



Ventura County Environmental Health Division  
 800 S. Victoria Ave., Ventura CA 93009-1730  
 TELEPHONE: 805/477-7110 or FAX: 805/477-1595  
 Internet Web Site Address: *www.vcrma.org/divisions/environmental-health*

## APPLICATION/APPROVAL OF EXTENDED MEDICAL WASTE STORAGE TIME

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Number Street Suite City Zip Code

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facility Type:  Dental  Medical  Veterinary  Research Lab  Clinical Lab  
 Other (specify): \_\_\_\_\_

Name of facility treating your medical waste: \_\_\_\_\_

The maximum amount of medical waste generated in any one-month in the last 12-month period was \_\_\_\_\_ lbs.

A maximum storage limit of \_\_\_\_\_ days is requested.

Estimate the approximate % of each medical waste type generated at your facility: (to equal 100%)

- Fluid blood, fluid blood products or items contaminated with fluid blood
- Laboratory waste  Sharps waste
- Pathology waste  Trace contaminated chemotherapy waste
- Waste pharmaceuticals  Other (specify): \_\_\_\_\_

### CERTIFICATION

Applicant's signature certifies that all information in this application is true and correct. Applicant is required to notify Environmental Health Division's Medical Waste Program staff in writing should there be a change in the types of medical waste generated or an increase of more than 25% in the maximum monthly quantity of medical waste generated.

\_\_\_\_\_  
 PRINT: Name and Title of Applicant/Authorized Representative

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 Date

(For EHD-Official use only)

Approval of a maximum medical waste storage limit of \_\_\_\_\_ days has been granted to the above facility in accordance with the California Health and Safety Code, Division 104, Part 14. Medical Waste Management Act, Section 118280(d)(1)(A). **This approval is subject to revocation should the facility fail to comply with all applicable requirements for the handling, storage, disposal, and treatment of medical waste as specified by the Medical Waste Management Act.**

\_\_\_\_\_  
 PRINT: Registered Environmental Health Specialist

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 Date

**DISTRIBUTION: Original-EHD      Copy-Applicant**