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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. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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