County of Sacramento
Environmental Management Department ● Environmental Health Division
11080 White Rock Road, Ste. 200 ● Rancho Cordova, CA 95670 ● (916) 875-8440

MEDICAL WASTE GENERATOR APPLICATION

Business Name (DBA): _____ Phone: _____

Site Address: _____ City/Zip: _____

Owner Name: _____ Phone: _____

Address: _____ City/Zip: _____

Billing Name: _____ Phone: _____

Billing Address: _____ City/Zip: _____

Contact Person: _____ Email: _____ Phone: _____

PART I. GENERATION OF MEDICAL WASTE Complete the section below. A copy of the Medical Waste Management Plan is required to be submitted for new facilities or for facilities that have made any changes to the existing plan. 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	Onsite 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* _____
- ☐ Skilled nursing facility… *Number of beds* _____
- ☐ Acute Psychiatric hospital
- ☐ Surgical Care
- ☐ Dialysis Clinic
- ☐ Specialty Clinic
- ☐ Primary care facility
- ☐ Clinical laboratory
- ☐ Veterinary hospital/clinic
- ☐ Mortuary
- ☐ Miscellaneous facility
- ☐ 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 corresponding addresses.*

Do you provide on-site treatment? ☐ NO ☐YES Treatment Method: _____

If yes, do you provide on-site treatment for other generators? ☐ NO ☐YES *(Provide a list of generators you serve)*

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 Health Division, 11080 White Rock Road Suite 200 Rancho Cordova, CA 95670. DO NOT SEND FEES AT THIS TIME. You will receive an invoice for fees. Retain a copy for your records.

OFFICIAL USE ONLY

☐ RENEWAL ☐ NEW FACILITY ☐ CHANGE OF INFORMATION FA _____ **PR** _____

LAST EXPIRATION DATE: _____ MAILOUT MONTH: _____ MWMP SUBMITTED: ☐ YES ☐ NO

APPLICATION APPROVED: ☐ YES ☐ NO DATE: _____ ES: _____ INITIAL: _____