

**MEDICAL WASTE OFFSITE EVENT NOTIFICATION FORM**

<b>FA</b>		<b>PR</b>	
-----------	--	-----------	--

**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 \$126.00. Your 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: \_\_\_\_\_

**MEDICAL WASTE OFFSITE EVENT NOTIFICATION FORM**

**Instructions for applicant:**

- Fill out the white portions of the notification form. The gray portions will be filled in by Environmental Management Department staff.
- Email the completed form to [medicalwaste@saccounty.gov](mailto:medicalwaste@saccounty.gov), or fax to (916) 875-8513 Attn: Medical Waste Program, or 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.