

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation No. 40-35
Change 1

11 June 2001

Medical Services
MANAGEMENT OF REGULATED MEDICAL WASTE (RMW)

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-W.

MEDCOM Regulation 40-35, 22 November 1999, is changed as follows:

1. **HISTORY.** This publication was originally printed on 22 November 1999. This printing publishes Change 1.
2. Page 2. Paragraph 6a(3) . Change the word "Class" to read "Category."
Pages 2 and 3. Paragraphs 6b(1) through 6b(6) . Change the word "Class" to read "Category."
Pages 5 and 6. Paragraphs 9b(1)(h) through 9b(1)(n) . Change the word "Class" to read "Category."
Page 7. Paragraph 9b(3)(d) . Change the dates on line 9 "(Sep 98 or later)" to read "(Jan 01 or later)."
Page 9. Paragraph 9b(6)(e) . Change the word "Class" to read "Category."
Page 16. APPENDIX D. Remove old page of DD Form 836 dated Sep 98 and insert new page dated Jan 01.
3. File this change in front of publication for reference purposes.

The proponent of this publication is the U.S. Army Center for Health Promotion and Preventive Medicine. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-W, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.

FOR THE COMMANDER:



BARCLAY P. BUTLER
Lieutenant Colonel (P), MS
Assistant Chief of Staff for
Information Management

PATRICK D. SCULLEY
Major General
Chief of Staff

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HAZMAT//HAZMAT//HAZMAT//HAZMAT//HAZMAT//HAZMAT

1.a. NOMENCLATURE:		c. CONTAINER SEAL NO.:		e. TCN NUMBER:			
b. MODEL NO.:		d. SERIAL NO.:		f. BUMPER NO.:			
DANGEROUS GOODS SHIPPING PAPER/DECLARATION AND EMERGENCY RESPONSE INFORMATION FOR HAZARDOUS MATERIALS TRANSPORTED BY GOVERNMENT VEHICLES/CONTAINERS OR VESSEL							
2. SHIPPER/ADDRESS/TELEPHONE NO.		3. LOCATION AND DATE SHIPMENT PREPARED		4. DATE OF TRAVEL			
				5. PAGE 1 OF _____ PAGES			
6. CARGO (To be completed by the unit or shipper Transportation Office (T.O.))							
PROPER SHIPPING NAME <i>(Include RQ, Technical Names, Additional Information per 49 CFR 172.203, as required.)</i> a.	HAZARD CLASS/DIVISION b.	UN/ID NUMBER c.	PACKING GROUP d.	PACKAGES		NET TOTAL QUANTITY & GROSS WT. (kg) g.	TOTAL AMMO (NEW) h.
				NUMBER e.	KIND f.		
Regulated Medical Waste	6.2	UN 3291	II				
SAMPLE							
<i>(Port personnel complete Items 7 and 8.)</i>							
7. PORT OF EMBARKATION (OCONUS only)			8a. SHIP NAME (OCONUS only)			b. VOYAGE NUMBER	
9. CONSIGNEE							
10. REMARKS							
11a. COPY OF EMERGENCY GUIDE NUMBER(S) _____ ATTACHED (See back of this form.)							
b. EMERGENCY NOTIFICATION. In all cases of accident, breakdown or fire, prompt notification must be given to shipper as noted in Item 2.							
c. 24-HOUR EMERGENCY ASSISTANCE TELEPHONE NUMBERS:							
DOD NON-EXPLOSIVE HAZMAT: 1-800-851-8061 AT SEA: 804-279-3131 (COLLECT)		DOD HAZ CLASS 1 (EXPLOSIVES) ONLY: 703-697-0218/0219 (COLLECT) (WATCH OFFICER)		SAFE HAVEN: 1-800-524-0331 NATIONAL RESPONSE CENTER (NRC): 1-800-424-8802 AT SEA: 202-267-2675 (COLLECT)		DOD RADIOACTIVE MATERIALS: ARMY: (703) 697-0218 (COLLECT) USAF: (202) 767-4011 USN/MC: (757) 887-4692/ 1-888/528-0148 DLA: (717) 770-5283	
12. CONTAINER PACKING CERTIFICATE OR VEHICLE PACKING DECLARATION							
It is hereby declared that the goods described above have been packed/loaded into the container/vehicle identified above in accordance with applicable provisions. (Must be completed and signed for all container/vehicle loads by person responsible for packing/loading.)							
CONTAINER NO. _____				VEHICLE NO. _____			
a. TYPE OR PRINT NAME		b. SIGNATURE			c. DATE (YYYYMMDD)		
13. SHIPPER'S CERTIFICATION							
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, international and national governmental regulations.							
a. TYPE OR PRINT NAME OF SHIPPER CERTIFIER				c. SIGNATURE(S) OF VEHICLE OPERATOR(S)			
b. SIGNATURE OF SHIPPER CERTIFIER							
14. (X as appropriate) PREPARED IN ACCORDANCE WITH:				49 CFR		IMDGC	

DD FORM 836, JAN 2001

PREVIOUS EDITION IS OBSOLETE.

This form meets the requirements of SOLAS 74 Chapter VII, Regulation 5: MARPOL 73/78 Annex III, Regulation 4 and IMDG Code, General Introduction, Section 9.

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