



Ventura County Environmental Health Division
800 S. Victoria Ave., Ventura CA 93009-1730
TELEPHONE: 805/477-7110 FAX: 805/477-1595
Internet Web Site Address: www.vcrma.org/medical-waste-program

MEDICAL WASTE MANAGEMENT PLAN

INSTRUCTIONS:

In accordance with the Medical Waste Management Act, Sections 117960 and 117935, a Medical Waste Management Plan is required for all generators who are in one or more of the following categories. Check as appropriate below and provide the information requested. A copy of this Medical Management Plan shall be filed with the Environmental Health Division and a copy maintained in the generator's files.

CHECK ONE:

- Large-quantity generators (greater than 200 lbs. of medical waste generated per month)
- Small-quantity generator using on-site treatment (autoclave, shredder/disinfection, dry heat disinfection, electron beam, thermal-activated plastic sterilization, or other approved treatments)
- Small-quantity generator owning-operating a medical waste treatment facility

NAME OF GENERATOR: _____

BUSINESS:

Street Address: _____

City, CA, Zip: _____

TYPE OF BUSINESS: _____

CONTACT PERSON: _____ TELEPHONE: _____

A. Section I: Check the types of Medical Waste generated and provide the total monthly amount of Medical Waste generated.

I. Type

A. Biohazardous Waste

1. **Laboratory Waste:** Specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, culture dishes, and devices used to transfer, inoculate, and mix cultures.

- _____ 2. **Blood:** Blood-contaminated body secretions/wastes, blood products, or articles saturated with fluid blood
- _____ 3. **Contaminated Animals:** Animal carcasses, body parts, or bedding materials suspected of being contaminated with a disease communicable to humans.
- _____ 4. **Surgical Specimens:** Human or animal parts or tissues removed surgically or by autopsy which are suspected by the attending physician/surgeon/dentist of being contaminated with a communicable disease.
- _____ 5. **Isolation Waste:** Waste contaminated with excretion, exudates, or secretions from humans or animals that are isolated due to highly communicable disease (Center for Disease Control, Biosafety Level 4).
- _____ B. **Pathology Waste** which is hazardous only because it is comprised of human surgery specimens or tissues, which have been fixed in formaldehyde or other fixatives.
- _____ C. **Trace Chemotherapy Waste** which is contaminated through contact with or previously contained trace amounts of chemotherapeutic agents including, but not limited to, gloves, disposable gowns, towels, empty intravenous solution bags and tubing.
- _____ D. **Pharmaceutical waste** is a prescription or over-the-counter human or veterinary drug that is a waste and cannot be returned to a reverse distributor for credit. This does not include any pharmaceutical regulated by the federal Resource Conservation and Recovery Act (RCRA federally regulated hazardous waste) or the Radiation Control Law.
- _____ E. **Sharps Waste:** Syringes, needles, blades, slides, root canal files, acupuncture needles, broken glass, etc., contaminated with biohazardous waste, and/or any item capable of cutting or piercing from trauma scene waste.
- _____ F. **Trace Chemotherapy Sharps Waste** is sharps waste contaminated through contact with, or previously contained trace amounts of chemotherapeutic agents.
- _____ G. **Estimated Total Monthly Waste** (lbs): _____

B. Complete Sections II thru VI to indicate how Medical Waste is contained, stored, treated and to provide information concerning your Emergency Action Plan.

II. CONTAINMENT

A. Biohazardous: _____

- B. Sharps: _____
- C. Trace Chemotherapy Sharps: _____
- D. Pathology: _____
- E. Trace Chemotherapy: _____
- F. Pharmaceutical: _____

III. Storage prior to treatment:

**IV. Is Medical Waste transportation under a D.O.T. Materials of Trade hauling exemption?
 Yes ___ No ___.**

If YES, provide:

Receiving facility name _____
 Street Address _____
 City, ST, Zip _____

V. TREATMENT (On-site or Off-site):

A. On-Site Treatment

		<u>Treatment Capacity</u> (Size)
<input type="checkbox"/> Autoclave	<input type="checkbox"/> Shredder/Disinfect	_____
<input type="checkbox"/> Incinerator	<input type="checkbox"/> Electro-Thermal Deactivation	_____
<input type="checkbox"/> Shredder/Microwave	<input type="checkbox"/> DSI Sharps Disposal System	_____
	<input type="checkbox"/> Other _____	

- B. Registered Hazardous or Medical Waste Hauler used for back-up in case of treatment facility breakdown:

Name _____

Street Address _____

City, ST, Zip _____

Telephone: Area Code _____ Telephone _____

- C1. Off-site Treatment/Disposal through Registered Hazardous or Medical Waste Hauler (includes service arranged by building management, if applicable):

Name _____

Street Address _____

City, ST, Zip _____

Telephone: Area Code _____ Telephone _____

- C2. Off-site Treatment/Disposal through Registered Hazardous or Medical Waste Hauler (includes service arranged by building management, if applicable):

Name _____

Street Address _____

City, ST, Zip _____

Telephone: Area Code _____ Telephone _____

- D1. Treatment facility receiving waste:

Name _____

Street Address _____

City, ST, Zip _____

Telephone: Area Code _____ Telephone _____

- D2. Treatment facility receiving waste:

Name _____

Street Address _____

City, ST, Zip _____

Telephone: Area Code _____ Telephone _____

VI. Emergency Action Plan: shall be completed by small-quantity generators using on-site treatment and by all large-quantity generators. Indicate procedures that are taken in the event of a medical waste spill for each type of medical waste generated.

- A. Biohazardous: _____

- B. Sharps: _____

- C. Trace Chemotherapy Sharps: _____

- D. Pathology: _____

- E. Trace Chemotherapy: _____

- F. Pharmaceutical: _____

Maintain a copy of this document in your files. Submit one copy to the Ventura County Environmental Health Division (address shown at the top of page 1).

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

Signature: _____ Date: _____