION

Hauler Name/Organization	Truck Number/Container Number	
<p><i>I certify that this medical waste manifest has been supplied and signed by the generator listed above. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or banishment from disposal at the Rapid City Landfill for knowing violations.</i></p>		
Name (Please Print)	Signature	Date

RAPID CITY LANDFILL RECEIVING INFORMATION

Scale Attendant	Date	Time	Scale ticket #