



County of Santa Cruz

Health Services Agency ♦ Environmental Health

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MEDICAL WASTE MANAGEMENT PLAN

This application will not be processed until all required information has been received and fees have been submitted. If more than one location is used by the business, application and fees must be filed for all locations that are subject to registration / permit.

Business Name: _____

Business Address: _____ City _____ Zip 95 _____

SECTION 1 – TYPE OF MEDICAL WASTE GENERATED

- () Sharps - Syringes, needles, and broken glass items such as pipettes or contaminated blood vials.
- () Pharmaceutical Waste - Prescription or over the counter human or veterinary drug. Does not include radioactive or hazardous waste (RCRA) pharmaceuticals.
- () Blood or Body Fluids - Liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.
- () Chemotherapy Waste - Including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing which are empty.
- () Isolation Waste - Waste required to be isolated by infection control staff due to contamination with Highly Communicable Disease microorganisms.*(see reverse side)
- () Laboratory Wastes - Specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums.
- () Contaminated Animals - (suspected of being contaminated with agents infectious to man) – animal carcasses, body parts, bedding materials.
- () Surgical Specimens - Human and animal parts or tissues removed surgically or by biopsy.

SECTION 2 - LARGE QUANTITY GENERATOR

Do you generate 200 or more pounds a month of medical waste? () no () yes – see Sections 3 & 4, Large Quantity Generator on reverse side

Do you treat medical waste onsite? () no () yes – see Sections 3 & 5, Small Quantity Generator with Onsite Treatment on reverse side

Do you share medical waste storage with other businesses? () no () yes see “ Sections 3 & 6, Small Quantity Generator with Common Storage on reverse side

If you answered **NO** to all of the above questions, complete Section 3 and return this form with the EH File Maintenance Fee.

SECTION 3 – REGISTERED MEDICAL WASTE HAULER OR ALTERNATIVE TREATMENT METHOD

Indicate the name, address and phone number of the registered hazardous waste/medical waste hauler employed by your facility, if any:

Name: _____ Address: _____ Phone # _____

Indicate the name, address and phone number of the treatment facility receiving your waste, if different from the hauler:

Name: _____ Address: _____ Phone # _____

Alternative Treatment Method (if pertinent): _____

I declare under penalty of law to the best of my knowledge and belief that the statements made herein are true and correct. I hereby consent to all necessary inspections made pursuant to the Medical Waste Management Act incidental to the issuance of the Registration/Permit and the operation of this business.

Signature: _____ Date: _____

*Highly Communicable Diseases means diseases, such as those caused by organisms classified by the federal Centers for Disease Control as Biosafety Level IV organisms, that, in the opinion of the infection control staff, the department, local health officer, attending physician and surgeon, or attending veterinarian, merit special precautions to protect staff, patients, and other persons from infection. Does not include diseases such as the common cold, influenza, or other diseases not representing a significant danger to nonimmunocompromised persons

For EH Use Only: Approved by: _____ Date: _____ PE: _____

SECTION 4 – LARGE QUANTITY GENERATOR – 117950

The following must be included in the permit application and updated annually upon permit renewal:

1. Name and address of the business and primary contact.
2. The types and estimated monthly quantity of each waste generated.
3. Types of medical waste segregation, containment or packaging, labeling, and collection procedures.
4. Storage methods including location, duration and any temperature controls.
5. The name and address of the approved medical waste hauler used and the offsite treatment facility receiving the waste.
6. An emergency action plan should routing disposal methods be disrupted.
7. A statement certifying that the information provided is complete and accurate.

SECTION 5 – SMALL QUANTITY GENERATOR with ONSITE TREATMENT – 117925, 117930, 117935

The following must be included in the permit application and updated annually upon permit renewal:

8. Name and address of the business and primary contact.
9. The types and estimated monthly quantity of each waste generated.
10. Types of medical waste segregation, containment or packaging, labeling, and collection procedures.
11. Storage methods including location, duration and any temperature controls.
12. The type of treatment method used.
13. The name and address of the approved medical waste hauler used for backup treatment and disposal.
14. A statement certifying that the information provided is complete and accurate.

Small quantity generators owning or operating an onsite steam sterilizer, incinerator, or microwave technology for treating medical waste shall register as generators. The treatment facility operator must apply for a permit for the treatment facility. Additionally, small quantity generators within 400 yards of each other may register as one generator if a common treatment facility is used.

SECTION 6 – SMALL QUANTITY GENERATOR with COMMON STORAGE – 117928

Submit a statement addressing the following must be included in the permit application and updated annually upon permit renewal:

1. Name and address of the business and primary contact of each generator storing waste in the common storage facility.
2. The method of medical waste segregation, containment or packaging, labeling, and collection procedures used in the facility.
3. Location of the common storage facility.
4. Person responsible for maintaining/supervising the storage facility.
5. A statement certifying that the information provided is complete and accurate.

Small quantity generators who have properly containerized their medical wastes may store the wastes in a permitted common storage facility. Small quantity generators must register independently and the storage facility permit may be applied for by one of the involved health care provides, the registered medical waste transporter, the property owner, or the property management firm responsible for providing tenant services to the medical waste generators.