

DEPARTMENT OF ENVIRONMENTAL HEALTH
Office of Solid/Medical Waste Management
1131 Harbor Bay Parkway, Rm. 200
Alameda, CA 94502
Tel. (510) 567-6790

Dear Practitioner/Manager:

On January 4, 1994, several amendments to the California Medical Waste Management Act (MWMA) became effective. The Alameda County Department of Environmental Health which is the designated enforcement agency has the duty to inform all medical waste generators of the following changes in the law.

Pursuant to the MWMA section 117825, the local enforcement agency shall impose and collect an annual medical waste generator registration fee on all small quantity generators of medical waste.

This fee is applicable to all facilities that generate less than 200 pounds of medical waste, including but not limited to, dental offices, veterinary clinics, laboratories, pet shops, nursing homes, and other related facilities that generate such waste as defined in the MWMA.

In order to be in compliance with this change in the law, all forms in this package must be completed and returned to this office with the appropriate fee, (if your office has already complied with this requirement please disregard this application).

If there are any further questions please contact this office at the above number.

Very truly yours,

Jorge D. Goitia, Sr. REHS
Office of Solid/Medical Waste Management

medwaste.app 8/02/2005 JG

MEDICAL WASTE GENERATORS FILING PROCEDURE

Directions:

1. Read definitions of regulated medical waste listed below.
2. Follow flow chart to determine your facility type (see fee schedule for descriptions and amount applicable).
3. Complete the appropriate form(s).
4. Make check payable to: Office of Solid Medical Waste Management.
5. Return completed form(s) and the applicable fee to this office.

REGULATED MEDICAL WASTE

Laboratory Waste- specimens and/or laboratory cultures, stocks of infectious, live and attenuated vaccines and culture mediums.

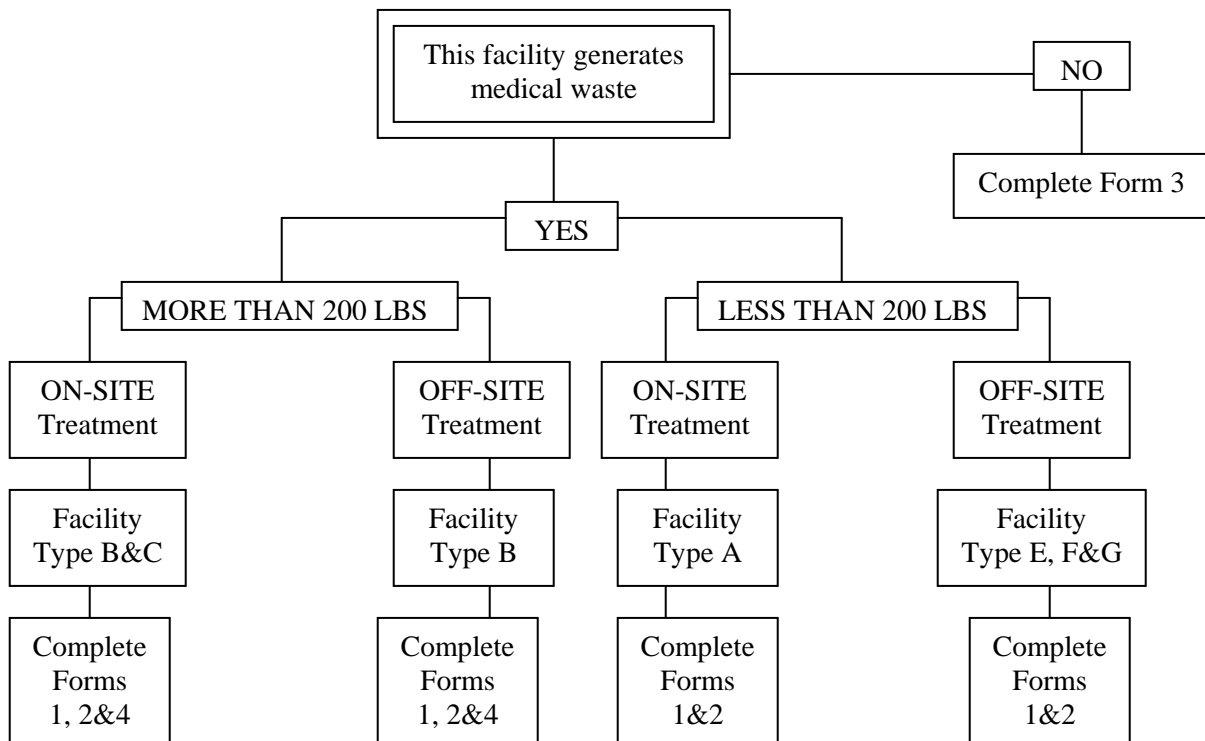
Blood and Body Fluids- liquid blood elements and/or other regulated body fluids, or articles contaminated with blood and infectious body fluids.

Sharps- syringes, hypodermic needles, blades and contaminated broken glass.

Contaminated Animals- animal carcasses, body parts and bedding materials contaminated with diseases highly communicable to humans.

Surgical Specimens- human or animal parts or tissues removed surgically or by autopsy.

Isolation Waste- waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due to highly communicable disease(s).



FEE SCHEDULE

| Medical Waste Generator Facility Type | Annual Fee |
|--|------------|
| A Small Quantity Generator with on-site Treatment | \$271 |
| B-1 Large Quantity Generator with no on-site Treatment (less than 100 licensed beds and clinical/scientific laboratories) | \$806 |
| B-2 Large Quantity Generator with no on-site Treatment (100-200 licensed beds) | \$1,132 |
| B-3 Large Quantity Generator with no on-site Treatment (over 200 licensed beds) | \$1,776 |
| C-1 Large Quantity Generator with on-site Treatment (less than 100 licensed beds and clinical/scientific laboratories) | \$1,045 |
| C-2 Large Quantity Generator with on-site Treatment (100-200 licensed beds) | \$1,370 |
| C-3 Large Quantity Generator with on-site Treatment (over 200 licensed beds) | \$2,014 |
| D Medical Waste Transfer Station | \$972 |
| E Medical Waste Common Storage Facility | \$330 |
| F Limited Quantity Hauling Exemption | \$160 |
| G Small Quantity Generator with no on-site Treatment | \$33 |

FORM 1

MEDICAL WASTE GENERATOR'S INFORMATION SHEET

Medical waste generators name: _____

Business address: _____

Telephone: (_____) _____

Fax: (_____) _____

Check the appropriate category(ies) and complete appropriate forms:

This facility generates less than 200 pounds of medical waste per month and requests a LIMITED QUANTITY HAULERS EXEMPTION PERMIT (LQH). Complete Form 2

Medical waste is hauled to:

Facility: _____

Address: _____

Telephone: (_____) _____

This facility generates less than 200 pounds of medical waste per month and requests a SMALL QUANTITY GENERATORS PERMIT WITH ON-SITE TREATMENT. Complete Form 2 & 4

This facility generates less than 200 pounds of medical waste per month and requests a SMALL QUANTITY GENERATORS PERMIT WITH NO ON-SITE TREATMENT. Complete Form 2

Medical waste is hauled off-site for treatment by a registered hazardous waste hauler:

Name: _____

Address: _____

Telephone: (_____) _____

This facility is a COMMON STORAGE FACILITY (CSF) for medical waste generators within 400 yards. Complete Form 2

Responsible person: _____

Title: _____

CSF location/address: _____

Telephone: (_____) _____

This facility generates more than 200 lbs. per month. Complete Forms 1, 2 & 4

FORM 2

REGISTRATION/PERMIT APPLICATION
FOR MEDICAL WASTE GENERATORS AND TREATMENT FACILITIES

Business Name: _____

Business Address: _____

Telephone: (____) _____

Authorized Representative: _____

Title: _____

Emergency Telephone: (____) _____

Application for (check all categories that are applicable):

- Small quantity generator with on-site treatment
- Small quantity generator (<200 lbs./mo.) with no on-site treatment
- Large quantity generator - registration/permit
- Large quantity generator with on-site treatment
- Common storage facility
- Limited quantity hauling exemption permit

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 Medical Waste Management Act and incidental to the issuance of this Registration/Permit and the operation of this business.

Signature: _____

Date: _____

FORM 3

CERTIFICATION OF NON-MEDICAL WASTE GENERATOR

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 wastes specified as regulated medical wastes.

Business Name: _____

Business Address: _____

Mailing Address: _____

Telephone: (____) _____

Name of Responsible Person: _____

Title: _____

Signature: _____

Date: _____

FORM 4

MEDICAL WASTE MANAGEMENT PLAN
(sample plan)

Business Name: _____

Business Address: _____

Telephone: (____) _____

Person responsible for implementation of medical waste management plan:

Name: _____ Title: _____

Telephone: (____) _____

Type of Business: _____

1. Type(s) and quantity of medical waste generated per month (lbs./mo.):

Laboratory waste: _____ Blood or body fluids: _____

Sharps: _____ Contaminated animals: _____

Surgical specimens: _____ Isolation waste: _____

Other: _____

Estimated total monthly amount of medical waste generated: _____ lbs.

2. Describe medical waste handling methods: (if applicable)

- a. Segregation
- b. Containment or Packaging
- c. Labeling
- d. Collection

3. Describe medical waste storage methods:

a. Duration

b. Temperature controls, if applicable

4. Describe medical waste treatment employed by your facility:

5. How will your medical waste be handled if your treatment system breaks down?

6. Indicate the name, address and phone number of the registered hazardous waste hauler employed by your facility:

Name: _____

Address: _____

Telephone: (_____) _____

7. Indicate the name and address of the treatment and disposal facility receiving your medical waste, if different from the hauler:

Name: _____

Address: _____

I hereby certify that to the best of my knowledge and belief the statements made herein are correct and true.

SIGNATURE: _____

DATE: _____

