



INFORMATION PACKET FOR MEDICAL WASTE GENERATORS

This packet contains the information and forms you will need to help you comply with the Medical Waste Management Act.

Instructions

Please return the completed forms prior to medical waste generation or treatment.

1. Complete the **“Pre-Application Questionnaire”** on Page 2. If your answers indicate you are not required to register as a medical waste generator, then complete the **“Certification Statement”** on Page 3 and return both complete forms to the mailing address below.
2. If you are required to register as a medical waste generator, as indicated by affirmative answers to questions 3 & 4 on the **“Pre-Application Questionnaire”**, then:
 - a. Complete the **“Registration for Medical Waste”** form located on Page 4.
 - b. Complete a **“Medical Waste Management Plan”** following the guidelines starting on Page 5.
 - c. Return the completed forms and management plan to the mailing address below.

Your cooperation in promptly registering and following the specified handling requirements is greatly appreciated.

If you have any questions regarding registration or handling requirements, please contact us at (209) 468-3420 and ask for assistance in the Medical Waste Program.

RETURN ALL COMPLETED FORMS TO:

San Joaquin County Environmental Health Department
1868 E. Hazelton Ave.
Stockton, CA 95205
Attn: Medical Waste Program

PRE-APPLICATION QUESTIONNAIRE
Regulated Medical Wastes

Please check the appropriate box for the questions listed below:

- Pharmaceuticals:** prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 of the Federal Food, Drug, and Cosmetic Act, as amended [21 U.S.C.A. Sec. 321(g)(1)]. This definition does not include RCRA waste.
- Laboratory Wastes:** specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines and culture mediums.
- Blood or Body Fluids:** liquid blood elements, other regulated body fluids, articles contaminated with blood or body fluids.
- Sharps:** syringes, needles, blades and contaminated broken glass.
- Contaminated Animals:** animal carcasses, tissues, and fluids contaminated with infectious agents that are contagious to humans.
- Surgical Specimens:** human or animal parts or tissues removed surgically or by autopsy that are contaminated with infectious agents that are contagious to humans or in a fixative (e.g. formaldehyde).
- Isolation Wastes:** waste contaminated with excretion, exudates, or secretions from humans or animals that are isolated due to highly communicable diseases.
- Chemotherapy Wastes:** waste contaminated through contact with chemotherapeutic agents.

1. Does your business or service generate any of the medical waste listed above? Yes No
 If your answer is “No”, please complete the **“Certification Statement”** on Page 3 and return it with this questionnaire to the address indicated. You do not need to complete the remainder of this questionnaire and you do not need to pay a fee.

2. Do you generate less than 200 pounds of medical waste per month? Yes No
 If you answered “Yes”, you are a small generator.

3. Small generators may store their medical waste in a permitted Common Storage Facility with other small generators. Do you plan to do this at your facility? Yes No
 If your answer is “Yes”, you must obtain a **“Common Storage Facility Permit”** from this office.

4. Do you plan to treat your medical waste onsite (at your facility), by autoclaving, incinerating or using microwave technology? Yes No
 If you are a small generator and your answers to question 3 & 4 are “No”, then complete the **“Certification Statement”** on Page 3 and return it with this questionnaire to the letterhead address. You do not need to complete the rest of this package.

If your answer is “Yes”, you must complete Pages 4-7 and return them with this questionnaire and the appropriate fee (see Page 8) to the address indicated on Page 1.

Certification Statement

FOR NON-MEDICAL WASTE GENERATORS AND MEDICAL WASTE GENERATORS NOT REQUIRED TO REGISTER

Business Name: _____

Business Address: _____

City

State

Zip Code

Phone Number: (____) _____

Contact Person: _____

I am not required to register as a Medical Waste Generator because:

Please check the appropriate statement(s)

- I do not generate any medical waste.
- I generate less than 200 pounds of medical waste per month.
- I do not treat any medical waste at my facility by means of autoclaving, incinerating or microwaving.
- Other: _____

Please indicate the appropriate statement(s):

- I declare under penalty of law that to the best of my knowledge and belief, I do not generate or store any of the wastes specified on the **“Pre-Application Questionnaire”** as regulated medical wastes in an amount that equals or exceeds 200 pounds per month.
- I declare under penalty of law that I will not be treating any amount of regulated medical wastes at my facility by way of autoclaving, incinerating or microwaving.

Signature: _____ Title: _____ Date: _____

Registration for Generators of Medical Waste

Generator Name: _____

Generator Facility Address: _____

City State Zip Code

Phone Number: (____) _____

Generator Mailing Address: _____

City State Zip Code

Type of Business: _____

Authorized Representative: _____

Title: _____

Emergency Phone Number: (____) _____

Registration for:

- Small Quantity Generator with Onsite Treatment (Generates less than 200 lbs/month).
- Large Quantity Generator Only (Generates 200 lbs or more/month).
- Large Quantity Generator with Onsite Treatment (Generates 200 lbs or more/month).

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 and the operation of this business.

Signature: _____ Title: _____ Date: _____

GUIDELINES FOR THE MEDICAL WASTE MANAGEMENT PLAN

Small quantity generators that provide onsite treatment and all large quantity generators shall have a Medical Waste Management plan on file with the San Joaquin County Environmental Health Department. The Medical Waste Management Plan shall contain the following information as appropriate for your facility:

Business Name: _____

Business Address: _____

City

State

Zip Code

Phone Number: (_____) _____

Contact Person: _____ Phone Number (if different from above): (_____) _____

Type of Facility or Business: _____

Registration for:

Small Quantity Generator with Onsite Treatment (Generates less than 200 lbs/month).

Large Quantity Generator Only (Generates 200 lbs or more/month).

Large Quantity Generator with Onsite Treatment (Generates 200 lbs or more/month).

Person responsible for implementation of the Medical Waste Management Plan:

Name: _____ Title: _____

Phone: _____ Date: _____

1. List the types of medical waste generated at your facility (i.e. laboratory wastes, blood or body fluids, sharps, contaminated animals, surgical specimens, trace chemo or isolation wastes):

Do you generate any pharmaceutical waste (expired, spent, partials, patient returns)? Yes No

If yes, describe the type of pharmaceutical waste (expired, spent, partials, patient returns):

And estimate the monthly amount of pharmaceutical waste generated at your facility: _____

2. Estimate the monthly amount of medical waste (excluding waste pharmaceuticals) generated at your facility: _____

3. Describe the medical waste handling procedures utilized by and applicable to your facility, including, but not limited to the following:

- a. Onsite location and method for segregation, containment, packaging, labeling and collection, including pharmaceutical waste:

b. Storage area description with storage methods utilized for each waste stream including any pharmaceutical waste:

c. If medical waste is treated onsite, describe the treatment facility including type of treatment utilized, maximum capacity, time and temperature necessary, alternate contingency plan in case of equipment failure, etc.:

d. Name, address, registration number and phone number of the registered hazardous waste hauler employed by your facility for biohazardous (excluding pharmaceutical waste) and sharps waste:

Name: _____
Address: _____

City State Zip Code
Phone: (____) _____ Registration #: _____

e. Name, address, registration number and phone number of the registered hazardous waste hauler or common carrier employed by your facility for pharmaceutical waste:

Name: _____
Address: _____

City State Zip Code
Phone: (____) _____ Registration #: _____

f. Name, address and phone number of offsite treatment facility where biohazardous (excluding pharmaceutical waste) and sharps waste is transported for treatment, if different than the hauler:

Name: _____
Address: _____

City State Zip Code
Phone: (____) _____ Registration #: _____

g. Name, address and phone number of offsite treatment facility where pharmaceutical waste is transported for treatment, if different than the pharmaceutical waste hauler:

Name: _____
Address: _____

City State Zip Code

Phone: (____) _____

Registration #: _____

h. Do you handle pharmaceutical waste that is classified by the federal Drug Enforcement Agency (DEA) as “controlled substances”? Yes No

If yes, describe how the “controlled substances” are disposed: _____

i. All medical waste generators are required to keep accurate records regarding containment, storage, hauling, treatment and disposal. All medical waste records are to be maintained and available for review during inspection for two (2) years. Do you have tracking documents for all medical wastes handled at your facility? Yes No

j. Describe training provided to staff regarding handling, storage, disposal, and record keeping of all medical waste, including pharmaceutical waste, at your facility:

k. Describe your medical waste emergency action plan, including procedures for handling spills, exposures, equipment failures, etc. (attach information as necessary):

l. Describe how reusable medical waste carts or containers are cleaned and decontaminated (see below for approved cleaning methods):

- Approved cleaning methods include agitation to remove visible soil combined with one of the following:
1. Exposure to hot water of at least 82 degrees Centigrade (180 degrees Fahrenheit) for a minimum of 15 seconds.
 2. Exposure to chemical sanitizer by rinsing with, or immersion in, one of the following for a minimum of three minutes:
 - Hypochlorite solution (500 ppm available chlorine)
 - Phenolic solution (500 ppm active agent)
 - Iodoform solution (100 ppm available iodine)
 - Quaternary ammonium solution (400 ppm active agent)

m. Describe, if medical waste is treated onsite, a closure plan for the termination of treatment, using at a minimum, one of the above referenced approved cleaning methods:

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

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Medical Waste Program Fees

Primary Care.....	\$353.00
Acute Care.....	\$658.00
Skilled Nursing Facility.....	\$443.00
Large Generator.....	\$212.00
Small Generator (with treatment).....	\$64.00
Common Storage Facility (2-10).....	\$179.00
Common Storage Facility (11-50).....	\$336.00
Common Storage Facility (>50).....	\$600.00
Transfer Facility.....	\$466.00
Veterinary Clinic.....	\$299.00