



Public Health
Environmental Health Services
MEDICAL WASTE MANAGEMENT PLAN



THIS SECTION TO BE COMPLETED BY APPLICANT

REASON FOR SUBMITTAL OF THIS PLAN

Check applicable:	Date
<input type="checkbox"/> New Facility	<input type="checkbox"/> Relocation of Permitted Facility
<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> Changes to previously submitted Medical Waste Management Plan

FACILITY INFORMATION

Facility Generating Medical Waste			
Facility Site Address	City	State	Zip
Mailing Address	City	State	Zip
Phone Number	Facility Number	Fax Number	

CONTACT PERSON RESPONSIBLE FOR IMPLEMENTATION OF PLAN REGARDING MEDICAL WASTE AT THE FACILITY

Name	Title
Email	Phone Number

TYPE OF MEDICAL WASTE FACILITY

Check applicable:

- Small Quantity Generator (SQG):** Your facility generates less than 200 pounds of medical waste per month
- Small Quantity Generator with On-Site Treatment:** Medical waste is TREATED on-site
- Limited Quantity Hauling Exemption (LQHE):** Less than 20 pounds of medical waste per week is generated or transported at one time to a treatment facility, transfer station, or other health care facility (LQG) or home nursing parent organization for consolidation prior to collection and treatment
- Large Quantity Generator (LQG):** Your facility generates 200 pounds or more of medical waste in any month or a 12-month period
- Large Quantity Generator with On-Site Treatment:** Medical waste is TREATED on-site
- Common Storage Facility Permit:** Any designated accumulation area which is on-site and is used by small quantity generators otherwise operating independently, for example, a medical arts building
- Home Health Agency:** Must register as SQG or LQG and apply for LQHE

If your facility generates 20 pounds or less of medical waste per week, do you want to apply for a Limited Quantity Hauling Exemption (LQHE)? This allows your facility to transport less than 20 pounds of medical waste at one time to a treatment facility, transfer station, or other health care facility (LQG) or home nursing parent organization for consolidation prior to collection and treatment without hiring a registered medical waste hauler.

Yes (If yes, complete the attached LQHE form) No

MEDICAL WASTE DISPOSAL

How does your facility dispose of medical waste? (check applicable)

A registered hauler transports the waste to a permitted off-site treatment facility

Registered Hauler Name			
Address	City	State	Zip

Alternative treatment technology (on-site treatment):

- Autoclave (on-site treatment)
- Isolyzer
- Mail back Sharps Disposal Company
- Other state approved method

TYPE OF WASTES GENERATED

- Laboratory wastes – specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums
- Blood or body fluids – liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids
- Sharps – syringes, needles, blades, broken glass
- Contaminated animals – animal carcasses, body parts, bedding materials
- Surgical specimens – human or animal parts or tissues removed surgically or by autopsy
- Isolation waste – waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due to highly communicable diseases (*Centers for Disease Control and Prevention, Biosafety Level 4*)*
- Wastes contaminated with fixatives or chemotherapeutic agents
- Other (specify): [redacted]
- Pharmaceutical wastes – California only hazardous pharmaceutical waste

Provide an estimated quantity of medical waste generated monthly (pounds): [redacted]

*Biosafety Level 4 viruses and diseases are: Congo-Crimean hemorrhagic fever, Tick-borne encephalitis virus complex (*Absettarov, Hanzalova, Hypr, Kumlinge, Kyasanur Forest disease, Omsk hemorrhagic fever, and Russian Spring-Summer encephalitis*), Marburg disease, Ebola, Junin virus, Lassa fever virus, Machupo virus.

EMERGENCY ACTION PLAN

What emergency action plan does your facility have in the event of an emergency (e.g. *treatment system breaks down, hauler unable to pick up waste, spill, natural disaster, etc.*)

[redacted]

Note: Any future changes to the information provided must be submitted to the Division of Environmental Health Services/LEA within 30 days, pursuant to the Medical Waste Management Act, §117940(d) Small Quantity Generators, and §117970(d) Large Quantity Generators.

SIGNATURE

I hereby certify to the best of my knowledge and belief that the statements made herein are complete and accurate.

Signature	Date
X	[redacted]
Print Name	Title
[redacted]	[redacted]

MEDICAL WASTES ACCEPTED FROM OTHER FACILITIES

Date [REDACTED]	Facility Number [REDACTED]
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Medical Wastes accepted for: <input type="checkbox"/> Consolidation <input type="checkbox"/> Treatment			
Facility Name [REDACTED]			
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Responsible Person [REDACTED]	Phone Number [REDACTED]	Facility Number [REDACTED]	

Medical Wastes accepted for: <input type="checkbox"/> Consolidation <input type="checkbox"/> Treatment			
Facility Name [REDACTED]			
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Responsible Person [REDACTED]	Phone Number [REDACTED]	Facility Number [REDACTED]	

Medical Wastes accepted for: <input type="checkbox"/> Consolidation <input type="checkbox"/> Treatment			
Facility Name [REDACTED]			
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Responsible Person [REDACTED]	Phone Number [REDACTED]	Facility Number [REDACTED]	

Medical Wastes accepted for: <input type="checkbox"/> Consolidation <input type="checkbox"/> Treatment			
Facility Name [REDACTED]			
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Responsible Person [REDACTED]	Phone Number [REDACTED]	Facility Number [REDACTED]	

For Office Use Only		For Office Use Only		For Office Use Only		For Office Use Only		For Office Use Only	
Fee:	FA Number:	Record ID:	PE Number:						
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:						
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Changes (please specify):								