

OFFSITE EVENT NOTIFICATION FORM

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Event Information

Event Name:

Address:

Phone:

Contact Person:

Event Type: Vaccine Clinic Blood Drive Stand Down Event Health Fair
 Other:

Event Date(s):

Participating Facility Information

Facility Name:

Address:

Phone:

Contact Person:

Offsite Event Filing Fee Information

The notification fee for temporary offsite events is \$131.00. The participating facility will receive a separate bill for the notification.

Do not remit payment with your notification form.

Signature

Self-Declaration: I certify that the above information is complete & correct to the best of my knowledge.

Signature:

Date:

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Instructions for applicant:

- Fill out the white portions of the notification form. The gray portions will be filled in by Environmental Management Department staff.
- Submit the completed form in one of the ways below:
 - Email to medicalwaste@saccounty.gov
 - Fax to (916) 875-8513 Attn: Medical Waste Program
 - Mail to:

Environmental Management Department
Medical Waste Program
11080 White Rock Road, Ste 200
Rancho Cordova, CA 95670
- Do not remit payment with your application, your facility will be billed separately.
- Keep a copy of the completed notification form(s) for your records and make them available for review by regulatory personnel during your facility's routine inspections.
- For assistance in filling out your notification form, contact a Medical Waste Program staff person at (916) 875-8440.