**Section 1450.203 Supplemental PIMW Report**

a) When errors in the amount of PIMW or the amount of the PIMW transporter fee due by month or quarter under this Part are discovered in any of the records required to be kept under this Part, a Supplemental PIMW Report showing the relevant corrections shall be completed by the transporter and submitted to the Agency. The transporter shall show the adjustment on the next Quarterly PIMW Report.

b) The Supplemental PIMW Report shall be submitted to the Agency on a form provided by the Agency.

c) The Supplemental PIMW Report shall include, but not be limited to, the following information:

1) the PIMW transport company name and address;

2) the permitted medical waste hauler number;

3) the PIMW manifest number;

4) the date PIMW was received;

5) the generator name and location (city/state);

6) the designated facility name and location (city/state);

7) the correct net weight in pounds of PIMW;

8) the incorrect net weight in pounds of PIMW previously reported;

9) the difference in weight in pounds of PIMW;

10) the total PIMW transporter fee due or for credit;

11) the grand totals for subsections (c)(7) through (11) of this Section;

12) the page subtotal, if applicable;

13) the certification according to Section 1450.104; and

14) the authorized name, signature, date and telephone number.