



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Secretary of Health
Jennifer Dillaha, MD, Director

QUARTERLY COMMERCIAL MEDICAL WASTE TSD FEE REPORT

A Commercial Medical Waste Fee of five dollars (\$5.00) a ton is required for all commercial medical waste that is treated or disposed of in Arkansas (Section VIII J. of the Rule Pertaining to the Management of Medical Waste from Generators and Health Care Related Facilities). Weight tabulations must be calculated for each calendar quarter. Weight tabulations and fee payment for the previous quarter are **due forty-five (45) days from the end of the quarter**. Calendar quarters are based on the periods January 1 to March 31, April 1 to June 30, July 1 to September 30, and October 1 to December 31. **Fees are payable to the ARKANSAS DEPARTMENT OF HEALTH** and must be submitted with the Quarterly Treatment, Storage, and Disposal (TSD) facility Fee Report to:

Arkansas Department of Health
Medical Waste Program
4815 West Markham Street, Slot 32
Little Rock, AR 72205-3867

QUARTER and YEAR REPORTING: _____
Quarter Year

PERMITTED TSD

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

LICENSE NUMBER: _____

AMOUNT OF MEDICAL WASTE TREATED/DISPOSED PER MONTH

MONTH/YEAR	POUNDS TREATED
1. _____	_____
2. _____	_____
3. _____	_____
Total Pounds for this Quarter	_____

AMOUNT OF FEES DUE FOR THIS QUARTER

The fee is calculated by multiplying the fee per ton by the weight of the waste in pounds (as determined in Section VII.J.1.a.b. or c. of the Rule) divided by two thousand (2,000). The division should be carried to the second decimal and rounded to the nearest tenth as follows:

EXAMPLE FEE CALCULATION:

$$\frac{\text{Weight of Waste in Pounds}}{2,000 \text{ pounds/ton}} \times \$5.00/\text{ton} = \text{fee}$$

ACTUAL FEE CALCULATION:

$$\frac{\text{_____}}{2,000 \text{ pounds/ton}} \times \$5.00/\text{ton} = \boxed{\text{_____}}$$

ACTUAL AMOUNT OF FEES PAID FOR THIS QUARTER: \$ _____