



MEDICAL WASTE MANAGEMENT PLAN

THIS SECTION TO BE COMPLETED BY APPLICANT			
REASON FOR SUBMITTAL OF THIS PLAN			
Check applicable:			Date:
New Facility	Relocation of Permitted Facility	Transfer of Ownership	
Changes to Previously Submitted Medical Waste Management Plan			
FACILITY INFORMATION			
Facility Name Generating Medical Waste:			
Facility Site Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone Number:	Facility Number:	Fax Number:	
CONTACT PERSON RESPONSIBLE FOR THE IMPLEMENTATION OF THE FACILITY'S MEDICAL WASTE PLAN			
Name:		Title:	
Email:		Phone Number:	
TYPE OF MEDICAL WASTE FACILITY			
Check applicable:			
<p>Small Quantity Generator (SQG): Your facility generates less than 200 pounds of medical waste per month.</p> <p>SQG with On-Site Treatment: Less than 200 pounds of medical waste is treated onsite.</p> <p>Large Quantity Generator (LQG): Your facility generates 200 pounds or more of medical waste in any month of a 12-month period.</p> <p>LQG with On-Site Treatment: More than 200 pounds of medical waste is treated onsite.</p> <p>Common Storage Facility Permit: Any designated on-site accumulation area that is used and operated solely by an SQG, for example, a medical arts building.</p>			
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 or broken glass.
- Contaminated animals – Animal carcasses, body parts or bedding materials.
- Surgical specimens – Human or animal parts or tissues removed surgically or by an 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):
- Pharmaceutical wastes – California only hazardous pharmaceutical waste.

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

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

EMERGENCY ACTION PLAN

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

NOTE: ANY FUTURE CHANGES TO THE INFORMATION PROVIDED MUST BE SUBMITTED TO ENVIRONMENTAL HEALTH SERVICES/LOCAL ENFORCEMENT AGENCY (LEA) WITHIN 30 DAYS, PURSUANT TO THE MEDICAL WASTE MANAGEMENT ACT, 117940(D) SMALL QUANTITY GENERATORS AND 117970(D) LARGE QUANTITY GENERATORS.

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor’s indemnification obligation applies to the County’s “active” as well as “passive” negligence but does not apply to the County’s “sole negligence” or “willful misconduct” within the meaning of Civil Code Section 2782.

By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

SIGNATURE

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

Signature:	Date:
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Print Name:	Title:
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MEDICAL WASTES ACCEPTED FROM OTHER FACILITIES

Date:	Facility Number:
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Medical wastes accepted for:	Consolidation	Treatment
Facility Name:		
Address:	City:	State: Zip:
Responsible Person:	Phone Number:	Facility Number:

Medical wastes accepted for:	Consolidation	Treatment
Facility Name:		
Address:	City:	State: Zip:
Responsible Person:	Phone Number:	Facility Number:

Medical wastes accepted for:	Consolidation	Treatment
Facility Name:		
Address:	City:	State: Zip:
Responsible Person:	Phone Number:	Facility Number:

Medical wastes accepted for:	Consolidation	Treatment
Facility Name:		
Address:	City:	State: Zip:
Responsible Person:	Phone Number:	Facility Number:

FOR OFFICE USE ONLY

Fee:	FA Number:	Record ID:	PE Number:
Late Fee: Y N	Designated Employee:		Received By: Date:
Check One: New Transfer Reactivate	Changes (please specify):		