

MEDICAL WASTE MANAGEMENT PLAN

☐ NEW ☐ RENEWAL ☐ FOR RECORDS ONLY

The Medical Waste Management Act of 2017 designates specific types of medical waste as regulated. Medical waste generators must maintain accurate records relative to the storage, hauling, treatment and disposal of medical waste onsite at each permitted facility for a minimum of 3 years.

A. FACILITY INFORMATION

Business Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Owner Name _____ Phone _____

Mailing Address _____ City _____

State _____ Zip _____ Email _____

Names of all responsible persons and their titles, e.g., physician, dentist, veterinarian, and owner: _____

Name of onsite contact: _____ Phone: _____ Email: _____

Where would you like your permit to be mailed? (Large Quantity Generators only) ☐ Facility Address ☐ Mailing Address

B. REGISTRATION TYPE

☐ Small Quantity Generator- Less than 200 pounds medical waste is generated per month. Estimate weight per month: _____

Type of business (i.e. Medical, Dentistry, Veterinary): _____

☐ Large Quantity Generator- 200 pounds of medical waste is generated any month in the year. Estimate weight per month: _____

Type of business (i.e. Medical, Dentistry, Veterinary): _____

Check one: ☐ Hospital 1-99 Beds ☐ Hospital 100-199 Beds ☐ Hospital 200-249 Beds ☐ Hospital 250+ Beds
☐ Specialty Clinic ☐ Primary Care Clinic ☐ Clinics Laboratory ☐ Acute Psych Hospital
☐ Intermediate Care ☐ Skilled Nursing Facility ☐ Medical Offices ☐ Medical Research Facility

Note: Large Quantity Generators shall be subject to at least an annual inspection.

☐ Medical waste for more than one generator (business) is accumulated onsite. List other generators: _____

Note: Any designated accumulation area that is onsite and is used by small quantity generators for the storage of medical waste for collection by a registered hazardous waste hauler must first be issued a permit for a **Common Storage Facility** and are subject to at least an annual inspection.

C. TYPES OF MEDICAL WASTE GENERATED

Please check the boxes below corresponding to the **regulated medical wastes** generated at this facility.

- ☐ **Fluid blood** – Fluid blood products or articles contaminated with fluid blood, blood from animals known to be infected with diseases that are highly communicable to humans.
- ☐ **Isolation waste** – Waste contaminated with excretion, exudate or secretions from humans or animals who are isolated due to highly communicable diseases.
- ☐ **Sharps** – Hypodermic needles, hypodermic needles with syringes, blade, broken glass, glass slides, acupuncture needles, orthodontic wires, or any other device having acute rigid corners, edges or protuberances capable of cutting or piercing.
- ☐ **Laboratory waste** – Specimen or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, culture media, wastes from the production of bacteria, viruses or spores.
- ☐ **Contaminated animal or human parts** – Surgery specimens or tissues, parts or tissues and/or carcasses suspected of being contaminated with infectious agents known to be contagious to humans.
- ☐ **Chemotherapeutic agents/fixatives** – Waste contaminated through contact with, or having previously contained, trace amounts of chemotherapeutic agents, formaldehyde or other fixative.
- ☐ **Pharmaceutical waste** (non-RCRA).

D. METHODS OF MEDICAL WASTE MANAGEMENT

Please check as many boxes that apply to the **method(s) of medical waste management** used at this facility and provide the requested information.

- ☐ Medical waste is treated on site using the following method(s): _____

Describe the closure plan for the termination of treatment at the facility: _____

Treatment capacity (Only required for Large Quantity Generators): _____

Note: Small quantity generators using onsite steam sterilization, incineration, or microwave technology must receive a permit from Environmental Health prior to treatment, and are subject to at least biennial inspections

- ☐ Medical waste is transported to a medical waste treatment facility or consolidation point by the generator or other staff member.

Facility Name _____ Phone _____

Address _____

Note: Generator and parent organization must comply with the Department of Transportation Materials of Trade requirements as specified in Section 173.6 of Title 49 of the Federal Code of Regulations.

- ☐ Medical waste is hauled by a registered hazardous waste hauler.

Hauler Name _____ Phone _____

Address _____



Environmental Health ❖ 463 Aviation Blvd, Santa Rosa, CA 95403 ❖ 707-565-6565 ❖ EH@sonomacounty.gov
<https://sonomacounty.gov/environmentalhealth>

Medical Waste Disposal Facility Name _____ Phone _____

Address _____

☐ Emergency Waste Hauler _____

☐ Mail-Back Company Used for Sharps and/or Pharmaceuticals _____

E. HANDLING OF MEDICAL WASTE GENERATED

Please check either YES or NO regarding your facility's medical waste handling practices. **Note: Medical waste includes biohazardous and/or sharps waste. Storage of sharps waste begins when the container is full and is awaiting pickup.**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is medical waste contained separately at the point of origin? i.e. Do sharps go in sharps container at procedure site?
<input type="checkbox"/>	<input type="checkbox"/>	Is sharps waste contained in a rigid sharp's container?
<input type="checkbox"/>	<input type="checkbox"/>	Is biohazardous waste contained in a red biohazard bag that is conspicuously labeled as such?
<input type="checkbox"/>	<input type="checkbox"/>	Is biohazardous waste also contained in a rigid, leak-proof container with a tight-fitting lid and conspicuously labeled as "BIOHAZARDOUS WASTE"?
<input type="checkbox"/>	<input type="checkbox"/>	Is medical waste stored for more than 7 days?
<input type="checkbox"/>	<input type="checkbox"/>	Is medical waste stored for more than 30 days?
<input type="checkbox"/>	<input type="checkbox"/>	Is medical waste stored for more than 90 days?
<input type="checkbox"/>	<input type="checkbox"/>	Is medical waste stored at or below 0°C?
<input type="checkbox"/>	<input type="checkbox"/>	Is the designated medical waste accumulation area secured to deny access to unauthorized persons?
<input type="checkbox"/>	<input type="checkbox"/>	Are any mixed or radioactive wastes handled on site?

F. EMERGENCY ACTION PLAN (Only required for Large Quantity Generators.) _____

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

Authorized Rep/Contact (print name) _____ Date _____

Signature _____ Title _____ Phone _____

NOTE: Generators must submit within 30 days an updated Medical Waste Management Plan when any of the information contained herein changes.

For office use only:

PE _____ FA# _____ PR# _____ Entered by _____ Approved By _____

☐ Cash ☐ Check/Credit Card Trans# _____ Date Rec'd _____ by _____ Amount Rec'd \$ _____