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| 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: | | | | | | |  | | | | | | | | | | |  |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:* | | | | | | | | |  | | | |  | | | 🞎 Primary care facility | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Skilled nursing facility… | | | | | | | | | | | | | | | | | *Number of beds:* | | | | | | | | |  | | | |  | | | 🞎 Clinical laboratory | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Acute Psychiatric hospital | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | |  | | | 🞎 Veterinary hospital/clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Surgical Care | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | 🞎 Mortuary | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Dialysis Clinic | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | 🞎 Miscellaneous facility | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Specialty Clinic | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 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:* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Consolidation Point (Home Generated Sharps) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 served)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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: | | | | | |  | | | |
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