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|  County of Sacramento | PR No. |  |
| Environmental Management Department ● Environmental Compliance Division |
| 11080 White Rock Road, Ste. 200 ● Rancho Cordova, CA 95670 ● (916) 875-8550 |
| MEDICAL WASTE GENERATOR REGISTRATION/PERMIT APPLICATION |
|   | **FOR OFFICIAL USE ONLY** |
| Business Type |  | Date |  |
| Appl. Yr. |  | Facility ID# |  | Initial |  |
|  |  |
| Business Name (DBA) |  |
| Address: |  |  | City/Zip |  |
| Mailing Address: |  | City/Zip |  |
| Contact Person: |  | Telephone: |  |
|  |  |  |  |
|  |  |  |  |
| **Part I.** | Generation of Medical Waste- Complete the section below. If you do not generate medical waste in Sacramento County, skip to part II below. |
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|  Medical Waste Generated | Pounds/Month **Average** | **Peak**  pounds any single month | On site treatment |
| **BIOHAZARDOUS WASTE (RED BAGGED):** |  |  |  |
| **OTHER BIOHAZARDOUS WASTE (PATH/CHEMO/PHARM):** |  |  |  |
| **SHARPS ONLY WASTE:** |  |  |  |
| **Name of Registered Medical Waste Transporter, if applicable:** |
| Choose one of the following generator types: |
| □ Large-Quantity Generator (generates 200 or more pounds of medical waste **any single** month in 12-month period.) |
|  Type of facility: |
|  🞎General acute-care hospital… Number of beds |  |  | 🞎Primary care facility |  |
| 🞎Acute Psychiatric hospital |  |  | 🞎Clinical laboratory |  |
| 🞎Skilled nursing facility… ….. Number of beds |  |  | 🞎Veterinary hospital/clinic |  |
| 🞎Surgical Care |  |  | 🞎Mortuary |  |
| 🞎Dialysis Clinic |  |  | 🞎Miscellaneous facility |  |
| 🞎Specialty Clinic |  |  | 🞎Consolidation Point (home generated Sharps) |  |
| 🞎Small- Quantity Generator (generated less than 200 pounds of medical waste every month within the last calendar year) |
| 🞎Common storage facility- Number of generators served: |  |  |
|  |  |  |
| Filing as: (choose one) |  |  |
|  🞎Single generator operating independently |
|  🞎More than one generator operating as a business in the same building. Attach list of all generators |
|  🞎Group practice. Attach list of all generators |
| 🞎Generators operating in different buildings on the same or adjacent property (within 400 yds). Attach list of all generators and their addresses. |
| Do you provide on-site treatment? 🞎 NO 🞎YES | Do you provide on-site treatment for other generator? 🞎 NO 🞎YES (Provide a list of generators you service) |
| I declare under penalty of law that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and the operation of this business. |
| Signature: |  | Date: |   |
|  |  |
| PART II. CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS |
| I declare under penalty of law that to the best of my knowledge and belief, I do not generate, store, or treat any of the waste specified in Part I as regulated medical wastes in Sacramento, County. |
| Signature: |  | Date: |  |
|  |  |  |  |
| **APPLICANT: Submit the application and required documents to: Sacramento County Environmental Management Department, Environmental Compliance Division, 11080 White Rock Road Suite 200 Rancho Cordova, CA 95670. DO NOT SEND FEES AT THIS TIME. You will receive a bill for fees. Retain a copy for your records.** |

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