



Wisconsin Department of Natural Resources

Line-by-Line Instructions

2014 Infectious Waste Annual Report

(Form 4400-177 rev 12/2015)

These instructions explain how to fill out the infectious waste annual report form itself. For other information related to annual reporting, see the DNR Infectious Waste [Annual Report Web Page](#). In particular, the webpage explains how to:

- Log into the report
- Submit the report
- Gather the documents you need for reporting
- Create a personal WAMS ID and request access to your report
- Identify who should sign your annual report
- Find out if your facility is exempt from reporting
- Notify DNR of facility changes
- Notify DNR of contact information changes
- Learn more about the annual report

If you have any questions about annual reporting, please send an email to DNRMedicalWaste@Wisconsin.gov. Include your facility ID number (FID number) and your facility name and address. If you want a return call, give your phone number and some suggested times for us to try to reach you.

General Tips About Using The Reporting Tool

Following these tips will save you time while preparing your report.

- **Verify your browser.** Internet Explorer must be version 10 or higher. The report will also work in other browsers such as Chrome, Safari, and Firefox. If you are having problems seeing the report, determine what browser and version you are using before contacting the DNR, because that will help us help you much faster.
- **Start at the top.** Answer the questions in order. This ensures the correct fields will appear in your facility's report.
- **Move up and down, not back.** Use the browser scroll bar or the keyboard up/down arrows. Do **NOT** use the browser back arrow. Do not use the "Return" button in the report title bar unless you want to return to the "IW Annual Report List" page.
- **Save your work often.** Click the **Save** button on the report title bar and wait for it to finish saving. The report will time out if you are inactive for 20 minutes, and unsaved changes will be lost.
- **Read the instructions.** Click on the "i" icon for specific instructions throughout the form, or refer to the line-by-line instructions (this document).
- **Ask for help.** If you have questions or problems, click "Contact Us" in the report title bar or send an email to DNRMedicalWaste@Wisconsin.gov. Include your facility ID number so we can quickly access your records.

Who needs to complete this form?

All persons in Wisconsin who generate infectious waste must submit an Infectious Waste Annual report, unless the facility is exempt under both ss. [NR 526.14\(2\)](#) and [526.16\(2\)](#), Wis. Adm. Code (see s. [NR 526.15](#)). Each location is a separate facility; you must complete one form for each applicable location in the state of Wisconsin.

To find out whether your facility is exempt from filing the report, review the information on the Wisconsin infectious waste [Annual Report Web Page](#). You may notify DNR of your exempt status using a link on that page, or you may log into an annual report, claim the exemption and submit the report as an “exemption notification” to the DNR. Exempt generators do not pay filing fees.

The online annual report form is really two reports in one. Generators who send waste off-site for treatment will fill out Section B of the annual report form, known as the **Off-site Treatment Report**. Only medical facilities must fill out Section C, the **Medical Waste Reduction Progress Report**. Medical facilities include hospitals, nursing homes, and clinics (such as physician offices or clinics, dental offices or clinics, veterinarian offices or clinics, and dialysis clinics). Other generators, such as county health departments, schools, coroners and funeral homes, do not complete Section C.

When is the annual report due?

Normally, infectious waste generators must submit this report by March 1st for the preceding calendar year. However, for the 2014 annual report, the deadline is 11:59 PM on January 22, 2016, because the 2014 report form was not released until early December, 2015. Failure to submit the online form by the deadline will result in a late fee of \$25 per report.

How will you know it is time to complete the form?

If your facility has reported to the DNR in prior years, the DNR will email the contact person listed in its database of generators. If your facility has moved, closed or changed contact persons or contact information, please go to the Annual Report Web Page for instructions about how to notify the DNR of these changes. New non-exempt facilities should notify the DNR by sending an email to DNRMedicalWaste@Wisconsin.gov.

SECTION A: CONTACT AND GENERATOR INFORMATION

Generator Type

You must first select all generator types (activities) that apply to your facility at this location. You are required to select at least one. If a type does not apply, leave it unchecked.

If you select more than one generator type, you must indicate which type generates the most infectious waste from the drop down box. Only those generator types you selected will be available to select in the drop down box.

Only medical facilities (hospitals, clinics, and nursing homes) are required to complete the Medical Waste Reduction Progress Report (Section C). If you are not one of these generator types you will not see Section C.

Contact Information

Primary Contact

The Primary Contact is the person you have identified to the DNR previously. For security reasons, the Primary Contact may not be updated in this form. If any of the information listed here should be updated, please go to [DNR Infectious Waste Contact Updates](#) and fill out the form to notify DNR. The link to notify the DNR of contact changes is also available on the [Annual Report Web Page](#).

Signatory Contact

The **Signatory Contact** is known as the "Director," which is the highest ranking official that works at this location. For more information, see the [Annual Report Web Page](#).

The DNR will send e-mails, including a signature page required for completing the annual reporting process, to the Signatory Contact. Please be sure to include an e-mail address that someone will be checking on a regular basis.

If the Signatory Contact is the same as the person listed as the Primary Contact, including address, phone and email information, you should check the box labeled **Signatory is Same as Primary**. When checked, the Signatory Contact input fields will no longer display. If you have Saved previously with the same as box checked and then come back into the report and uncheck it, you will have to modify the data that was copied there (same as the primary contact) and Save it.

If the Signatory Contact is NOT the same as Primary Contact this box should remain unchecked and you must enter contact information for the Signatory Contact at this facility. All fields in this section are required.

Billing Contact

The Billing Contact is the individual who should receive the invoice from the DNR for the Infectious Waste annual report fees.

The DNR will send e-mails, including an invoice for completing the annual reporting fee payment process, using this information. Please be sure to include an e-mail address that someone will be checking on a regular basis.

If the Billing Contact is the same as the person listed as the Primary Contact, including address, phone and email information, you should check the box labeled **Billing is Same as Primary**. When checked, the Billing Contact input fields will no longer display. . If you have Saved previously with the same as box checked and then come back into the report and uncheck it, you will have to modify the data that was copied there (same as the primary contact) and Save it.

If the Billing Contact is NOT the same as Primary Contact this box should remain unchecked and you must enter contact information for the Billing Contact at this facility. All fields in this section are required.

Facility Operational Changes in Reporting Year

You are required to notify DNR if your facility changed facility ownership, moved or closed operations in the reporting year. If none of these occurred at your facility, you should leave this box unchecked.

If any of these did occur at your facility in the reporting year, check this box and then choose which ONE option describes the operational change(s) that occurred and enter the date when the change(s) occurred.

If you have not already done so, go to the [Infectious Waste Facility Changes Form](#) link to notify the DNR of additional details regarding your operational changes. The link to notify the DNR of facility operational changes is also available on the [Annual Report Web Page](#).

SECTION B QUALIFIER

Your facility may be exempt from filing the Off-Site Treatment Report (Section B). You must answer the questions presented here to determine if you are required to complete Section B.

Indicate whether you are part of a manifesting group. You are required to select either the **Yes** or **No** radio button.

If you answered **Yes** to being part of a manifesting group, you must indicate here whether your facility is the one who handles manifesting and is thus responsible for reporting on manifesting for the group. If you are the responsible facility, check **Yes**. If you are a member of the group but are not responsible for manifests, check **No**, and Section B will not appear on your report.

The directors of all member facilities of a manifesting group must sign the signature page for the report that is submitted on behalf of the group.

If your facility or manifesting group sent away 50 pounds or more in every calendar month of the reporting year, you will answer this question **Yes** and you are required to complete Section B. If you did not send away 50 or more pounds in any one month you will answer this question **No** and are exempt from completing Section B.

SECTION B – OFF-SITE TREATMENT REPORT [s.NR 526.15](#)

Infectious Waste Activities

All answers in this section must be entered in whole pounds.

LINE 1: GENERATED ON SITE Enter the number of whole pounds generated on-site. If you attempt to enter decimal points, you will get an error message of "**Invalid Number**" to the right of the field. This is a required field.

LINE 2: ACCEPTED FROM OTHER GENERATORS Enter the number of whole pounds accepted from other generators. If you attempt to enter decimal points, you will get an error message of "**Invalid Number**" to the right of the field. This is a required field.

LINE 3: TOTAL AMOUNT GENERATED OR ACCEPTED This amount is calculated for you. It is the sum of Lines 1 and 2. You cannot edit this field.

LINE 4: DISINFECTED ON-SITE Enter the number of whole pounds disinfected on-site. If you attempt to enter decimal points, you will get an error message of "**Invalid Number**" to the right of the field. This is a required field.

LINE 5: TOTAL SENT TO TREATMENT This amount is calculated for you. It should be equal to the Line 3 minus Line 4. You cannot edit this field.

Compare the amount you reported sent to treatment (Line 5) to the amount on manifests or other documentation, such as a certification of waste treatment, that you received from your infectious waste vendor. You must answer either **Yes** or **No**. If your manifests and/or other documentation matches the amount of waste you sent off site, answer **Yes**. If your manifests did not match the amount sent off site, answer **No**.

This question is intended to check how well treatment facilities are complying with manifesting requirements. If you answered **No** to the above question, you must select at least one of the responses for why the amounts differ. If you selected the **Other** response, you must provide a brief explanation of why your amounts differed.

Off-Site Treatment Facilities

All known eligible treatment facilities are listed here. You should check all facilities to which you sent infectious waste for treatment. If you do not see the treatment facility used by your facility, you must enter the name of that facility in the space below. Check ONLY the treatment facility(s) you used, all others should remain unchecked.

SECTION C QUALIFIER

Some facilities will be exempt from filing the Medical Waste Reduction Progress Report (Section C). You must answer the questions presented here to determine if you are required to complete Section C.

Indicate the number of months in 2014 that you generated more than 50 pounds of medical waste. If select **Zero months**, you will get message that you are exempt from Section C; if select **One month**, you will get an additional field asking about generated waste for the year; if select **Two or more months** you are not exempt from Section C.

If you generated more than 50 pounds of waste in only **One Month**, you will be asked if you generated more than 600 pounds in the year. If **Yes**, you are not exempt from Section C. If **No**, you are exempt from Section C. (Note: The 600 pounds per year question is a different way of asking if you generated an average of less than 50 lb/mo, so if your facility was open less than 12 months in a year, the question would be "Did your facility generate an average of less than 50 lb/mo during the months that it was open during the calendar year?" If this is confusing, contact us at DNRMedicalWaste@Wisconsin.gov)

SECTION C – MEDICAL WASTE REDUCTION PROGRESS REPORT [s. NR 526.21](#)

Medical Waste Reduction Policy [s. NR 526.17](#)

Has your facility adopted a Medical Waste Reduction Policy? If your facility has adopted a Medical Waste Reduction Policy, you should select the **Yes** response. If your facility has not adopted a policy, you should select the **No** response.

Edit or enter the title of your current Medical Waste Reduction Policy If you answered **Yes** (that is, your facility has adopted a Medical Waste Reduction Policy), you must provide the name of your policy here. If the title is pre-filled, edit it if necessary.

Edit or enter the date of your current Medical Waste Reduction Policy If you answered **Yes** (that is, your facility has adopted a Medical Waste Reduction Policy), you must provide the date when you adopted your Medical Waste Reduction Policy. It must be entered in month (mm), day (dd), and year (yyyy) format **mm/dd/yyyy**. EX: 05/25/2013 If you do not remember the day, dd should be **"01."** If the date format is not valid, an error message will appear.

When did your facility determine that it needs to adopt a Medical Waste Reduction Policy? If you answered **No** above (that is, your facility has NOT adopted a Medical Waste Reduction Policy), you must enter when you determined that you needed to adopt a policy. For this field, you only need to specify the month (mm) and year (yyyy) in the following format: **mm/yyyy**. EX: 09/2014 If you do not remember the month, mm should be **"01."** This date should always be earlier than the date you are reporting. If the date format is not valid, an error message will appear.

Waste Audit [s. NR 526.18](#)

Have you completed a Waste Audit? If your facility has completed a Waste Audit, you should select the **Yes** response. If your facility has not completed a Waste Audit, you should select the **No** response. If you answer **No**, you will get the following message:

“Your response indicates that you have not completed a Waste Audit . You will have to do a Waste Audit and update your Medical Waste Reduction Plan during 2016”. (Due to the late release of the 2014 annual report, you have until the end of 2016 to complete this activity.)

When did you complete your most recent Waste Audit on the whole facility? Enter the date when you completed your most recent Waste Audit. It must be entered in month (mm), day (dd), and year (yyyy) format **mm/dd/yyyy**. EX: 05/25/2013 If you do not know the month or day, enter mm as “01” and/or dd as “01.” This date should always be earlier than the date you are reporting. If the date entered for the last Waste Audit is more than five years old, you will get the following message:

“Your response indicates that the last Waste Audit was more than five years ago. You will need to do a new Waste Audit and include its results in your Medical Waste Reduction Plan in 2016”. (Due to the late release of the 2014 annual report, you have until the end of 2016 to complete this activity.)

Your Waste Audit should have included all of the items listed here. Check a statement only if you have documentation that it was included in your most recent Waste Audit. If your most recent Waste Audit did **NOT** include a documentation of a given part of the audit, you should leave it unchecked.

This facility's most recent Waste Audit:

SOURCE AREAS: Identify all areas within the facility where solid waste (not just infectious waste) was generated. If **yes**, check the **box**. If **no**, leave the **box unchecked (blank)**.

WASTE TYPES: Identify the types of waste that were generated within each source area. If **yes**, check the **box**. If **no**, leave the **box unchecked (blank)**.

QUANTITY OF MEDICAL WASTE: Identify how much medical waste, in pounds, that the facility generated as a whole during the previous 12 months. If **yes**, check the **box**. If **no**, leave the **box unchecked (blank)**.

MEDICAL WASTE GENERATION RATE: Include calculations of the rate at which the facility generated medical waste during the 12 months prior to the audit. If **yes**, check the **box**. If **no**, leave the **box unchecked (blank)**.

WASTE MANAGEMENT PRACTICES - PROCESS: Describe how medical waste was managed at the time of the audit, including how medical waste was collected, stored, transported and treated from the point of generation to the point of final disposal, including any medical waste discharged to a publicly-owned wastewater treatment system. If **yes**, check the **box**. If **no**, leave the **box unchecked (blank)**.

WASTE MANAGEMENT PRACTICES - SOURCE SEPARATION: Describe how non-infectious waste was being prevented from being mixed with infectious waste at the time of the audit. If **yes**, check the **box**. If **no**, leave the **box unchecked (blank)**.

WASTE MANAGEMENT PRACTICES - MIXING: Include any waste types that were mixed with or might have been mixed with infectious waste at the time of the audit. If **yes**, check the **box**. If **no**, leave the **box unchecked (blank)**.

Have any of the following changes in operation occurred since your facility's most recent Waste Audit? If any of these changes have occurred since your most recent Waste Audit, check the boxes for Yes that apply to your situation. If none of these changes have occurred, leave all **boxes unchecked (blank)**.

Medical Waste Reduction Plan [s. NR 526.19](#)

Has your facility adopted a Medical Waste Reduction Plan? If your facility has adopted a Medical Waste Reduction Plan, you should select the **Yes** response. If your facility has not adopted a plan, you should select the **No** response.

Edit or enter the title of your most recent Medical Waste Reduction Plan If you answered **Yes** (that is, your facility has adopted a Medical Waste Reduction Plan), you must provide the name of your plan here. If the title is pre-filled, edit it if necessary.

Edit or enter the date of your most recent Medical Waste Reduction Plan If you answered **Yes** (that is, your facility has adopted a Medical Waste Reduction Plan), you must provide the date when you adopted your Medical Waste Reduction Plan. It must be entered month (mm), day (dd), and year (yyyy) format **mm/dd/yyyy**. EX: 05/25/2013 If you do not know the day, dd should be **01**. This date should always be earlier than the date you are reporting. If the date format is not valid, an error message will appear.

If your plan is more than five years old, you will get the following message:

*“Your response indicates that your Medical Waste Reduction Plan is more than five years old.
“Normally you would need to update your plan during 2015 and submit a new Executive Summary with your 2015 annual report in early 2016. Due to the late release of the 2014 report form, DNR is extending the deadline for you to update your plan and submit a new executive summary. Please update your plan as soon as you can in 2016 and submit a new executive summary with your 2016 annual report in early 2017.”*

When did your facility determine that it needs to adopt a Medical Waste Reduction Plan? If you answered **No** above (that is, your facility has NOT adopted a Medical Waste Reduction Plan), you must enter when you determined that you needed to adopt a plan. For this field you only need to specify the month (mm) and year (yyyy) in the following format: **mm/yyyy**. EX: 09/2014. If you do not remember the month, mm should be “01.” This date should always be earlier than the date you are reporting. If the date format is not valid, an error message will appear.

Executive Summary and Description of Progress [ss. NR 526.20 and .21](#)

Medical Waste Generation Rate for 2014 – Calculation for ...

... Hospital or Nursing Home

If you selected **Hospital** or **Nursing home** as the generator type that generated the most infectious waste, you will see this section. If you selected any other generator type, you will see a similar section for that generator type instead.

Infectious Waste Generated On-Site (if your facility is NOT exempt from Section B) If you are not exempt from Section B, this is the amount entered in Line 1 of Section B and carried forward and displayed here. You cannot edit this field.

Infectious Waste Generated On-Site (If your facility IS exempt from Section B) If you are exempt from Section B, you will need to enter the amount of Infectious Waste generated on-site in whole pounds here. Include the estimated weight of liquid infectious waste sent down the drain. To convert liters to pounds, multiply the estimated number of liters by 2.2 pounds per liter.

Number of patient days in 2014 Your Medical Waste Generation Date calculation requires you to provide the number of patient days in your facility during 2014. **“Patient Day”** means a period of service between the census-taking hours on two successive calendar days, including in-patient census and out-patient surgical days [s NR500.03(167), as renumbered in 1996]. Exclude healthy newborns and emergency room visits. Do not report the daily average census. You may either add up the 12 monthly censuses (as reported to DHS) or add up the daily censuses for the year. With prior approval from the DNR, it is possible to use an alternative formula. If you made a mistake calculating this number in previous years, please email DNRMedicalWaste@Wisconsin.gov.

Medical Waste Generation Rate for 2014, in pounds per patient-day This amount is calculated and displayed for you from the amounts entered for generated on-site divided by number of patient days. You cannot edit this field.

... Physician, Dental or Veterinarian Office or Clinic

If you selected a **Physician office or clinic, Dental office or clinic, or Veterinarian office or clinic** as the generator type that generated the most infectious waste, you will see this section. If you selected any other generator type, you will see a similar section for that generator type instead.

Infectious Waste Generated On-Site (if your facility IS NOT exempt from Section B) If you are not exempt from Section B, this is the amount entered in Line 1 of Section B and carried forward and displayed here. You cannot edit this field.

Infectious Waste Generated On-Site (if your facility IS exempt from Section B) If you are exempt from Section B, you will need to enter the amount of Infectious Waste generated on-site in whole pounds here. Include the estimated weight of liquid infectious waste sent down the drain. To convert liters to pounds, multiply the estimated number of liters by 2.2 pounds per liter.

Number of treatment areas in 2014 Your Medical Waste Generation Date calculation requires you to provide the number of treatment areas at your facility in 2014. **“Treatment Area”** means a room or area in a hospital or clinic the primary use of which is to provide emergency care, diagnosis or radiological treatment; an obstetrics delivery room in a hospital, other than a patient’s room; or a room or area in a hospital clinic or nursing home, identified by the department by rule, in which infectious waste is generated [s. 289.08(7)(c)1.e., Stats.]. Include the laboratory, if any.

Number of calendar days in 2014 This field is calculated for you and is equal to the number of days you operated in the reporting year. If you operated at this location for the whole year, it will be 365. If you operated at this location for only part of the reporting year, this number is calculated from the start date at this location to the end date at this location, as reported in Section A. You cannot edit this field.

Medical Waste Generation Rate for 2014, in pounds per treatment area per day This amount is calculated and displayed for you from the amounts entered for what was generated on-site divided by number of treatment areas and number of calendar days in 2014. You cannot edit this field.

... Dialysis Clinic

If you selected **Dialysis clinic** as the generator type that generated the most infectious waste, you will see this section. If you selected any other generator type, you will see a similar section for that generator type instead.

Infectious Waste Generated On-Site (if your facility IS NOT exempt from Section B) If you are not exempt from Section B, this is the amount entered in Line 1 of Section B and carried forward and displayed here. You cannot edit this field.

Infectious Waste Generated On-Site (if your facility IS exempt from Section B) If you are exempt from Section B, you will need to enter the amount of Infectious Waste generated on-site in whole pounds here. Include the estimated weight of liquid infectious waste sent down the drain. To convert liters to pounds, multiply the estimated number of liters by 2.2 pounds per liter.

Number of dialysis treatments in 2014 Your Medical Waste Generation Date calculation requires you to provide the number of *“Dialysis Treatments”* your facility provided in 2014. This is the total number of dialysis treatments for the whole year.

Medical Waste Generation Rate for 2014, in pounds per dialysis treatment This amount is calculated and displayed for you from the amounts entered for generated on-site divided by number of dialysis treatments. You cannot edit this field.

Medical Waste Generation Rate Comparisons

Enter the medical waste generation rate for your facility for 2013 Enter your Medical Waste Generation Rate reported for 2013. If you did not report in 2013, enter a zero.

Compare your 2014 rate to your 2013 rate Describe any change in your rate comparing the 2013 amount with the 2014 amount. If you did not report in 2013, you should leave this blank. Include in your description: Why do you think it went up or down this year? If the change is due to increased amounts of non-infectious waste being mixed with infectious waste, how will you address this in 2015? If the rate went up for a reasonable reason, the DNR is not concerned about it and neither should you be concerned. However, if the rate went up because non-infectious items are being mixed with infectious waste instead of being managed another way (particularly if recyclable materials are ending up in incinerators or landfills), you should take steps in the coming months to reduce your rate. The DNR will not punish facilities for admitting that the rate went up, this question is simply to raise your awareness so you can move forward.

What is the target medical waste generation rate in your current plan? If your plan includes a target generation rate, enter that rate here. If your plan does not have a target rate, enter a zero. You must answer this question.

Compare your 2014 rate to your target rate If your facility did not reach its target, describe how you will address this in the next reporting year. If you do not have a target rate, you should enter nothing here (i.e., leave the box blank).

Benefits and Problems with Reducing Medical Waste

2014 Report on Progress: What benefits did your facility gain by reducing waste in 2014? Provide brief comments about the benefits your facility experienced by reducing waste in 2014. Citing the benefits may help you gain internal support for your efforts to reduce waste.

2014 Report on Progress: What problems did your facility face while implementing your plan or reducing medical waste in 2014? Describe challenges your facility faced in 2014 and how your facility addressed them. The DNR knows that challenges are to be expected and will not punish you or your facility for admitting to having problems. In fact, we are curious about how you worked through them. Thoughtful answers to this question will enable the DNR to help other healthcare facilities in Wisconsin who may face the same issues.

Goals and Objectives

For all the Goals and Objectives questions, “implemented” means either you have completed an objective or it is an ongoing activity in your facility. You may explain more about how you have implemented any objective in the Report on Progress question below the respective grid.

GOAL 1: Preventing the Mixing of Infectious Waste with Non-Infectious Waste

If you had a Medical Waste Reduction Plan in place in 2014, a grid will be displayed listing several objectives for preventing the mixing of non-infectious waste with infectious waste. You must answer each of the questions in the grid with one of three responses: **In Plan and Implemented**, **In Plan to be Implemented**, or **Not In Plan**.

If you do not select a response for each “objective” question, you will get an error upon validation.

Section [NR 526.19](#) requires the first two objectives to be in your plan. The other objectives are optional but highly recommended. If any of the required objectives are not in your plan, this will show up as an activity to be done during the next calendar year. (Note: for the 2014 report, you can update your plan during 2016 and report on it in early 2017.)

If your facility did not have a medical waste reduction plan in place in 2014, you will NOT see the grid of objectives.

Additional objectives included in your plan to prevent mixing of wastes This question should only be answered if your plan actually includes additional ways to reduce the mixing of non-infectious waste with infectious waste NOT included in the objectives listed in the grid. If your plan did not include additional ways, you should leave this blank.

2014 REPORT ON PROGRESS – Describe how you prevented the mixing of wastes in 2014 All facilities completing Section C, regardless of their plan status, must provide a brief summary reporting on progress in preventing the mixing of wastes in the reporting year.

GOAL 2: Reducing Wastes by Changing Practices and Reusing Items

If you had a Medical Waste Reduction Plan in place in 2014, a grid will be displayed listing several objectives for reducing wastes by changing practices and reusing items. You must answer each of the questions in the grid with one of three responses: **In Plan and Implemented**, **In Plan to be Implemented**, or **Not In Plan**.

If you do not select a response for each “objective” question, you will get an error upon validation.

Select the objectives discussed in your Medical Waste Reduction Plan for reducing wastes by changing practices and reusing items. Your plan must have at least one and preferably several of these objectives.

If you did not have a plan in place in 2014, you will NOT see the grid of objectives.

Additional objectives included in your plan to reduce waste by changing practices and reusing items This question should only be answered if your plan includes additional ways to reduce waste by changing practices and reusing items NOT included in the objectives listed in the grid. If your plan did not include additional ways, you should leave this blank.

2014 REPORT ON PROGRESS – How did you reduce waste by changing practices and reusing items in 2014? All facilities completing Section C, regardless of their plan status, must provide a brief summary reporting on progress in reducing waste by changing practices and reusing items, including: materials, supplies and equipment in the reporting year.

GOAL 3: Evaluating Alternatives to Disposables

If you had a Medical Waste Reduction Plan in place in 2014, a grid will be displayed listing several objectives for evaluating alternatives to disposable materials, supplies and equipment. You must answer each of the questions in the grid with one of three responses: **In Plan and Implemented**, **In Plan to be Implemented**, or **Not In Plan**.

If you do not select a response for each “objective” question, you will get an error upon validation.

Select the objectives discussed in your Medical Waste Reduction Plan for evaluating alternatives to disposable materials, supplies and equipment. Section [NR 526.19](#) requires all of these objectives to be in your plan.

If you did not have a plan in place in 2014, you will NOT see the grid of objectives.

Addition objectives included in your plan to evaluate alternatives to disposables This question should only be answered if your plan includes additional ways to evaluate the use of disposable materials, supplies and equipment NOT included in the objectives listed in the grid. If your plan did not include additional ways, you should leave this blank.

2014 REPORT ON PROGRESS – How did you evaluate alternatives to disposable materials, supplies and equipment in 2014 All facilities completing Section C, regardless of their plan status, must provide a brief summary reporting on progress in evaluating the use of disposable materials, supplies and equipment in the reporting year.

GOAL 4: Education and Training

If you had a Medical Waste Reduction Plan in place in 2014, a grid will be displayed listing several objectives for educating patients and the public and training staff about waste disposal. You must answer each of the questions in the grid with one of three responses: **In Plan and Implemented**, **In Plan to be Implemented**, or **Not In Plan**.

If you do not select a response for each “objective” question, you will get an error upon validation.

Select the objectives discussed in your Medical Waste Reduction Plan for educating patients and the public and training staff about waste disposal. Section [NR 526.19](#) requires the first two objectives. The others are optional but highly recommended.

If you did not have a plan in place in 2014, you will NOT see the grid of objectives.

Addition objectives included in your plan to educate patients, the public or staff about waste disposal This question should only be answered if your plan includes additional ways to educate patients, the public or staff about waste disposal NOT included in the objectives listed in the grid. If your plan did not include additional ways, you should leave this blank.

2014 REPORT ON PROGRESS – How did you educate patients, the public or staff about waste disposal in 2014 All facilities completing Section C, regardless of their plan status, must provide a brief summary reporting on progress in educating patients, the public or staff about waste disposal in the reporting year.

GOAL 5: Monitoring and Assessment

If you had a Medical Waste Reduction Plan in place in 2014, a grid will be displayed listing several objectives for monitoring and assessing progress. You must answer each of the questions in the grid with one of three responses: **In Plan and Implemented, In Plan to be Implemented, or Not In Plan.**

If you do not select a response for each “objective” question, you will get an error upon validation.

Select the objectives discussed in your Medical Waste Reduction Plan for monitoring and assessing progress. Your plan must have at least one and preferably several of these objectives.

If you did not have a plan in place in 2014, you will NOT see the grid of objectives.

Addition objectives included in your plan to monitor and assess your progress toward medical waste reduction This question should only be answered if your plan includes additional ways to monitor and assess your progress NOT included in the objectives listed in the grid. If your plan did not include additional ways, you should leave this blank.

2014 REPORT ON PROGRESS – How did you monitor and assess your progress toward medical waste reduction in 2014

All facilities, regardless of their plan status, that are required to complete Section C must provide a brief summary reporting on progress in monitoring and assessing progress toward medical waste reduction in the reporting year.

Here’s your chance to tell us more about any other waste reduction initiatives This question is optional. If you have other projects or initiatives that you undertook in 2014 related to medical waste reduction, you may describe them here. You may include these in your medical waste reduction plan the next time you revise it.

What projects do you intend to implement over the next five years? This question is optional, but if you do have other waste reduction initiatives or projects, please describe them here. You may include these in your medical waste reduction plan the next time you revise it.

What progress did you make on these projects in 2014? This question is optional, but if you worked on or made progress on these other waste reduction initiatives or projects, please describe your progress here.

VALIDATING, CERTIFYING, SUBMITTING AND COMPLETING THE ANNUAL REPORT

If you are exempt...

...Validating your Notification to DNR of Your Exempt Status

Based on the answers you provided, your facility is exempt from completing the Off-Site Treatment Report and the Medical Waste Reduction Progress Report.

Should DNR send you an annual report form for this location next year? You are required to select either the **Yes** or **No** radio button. If your facility would like to receive a copy of the Infectious Waste Annual Report for 2015, select **Yes**. If you do not wish to receive an annual report for 2015, select **No**. Please only select **No** if you are sure your facility will always be exempt in future years. If you are unsure, select **Yes**.

Provide an explanation for why you should not receive a report next year If your facility does not wish to receive a 2015 annual report, please describe why. If you do wish to receive a 2015 Annual Report, you should enter nothing here.

Even though s. [NR 526.15](#) exempts your facility from filing an annual report, we appreciate your letting us know about your exempt status this year. Please complete the following steps:

1. Review the form to ensure you have answered all the questions. Fix any items where there are red messages or where boxes are outlined in red.
2. Click on the **Validate** button at the top of the page. The validation process may take a while, so please be patient. The validation process will end with one of two small windows. If the small window is entitled "**Notify the DNR of Exempt Status**," the validation was successful. You may go to Step 3. If the small window is entitled "**Items Needing Attention**," click **Close**, fix the errors and Validate again.
3. Follow the instructions on the small window "**Notify DNR of Exempt Status**" for submitting the form. Once you have completed the notification, DNR will email you a confirmation of the receipt of the notification.

... Certifying and Submitting the Notification of Exemption to the DNR

After you have completed your report and validated it as exempt from the 2014 Infectious Waste Annual Report, you may notify the DNR of your exempt status by submitting this form to the DNR.

On the Certification Page, all you will need to do is click the box confirming that **To the best of my knowledge, this facility is exempt from filing an infectious waste annual report in 2014 and I wish to notify DNR of the facility's exempt status.**

Once you have clicked the box to confirming your exempt status, the **Submit** button will become darker. Click on the **Submit** button to complete the process of notifying the DNR. You will receive an email from DNRMedicalWaste@wisconsin.gov confirming that your notification has been received.

If for any reason you wish to return to the report before submitting, you may click the **Cancel** button at any time to return to the report.

If you are not exempt...

...Validating your Infectious Waste Annual Report

Instructions for Submitting the Infectious Waste Annual Report

1. Save your data. Wait for the **Save** to complete before making any other changes.
2. Review the form to ensure you have answered all the questions. Fix any items where there are red messages or where boxes are outlined in red.
3. Click on the **Validate** button at the top of the page. The validation process may take a while, so please be patient. **Validate** saves the data and checks to see if anything is missing. The validation process will end with one of two small windows:

- If the small window is entitled "**Certify and Submit Your Report**," the validation was successful. Follow the instructions for certifying and submitting the form. The DNR will email the signature page to your Signatory contact (Director) and an invoice to your Billing contact. Or, if necessary you may **Close** the small window and submit the form later.
- If the small window is entitled "**Items Needing Attention**," there are errors in your answers. You must fix them before you can submit the form. Close this window to return to the form, fix the highlighted errors and Validate again. If you want to keep a list of the errors visible while you fix them, you may use any of the following: Print Screen; a Snipping application; Copy and Paste it into a new word processing document; or take a picture of it on a smart phone.
- If you do not get a small window, first check to see if the report has finished validating (that is, when the "working" symbol in your browser has stopped or disappeared) and try Validate again. If this problem persists, use the "Contact us" button at the top of the page to tell the DNR about it.
- Follow the instructions on the Certify and Submit Your Report window for submitting the form. Once submitted, DNR will email the signature page to the Director of your facility with further instructions.

The instructions continue in the next section, below, and on the **Certify and Submit Your Report** window for submitting the form.

... Certifying and Submitting the Infectious Waste Annual Report

Legal Notices

Completion of an annual report is mandatory under s. [NR 526.15](#) Wis. Adm. Code, unless the facility is exempt under both ss. [NR 526.14](#) and [526.16](#).

- An annual report is complete when the DNR has received the online report; the original, signed signature page and applicable fees.
 - The DNR will apply late fees to online forms submitted after the due date.
4. Certify the report by following the instructions on the a "**Certify and Submit Your Report**" window. Click each of the certification statements, shown below, to acknowledge them. Similar certification statements will also appear on the signature page emailed to the signatory. When all the boxes have been checked, the **Submit** button will darken in color and be enabled.

Certification Statements

<Director Name> ...is the Director of this facility (i.e., the highest ranking official who works at this location). The name of the person you entered as the Director of the facility will be displayed at the beginning of this statement, answering **Yes** (checked) to this statement confirms that this person is your facility director.

<Facility Name >... will retain records according to ss. [NR 526.12\(4\)](#) and [526.14](#) and, if applicable, make its medical waste reduction documents available according to s. [NR 526.22](#). By answering **Yes** (checked) to this statement, you are agreeing to keep records as defined in statute and administrative code.

<Facility Name > ... has established goals and objectives for reducing medical waste and has set target dates for implementing them according to s. [NR 526.19\(3\)](#). By answering **Yes** (checked) to this statement, you are confirming that you have established goals as defined in statute and administrative code.

<Facility Name > ... understands that reducing medical waste involves completion of planning activities, such as audits and periodic assessment. If any outstanding planning activities are listed below this statement, <Facility Name> will report on its progress toward completing them in its 2015 Infectious Waste Annual Report, according to s. [NR 526.21](#). (Due to the late release of the 2014 annual report, you have until the end of 2016 to complete this activity.) By answering **Yes**(checked) to this statement, you are confirming the inputs on your report.

To the best of my knowledge, this 2014 Infectious Waste Annual Report is true and accurate s. [NR 526.21\(1\)\(g\)](#). By answering **Yes** (checked) to this statement, you are confirming the truth and accuracy of the report.

5. If you want to review or edit further, click the **Close** button here. If you close the window, you must **Validate** again to return to this **Certify and Submit** page.

6. Submit the report by clicking on the **Submit** button. The DNR will apply late fees if the online report is submitted after the deadline posted on the DNR website. Once you click **Submit**, your report will be submitted to the DNR and you will not be able to edit the report.

... Completing the Infectious Waste Annual Report

Once you have submitted the online form, the DNR will email the **signature page** to the Director of your facility with further instructions. The DNR will also email an **invoice** to your Billing Contact with further instructions.

Return the original signed signature page to the DNR, as directed on the signature page.

Return the **invoice slip** with payment for any fees, as directed on the invoice. Be sure to include the bottom part of the invoice, or the DNR will not be able to process your payment.

When the DNR has received the report, the signed signature page and the invoice slip and payment, your report is complete. **Congratulations!**