

**MEDICAL WASTE GENERATOR REGISTRATION APPLICATION**

**An invoice for payment of required fees will be mailed to the billing address indicated below after an application has been reviewed for completeness. Do not send payment with the application.**

**I. APPLICANT INFORMATION:**

**BUSINESS NAME:** \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

NUMBER OF BEDS:(hospital/nursing care facilities) \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. REGULATED MEDICAL WASTE:** Check all that apply (see back for definitions)

Sharps     Biohazardous     Pathology     Chemotherapy     Pharmaceutical (outdated, unused)

**III. CERTIFICATION OF GENERATOR STATUS:** Check all that apply. If regulated medical waste is not generated check number 1 and sign below.

- 1  Regulated Medical Waste Not Generated
- 2  200 pounds **or less per month** of Regulated Medical Waste generated
- 3  200 pounds **or more per month** of Regulated Medical Waste generated
- 4  Common Storage Facility (<11 generators)
- 5  Onsite Treatment of Regulated Medical Waste \*
- 6  Home Generated Consolidation Point (no fees required)

**\*Applicants that treat medical waste on-site must also submit a Medical Waste Management Plan**

**IV. CERTIFIED MEDICAL WASTE HAULER**

Name of Hauler: \_\_\_\_\_

Frequency of Pick-up: \_\_\_\_\_ Account #: \_\_\_\_\_

**V. REGISTRATION TYPE (see back for definitions)**

- 1  Small Quantity Generator
  - 2  Large Quantity Generator
  - 3  Small Quantity Generator W/ Onsite Treatment
  - 4  Large Quantity Generator W/ Onsite Treatment
  - 5  Small Quantity Generator W/ Materials of Trade Exemption
  - 6  Large Quantity Generator W/ Materials of Trade Exemption
  - 7  Common Storage Facility
  - 8  Home Generated Consolidation Point
- Circle if applicable:      Sharps / Pharmaceuticals

The undersigned hereby applies for a Registration/Permit and agrees to operate in accordance with all applicable State and local regulations. Operator must notify the Health Department in writing of any change in the type of business activity, name, billing address, or ownership prior to implementing any change. Failure to do so may result in enforcement action including permit suspension or revocation.

**REGISTRATION/PERMIT AND FEES NOT TRANSFERABLE.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Program (PE): \_\_\_\_\_

Fees: \_\_\_\_\_

Authorized by (REHS): \_\_\_\_\_

Date Entered (Envision): \_\_\_\_\_

**MEDICAL WASTE GENERATOR REGISTRATION APPLICATION**

**I. APPLICANT INFORMATION**

Provide business name, address, and billing information for the facility to be registered. Owner information must also be provided as well as the name, phone and title of the contact at the facility. If information changes due to new ownership, a new application is required. Businesses with has multiple locations, must register each site.

**II. REGULATED MEDICAL WASTE**

**SHARPS**— Devices that have acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to hypodermic needles, needles with syringes, lancets, blades, acupuncture needles, blood vial contaminated with biohazardous waste, root canal files, and broken glass items.

**BIOHAZARDOUS**— Laboratory waste including human or animal specimen cultures; stocks of infectious wastes from production of bacteria, viruses, spores, discarded animal vaccines, and devices used to transfer, inoculate, and mix cultures; human or animal surgical specimens or tissue, and fluids suspected to be infected with agents known to be contagious to humans; waste containing recognizable fluid blood, fluid blood products.

**PATHOLOGY**— Biohazardous waste including surgical specimens or tissue that have been fixed in formaldehyde or other fixatives; recognizable human body parts.

**CHEMOTHERAPY**— Vials, IV tubing, gowns and gloves contaminated with chemotherapy agents.

**PHARMACEUTICAL**— Outdated and unused pharmaceuticals that are classified by Chapter 11, Title 22, California Code of Regulations (22 CCR).

**III. CERTIFICATION OF GENERATOR STATUS**

Certify all generator activities for facility (e.g. quantity of medical waste generated, transportation of regulated medical waste to parent facilities, etc.). If a medical waste generator transports regulated medical waste to a parent facility for consolidation or treatment, a Materials of Trade Exemption supplemental document is required, along with the Registration Application. Please refer below for definitions.

**IV. CERTIFIED MEDICAL WASTE HAULER**

Identify medical waste Hauler and account # as well as frequency of pick-up. Hauler must be certified by the California Department Health Services Medical Waste Management Program to transport of medical waste.

**V. REGISTRATION TYPE**

**SMALL QUANTITY GENERATOR (SQG)**— Generate 200 pounds or less of regulated medical waste

**LARGE QUANTITY GENERATOR (LQG)**— Generate 200 pounds or more of regulated medical waste

**ONSITE TREATMENT**— Small or large quantity generator utilizing an approved method or process that renders medical waste to solid waste (e.g. autoclave, microwave, incineration, other approved alternative technology)

**SMALL OR LARGE QUANTITY GENERATOR W/ MATERIALS OF TRADE EXEMPTION**

A parental organization or small or large quantity generator that employs health care professionals who generate medical waste may transport less than 35.2 lbs of medical waste at any one time to the central location of accumulation.

**COMMON STORAGE FACILITY**— Location where <11 registered facilities store regulated medical waste

**HOME GENERATED SHARPS CONSOLIDATION POINT**— Site where home-generated sharps and/or pharmaceuticals consolidated for proper containment and disposal.

**ADMINISTRATIVE POLICY:**

The fiscal year begins July 1st and ends June 30. All fees must be paid by June 30 of each year or late fees will be assessed to your account. Annual fees are prorated to 50% for a business starting between January 1st and June 30. All applicants registering during this period will also be required to pay the full fee for the next fiscal year by July 1st. Additionally, a First Responder fee may apply for facilities not currently assessed through other Environmental Health programs. Please contact (831) 755-4579, or contact your inspector directly if you have additional questions.

**Payment of applicable fees is required in order to obtain/maintain a valid permit.**

**PERMIT FEES:**

Please contact the Environmental Health Bureau at (831) 755-4579 for the current fee schedule.

**RETURN REGISTRATION APPLICATION TO:**

Monterey County Health Department,  
Environmental Health Bureau  
Solid Waste Management Services  
1270 Natividad Road, Rm. 301 B  
Salinas, CA 93906