



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/medical-waste-program

MEDICAL WASTE MANAGEMENT – INFORMATION DOCUMENT

INSTRUCTIONS TO APPLICANT:

1. The California Health and Safety Code, Section 117945(a) requires this form be completed by small-quantity medical waste generators requiring Registration-Records. Such generators treat and dispose of their medical waste by Isolyser; mail-back service for sharps, off-site treatment and disposal through a registered medical waste transporter; transport by the generator with a Limited-Quantity Hauling Exemption to a permitted medical waste treatment facility, transfer station, parent organization, or another health care facility for consolidation; or treatment by an approved alternative technology requiring Registration-Records.
2. The Information Document shall be updated only when information contained therein changes.
3. Submit a copy of this document to the Environmental Health Division.
4. **Maintain this document on file in your office.**

APPLICANT:

1. Name (DBA): _____ Telephone: _____

2. Address: _____ Contact Person: _____

3. Check the types of medical waste generated with containment as indicated:

_____ Biohazardous waste in red biohazard bags in secondary container labeled "Biohazardous Waste" or "BIOHAZARD" and the international biohazard symbol on lid and all sides.

_____ Pathology waste in red biohazard bags in secondary container labeled "Pathology Waste" or "PATH" on lid and all sides.

_____ Chemotherapy waste in red biohazard bags in secondary container labeled "Chemotherapy Waste" or "CHEMO" on lid and on all sides.

_____ Pharmaceutical waste in container labeled "FOR INCINERATION ONLY" on lid and all sides. This does not include any pharmaceutical regulated under the Federal Resource Conservation and Recovery Act (RCRA) or Radiation Control Law.

_____ Sharps waste, except sharps contaminated with chemotherapy waste, in sharps containers labeled "SHARPS WASTE" or "BIOHAZARD" and the international biohazard symbol.

_____ Sharps waste contaminated with chemotherapy waste in sharps containers labeled "CHEMOTHERAPY WASTE" or "CHEMO".

4. Indicate where medical waste is located and/or stored: _____

5. Indicate disposal frequency and quantity (lbs.) per month: _____

6. Indicate how medical waste is treated and disposed: _____

7. I hereby certify that to the best of my knowledge and belief, the statements made herein are correct and true.

Signature: _____ Date: _____