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: ___________________________