

## Medical Waste Form

Hazardous waste is any material being stored, recycled, or thrown away that could cause injury or death, or pollutes air, land, or water.

Regulated Medical Waste can include liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps including but not limited to needles, IV tubing and syringes with needles attached and scalpel blades; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Exhibitors who generate material fitting any of the criteria listed above during their exhibiting activities should:

Be aware of the full scope of the hazard(s) associated with their waste(s).

Conform to the requirements of all regulatory agencies having jurisdiction in the location of the creation of hazardous waste.

Ensure that all personnel who could possibly be engaged in the transportation, containerization, use, coordination, or disposal are fully informed of associated risks.

Inform SCCM by using this form, of the presence and planned disposition of hazardous waste to allow for thorough planning and preparation and to preclude any misunderstanding.

Please choose one of the following:

- YES, we will generate medical or hazardous waste. We will utilize the hazardous waste disposal company appointed by the Orange County Convention Center who will provide containers for waste disposal.
- YES, we will generate medical or hazardous waste, and we will use the following hazardous waste disposal company: \_\_\_\_\_
- Our company has the attached written procedures and policies for proper containerization and transportation of waste back to our facility.

**Note: Exhibitors in violation of hazardous waste procedures will be responsible for all costs incurred by SCCM for proper disposal of the waste.**

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form before January 17, 2025 to:**

Society of Critical Care Medicine  
500 Midway Drive Mount Prospect, IL 60056 USA  
email: cmcnamara@sccm.org