

Medical Waste Application Packet (2013 – 2014)

Every facility regulated by the Department of Public Health under Article 25 of the San Francisco Health Code for Medical Waste is required to complete a **Certificate, Registration & Permit Application** by the due date indicated on the enclosed invoice.

All forms are printed on yellow paper.

If you do not generate Medical Waste, please complete the **Medical Waste Generation Disclaimer** found on page 15 of this packet and return it to the address below:

Environmental Health, Hazardous Materials and Waste Program
1390 Market Street, Suite 210
San Francisco, CA 94102
(415) 252-3900

This application has a DUE DATE

Failure to submit required documents and fees by this date will result in late fees.

This packet contains the information and forms needed to comply with medical waste regulatory requirements and obtain a certificate of registration, permit or exemption. To save you time, the Certificate, Registration & Permit form serves not only as your application but also as your Medical Waste Management Plan. Please note that an application will not be considered complete until all applicable forms are completed and returned with the appropriate fee. All generators of medical waste must register, regardless of the quantity of waste. There are no exceptions. Please refer to the back of the page for a definition of medical waste.

This program and the enclosed forms apply only to those businesses located in the City and County of San Francisco. If your business is located in another county, then please contact the health officials in that county.

Medical waste is any:

- ▶ Laboratory wastes -- specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums.
- ▶ Liquid Blood -- fluid blood, fluid blood products, containers or equipment containing blood that is fluid.
- ▶ Sharps -- syringes, needles, blades, broken glass items such as, Pasteur pipettes and blood vials, acupuncture needles, and root canal files.
- ▶ Contaminated animals -- animal carcasses, body parts, bedding materials that are suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.
- ▶ Surgical specimens -- human or animal parts or tissues removed surgically or by autopsy that are suspected by the attending physician, surgeon or dentist of being contaminated with infectious agents known to be contagious to humans.
- ▶ Isolation Waste -- waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Center for Disease Control as requiring Biosafety Level 4 precautions.

NOTE: *Biosafety Level 4 virus and disease are: Congo-Crimean hemorrhagic fever, Tick-borne encephalitis virus complex (Absettarov, Hanzalova, Hypr, Kumling, Kyasanur Forest disease, Omsk hemorrhagic fever, and Russian Spring-summer encephalitis), Marburg disease, Ebola, Junin virus, Lassa Fever virus, and Machupo virus.*

If you have any questions or wish to request a copy of the Medical Waste Ordinance (52 pages) then please contact the Hazardous Materials and Waste Program at (415) 252-3900. For technical questions, please ask to speak to your district inspector.

Medical Waste Application Instructions

There are three levels of Medical Waste regulation -- filing, registrant and permittee. The level of regulation depends on the Applicant Type.

- **Filing applicants** are **Small Quantity Generators** that do not treat this waste on-site. Filing applicants have an option to obtain a **Limited Quantity Hauling Exemption**. This exemption allows individuals that generate less than 20 pounds of medical waste in the field or at a satellite facility to transport it back to permitted transfer station, large quantity generator or treatment facility, or a consolidation & treatment facility.
- **Registrant applicants** are **Small Quantity Generators that treat medical waste on-site** and **Large Quantity Generators that do not treat medical waste on-site**.
- **Permittees** are **Large Quantity Generators that treat medical waste on-site** and **Common Storage Facility operators**. Filing or registrant applicants may also be required to obtain a permit at the discretion of the Director of Public Health.

Certificate, Registration and Permit Application Instructions

1. General Site Information

Business name and address: Enter the name and address of the facility where the medical waste is generated. Enter this information as you want it to appear on your certificate or filing, registration or permit.

Responsible person: this must be the name of the person responsible for and who has the authority to implement the Medical Waste Management Plan.

Ownership Type: Identify the type of ownership the business is operated under.

Primary Business Type: Identify the category that best describes your primary business activities.

Application covers more than one address: an application may cover a single building or several buildings if these buildings are real property within 400 yards of the address given in section 1. General Site Information. Rather than submitting an application and fee for each building, applicant may submit one application for all buildings meeting the adjacency requirement. The benefit to some applicants is a reduction in total application fees as compared to a flat rate fee structure.

2. Medical Waste Generation

The purpose of this section is to identify each type of medical waste generated and the corresponding amount, disposal and treatment method. There are six waste types defined below and a seventh category for any materials you are not sure how to classify but are considered medical wastes (e.g., gauze contaminated with blood or body fluids, tubing from intravenous drip bags).

Medical Waste Types:

Laboratory wastes -- specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums.

Liquid Blood -- fluid blood, fluid blood products, containers or equipment containing blood that is fluid.

Medical Waste Application Instructions

Sharps -- syringes, needles, blades, broken glass items such as, Pasteur pipettes and blood vials, acupuncture needles, and root canal files.

Contaminated animals -- animal carcasses, body parts, bedding materials that are suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

Surgical specimens -- human or animal parts or tissues removed surgically or by autopsy that are suspected by the attending physician, surgeon or dentist of being contaminated with infectious agents known to be contagious to humans.

Isolation Waste -- waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Center for Disease Control as requiring Biosafety Level 4 precautions.

Note: *Biosafety Level 4 virus and disease are: Congo-Crimean hemorrhagic fever, Tick-borne encephalitis virus complex (Absettarov, Hanzalova, Hypr, Kumling, Kyasanur Forest disease, Omsk hemorrhagic fever, and Russian Spring-summer encephalitis), Marburg disease, Ebola, Junin virus, Lassa Fever virus, and Machupo virus.*

Amount (lb./mo.): Indicate the estimated amount of waste generated for each waste type or waste stream. These values must include any waste accepted from off-site small quantity generators.

Total (lb./mo.): In this box sum the amount (lb./mo.) for each of the waste types indicated. The total determines if you are a small or large quantity generator. Small Quantity Generators are defined as a business that generates less than 200 pounds of medical waste per month. Large Quantity Generators are businesses that generate 200 pounds or more of medical waste per month. This figure must include any medical wastes accepted from off-site small quantity generators.

Disposal & Treatment (Use Code Below): There are nine disposal and treatment method codes identified and defined in the table below these boxes. One or more disposal and treatment method code must be entered for each waste type.

ISO, MAIL, and ALT codes cover treatment and disposal methods approved by the California Department of Health Services. For more information on these options see the first pages of the information packet enclosed. The document is titled *Alternative Methods for Treatment of Medical Waste Approved by the California Department of Health Services* and dated April 17, 1996.

POTW represents medical waste that is flushed down the drain.

OFF covers medical wastes transported off-site by a licensed transporter for treatment or disposal. A listing of state licensed transporters can be found in the information packet enclosed with this application.

CSF represents medical wastes transported to a Common Storage Facility. A Common Storage Facility is for use by small quantity generators otherwise operating independently. The intent of this designation is to allow private or group practices that exist in the same building or that are within 400 yards of each other to save disposal costs by pooling waste in one location or common storage facility.

INC is the designation for on-site incineration.

STM is the designation for steam sterilization or autoclave.

LQHE Limited Quantity Hauling Exemption identifies that the medical waste is transported to a treatment facility or transfer station for consolidation before disposal or treatment. See Section 5 of the application and these instructions for additional information on this option.

Medical Waste Application Instructions

Applicant Type: There are four basic categories of applicant: **Small Quantity Generator**, **Large Quantity Generator**, **Common Storage Facility** and **Limited Quantity Hauling Exemption**. Small or large is determined by the amount of total medical waste identified in section 2. Medical Waste Generation. Considering the definitions below, check the box(es) that describes the type(s) of applicant. **CHECK ALL BOXES THAT APPLY**. Based on the box(es) you checked, proceed to the corresponding section(s) as indicated. Sections 3, 4, 5 & 6 are form completion guides that indicate the remaining sections of the form you must complete and indicates the fee you must pay.

Small Quantity Generator means a medical waste generator that generates less than 200 pounds per month of medical wastes. Proceed to section 3. Small Quantity Generator Application Completion Guide.

Common Storage Facility means any on-site designated accumulation used by small quantity generators otherwise operation independently, for the storage of medical waste for collection by a hazardous waste transporter. Proceed to section 4. Common Storage Facility Application Completion Guide.

Limited Quantity Hauling Exemption is a Small Quantity Generator who transports waste to a permitted transfer station, large quantity generator or treatment facility. **CHECK BOTH BOXES**

Large Quantity Generator means a medical waste generator that generates 200 or more pounds per month or medical wastes. Proceed to section 6. Large Quantity Generator Application Completion Guide.

3. Small Quantity Generator Form Completion Guide

This guide has been developed to assist applicants in completing the correct sections of the form based on the amount of medical waste generated and the type of treatment or disposal method utilized. Different treatment and disposal methods have different disclosure requirements and therefore different sections of the application must be completed. Considering these pieces of information the section directs the applicant to the sections that must be completed and the fee that must be paid.

Treatment permits are currently valid for 2 years; fees and renewal applications must be submitted annually.

4. Common Storage Facility

Applicant type: Only a health care provider, the property owner, the hazardous waste transporter or tenant's property management firm may operate a Common Storage Facility. Indicate the type of applicant you are by placing a check in the appropriate box.

Capacity of storage area (sq. ft.): Indicate the gross square footage of the storage area that will be used as the Common Storage Facility.

Type of security provided (describe): Provide a description of the security provided. Containment and storage requirements state that the area must be secure so as to deny access by unauthorized persons and provide protection from animals and natural elements. The storage area is also required to be secure so as to not provide a breeding place or food source for insects and rodents.

The Common Storage Facility Serves: Indicate the number of Small Quantity Generators that use this facility. All users of the facility must file a Medical Waste Management Plan with the Department of Public Health. The fee to operate such a facility is dependent on the number of users.

Complete the remaining sections of the application as directed.

Medical Waste Application Instructions

Yes/No questions: Answer each question. By checking the box, you have indicated that you have read each statement and understand these compliance requirements.

5. Request for Limited Quantity Hauling Exemption

This option, upon approval, may allow a Small Quantity Generator or parent organization that employs health care professionals who generate medical waste to it to a permitted transfer station, large quantity generator, or treatment facility providing they meet the requirement listed below.

To qualify you must:

- Transport less than 20 pounds of medical waste is generated each week.
- Transport less than 20 pounds of medical waste is transported at one time.
- Maintain a tracking document to record all medical wastes transported.
- Maintain tracking document records at the generator address for a minimum of two years.
- Provide the original tracking document to the facility receiving the medical waste.

Medical waste destination (☒ to indicate): As small quantity generator utilizing this option you may only transport your medical waste to a permitted treatment facility or transfer station. For the location you are transporting to provide the name and address of the in Section 8. Permitted Treatment and Disposal Facility Information.

Statement of need: Attach a statement explaining your need for this exemption. Include in this statement a description of the relationship between your facility, the person transporting the waste and the point of consolidation.

Exemption transportation and record keeping requirements: A completed Medical Waste Management Plan or information document is on file with the San Francisco Department of Public Health and a copy maintained on-site. All medical waste must be transported by individuals with a valid California drivers license. Medical waste must not be conveyed on vehicles used for public transportation. All medical waste must be transported off-site in leak resistant and fully enclosed rigid containers in vehicle compartments. Medical waste transported in the same vehicle with other waste must be kept separate in rigid containers or by barriers. Medical Waste must not be transported to a Common Storage Facility. At the beginning of each shift, each person manually loading or unloading medical waste must be provided with and required to wear clean and protective gloves and coveralls, changeable lab coats, or other protective clothing. Records must be maintained at the registered address of all medical waste transported off-site for treatment and disposal. This must include records of the number, type of packages, approximate gross weight, date transported, name of person hauling the waste, business name and address of the site to which the waste was hauled. A copy of the exemption and tracking document must be maintained in the employee's possession at all times while transporting medical waste.

NOTE: A Provisional Limited Quantity Hauling Exemption is included in this application packet. It will become valid once you have submitted a completed application form and paid all appropriate fees. It will remain in effect until a Limited Quantity Hauling Exemption is issued by the Department.

6. Large Quantity Generator Application Completion Guide

This guide has been developed to assist applicants in completing the correct sections of the form based on the amount of medical waste generated and the type of treatment or disposal method utilized. Different treatment and disposal methods have different disclosure requirements and therefore different sections of the application must be completed. This section for large quantity generators is more elaborate because of the wide variety of types and combinations of services provided. In addition to the disposal and treatment methods' applicants must indicate each service provided. This is done so that the applicant only pays fees for the services that they provide.

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1. Accepted wastes: in some cases Large Quantity Generators may accept waste from Small Quantity Generators. If the applicant accepts such waste then this box must be checked. Although there is not fee for accepted waste, medical waste from this source must be included in the amounts and total indicated in sections 2. Medical Waste Generation.

2. Disposal and treatment: different treatment and disposal methods have different disclosure requirements and therefore different sections of the application must be completed. For example, if a hospital has 90% of their medical waste hauled off-site for treatment and autoclaves (steam sterilization) 10% of their waste then section 6 thru 12 must be completed. In this example the current fee must also be paid and recorded as Subtotal B.

The fees and permit for treatment devices are valid for 2 and 5 years, upon which time the application and fees must be submitted for renewal.

3. Services provided: indicate all activities or services performed on the site or sites covered by this application.

For example, a facility with 60 hospital beds, 250 nursing beds and a clinical lab would check three boxes as indicated below.

- ☒ Clinical Laboratory
- ☒ Hospital, 1 to 99 beds
- ☒ Skilled nursing facility, 200 or more beds

To determine the fees to be paid, sum down the column for each service indicated and enter this amount in Subtotal A.

If the application covers a hospital site with more than one building and for example patient care beds in 3 of the buildings for a total of 350 beds, then the correct box to check would be:

- ☒ Hospital, more than 250 beds

The fees and registration as a medical waste generator for the services provided are valid for 1 year, upon which time the application and fees must be submitted for renewal.

Total fee (B+C): Sum subtotals B + C to obtain the total fee due.

Section notes:

Fee per permit: Some applicants may choose to permit each treatment unit separately. The advantage to this approach is that if one unit is shut down due to a regulatory violation the other units are not affected. Whereas if one permit was obtained for all units and a notice of violation was issued resulting in the shutdown of the one unit the permit would be suspended and all units would be affected.

Alternative Technology requiring registration permit: New treatment and disposal or alternative treatment technologies may require additional permit fees. These fees will be brought to your attention before the Department will issue a permit. Fees for review and approval of these technologies will be billed at the current hourly rate.

7. On-Site Treatment

Complete this section only if you treat medical waste by a method requiring registration or permit to operate.

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Treatment Method: There are three basic types of treatment methods -- Incineration, Steam sterilization and approved alternative treatment method. For each method, indicate the number of units operated and provide the location of each (i.e., room number, building name).

Backup Treatment: Describe how your medical waste will be handled if your primary treatment method fails. Provide the name, address and phone number of any transporter or treatment facility.

Violation Disclosure: Attach a list of violations received within the last three years. (See **NOTE**, below.) For each listing indicate the location, date, issuing agency, type of violation, and corrective measures implemented.

NOTE: *Prior to issuing a treatment permit, we are required to review the applicants' compliance history with local, state, or federal law or regulation governing the control of medical waste or pollution. This requires a disclosure of any violations received at the facility to be permitted in the last 3 years, or any facility owned or operated elsewhere in the City and County of San Francisco cited, including discussion of any impending actions.*

8. Containment & Storage

All applicants must complete this section. Containment and storage requirements are summarized below.

1. General

- Medical waste is contained separately from other wastes at the point of origin in the generating facility.

2. Sharps waste

- All sharps waste is placed into a sharps' container.
- Full sharps containers are sealed or taped tightly to preclude loss of contents.
- Sharps containers are labeled "Sharps Waste" or with the international biohazard symbol and the word "Biohazard."

3. Biohazardous waste

- Biohazardous waste and full sharps' containers are contained in biohazard bags and conspicuously labeled "Biohazardous Waste" or with the international biohazard symbol and the word "Biohazard."
- Biohazard bags are tied to prevent leakage or expulsion of contents during all storage, handling or transport.
- For storage, handling or transport biohazard bags are placed in rigid or disposable containers.
- Disposable containers have tight fitting covers and are kept clean and in good repair.
- Disposable containers are conspicuously labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "Biohazard."
- Full biohazard or sharps waste containers are not stored above 0°C (32°F) for more than 7 days.
- Full biohazard or sharps waste containers are not stored below 0°C (32°F) for more than 90 days.
- Medical waste containers are not used for containment of solid waste except after being decontaminated and removing all medical waste labels.
- Reusable rigid containers are washed and decontaminated by agitation and exposure to: hot water of at least 82°C (180°F) for a minimum of 15 seconds; Hypo chlorite solution (500 ppm available chlorine); Phenolic solution (500 ppm active agent); Iodoform solution (100 ppm available iodine); quaternary ammonium solution (400 ppm active agent).

4. Storage

- The medical waste storage area is:
 - secured to deny access to unauthorized persons.
 - secured to provide protection from animals and natural elements.

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- marked with warning signs on, or adjacent to, the exterior or entry doors, gates or lids.
- Warning signs are posted in English, containing the words "CAUTION -- BIOHAZARDOUS WASTE STORAGE AREA -- UNAUTHORIZED PERSONS KEEP OUT," and in Spanish, "CUIDADO -- ZONA DE RESIDUOS -- BIOLOGICOS PELIGROSOS -- PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS," or in another language determined to be appropriate by infection control staff.
- The warning sign is visible from a distance of at least 25 feet.
- Trash chutes are not used to transfer medical waste.
- Medical waste is not compacted or ground (unless compacting or grinding is an integral part of the treatment device and allowed by the treatment permit).
- Additional CONTAINMENT & Storage Information -- site specific segregation, containment, packaging, labeling, collection, storage and temperature control information is attached.

9. Licensed Transporter Information

Transporters are licensed by the California Department of Health Services. A list of approved transporters is enclosed in the information packet accompanying the application. Only put the name and address of your licensed transporter in this section. If you transport medical waste under a limited quantity hauling exemption, then skip this section.

Collection frequency: Check the box to indicate the collection frequency.

Delivered to a Permitted: Medical waste may only be delivered to the options listed -- permitted transfer station, permitted large quantity generator or other permitted facility for consolidation or treatment. Check the appropriate box.

10. Permitted Treatment or Storage Facility Information

A check box has been provided here for you to indicate if this is the same as the transporter information you have already provided. However, if it is not, then provide the name, address and contact information required.

11. Leak or Spill Response

All applicants must complete this section. Attach your leak and spill response procedures. Identify each spill type (including sharps container spills). For each spill type, specify what personal protective, safety, and spill equipment will be employed, how the spilled material will be contained, stored and disposed of, and how the spill area will be decontaminated.

12. Emergency Action Plan

Small Quantity Generators and Large Quantity Generators who conduct treatment must prepare and submit an Emergency Action Plan with this application and maintain a copy on site. This plan shall describe in detail the emergency plan and actions that the facility and staff will follow to ensure the proper disposal of medical waste in the event of equipment break downs, waste is found by quality control checks to be under processed, natural disasters, or other hazards and problems.

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The San Francisco Medical Waste Management Ordinance requires medical waste generators to have a medical waste management plan and/or information document on-site and on-file with the Department of Public Health. Satisfactory completion of this form may serve as your **Medical Waste Management Plan**. Keep a copy for your records. An application will not be accepted until all applicable forms are completed and returned with the appropriate fee.

1. General Site Information

Business Name	Facility Name			Facility ID #
Address	City	State	Zip Code	
Responsible Person	Phone Numbers:	Day	Facsimile	Emergency

Ownership Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ County Agency ☐ State Agency ☐ Federal Agency

Primary Business Type:

<input type="checkbox"/> Acupuncture Clinic	<input type="checkbox"/> Clinic, Primary Care (Comm., Free)	<input type="checkbox"/> Home Health Care Service	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Acute Psychiatric Hospital	<input type="checkbox"/> Clinic, Specialty Care (Surgical, Chronic dialysis, Rehabilitation)	<input type="checkbox"/> Hospital, General/Special	<input type="checkbox"/> Veterinary Clinic/ Hospital/ Office
<input type="checkbox"/> Clinic (Medical, Dental, Optometric, Podiatric)	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> Other (Describe):
	<input type="checkbox"/> Congregate Living Health Facility	<input type="checkbox"/> Pet Shop	
		<input type="checkbox"/> Research Lab	

☐ APPLICATION COVERS MORE THAN ONE ADDRESS -- Addresses must be on the same or adjacent* property. Attach a list of all building or facility addresses covered by this application. *Adjacent is defined as real property within 400 yards of the facility address listed above.

2. Medical Waste Generation -- Enter the combined monthly quantity of medical waste generated or accepted for treatment and storage at this address. Sum across the row to obtain the TOTAL per month.

Waste Type	Laboratory Waste	Liquid Blood	Sharps	Contaminated Animals & Wastes	Surgical Specimens	Isolation Waste	Other Biohazardous Waste	TOTAL (lb/mo)
Amount (Lb/Mo)								
Disposal & Treatment Code								

Disposal & Treatment Codes:

ISO Isolzyer - Sharps Management System	POTW Disposal to a POTW with permit
OFF Transported off-site by licensed transporter	INC Incineration (on-site)
CSF Transported to a Common Storage Facility	STM Steam Sterilization (on-site)
MAIL Mail back system	ALT Alternative technology requiring registration or permit
	LQHE Limited Quantity Hauling Exemption

Applicant Type: (Check all that apply)

- | | |
|--|--------------------|
| <input type="checkbox"/> Small Quantity Generator -- Total medical waste generated is less than 200 lb/mo. | ⇒ Section 3 |
| <input type="checkbox"/> Common Storage Facility -- Applicant will operate a Common Storage Facility where medical waste is collected onsite in a designated accumulation area, used by small quantity generators otherwise operating independently, for collection by a hazardous waste transporter. | ⇒ Section 4 |
| <input type="checkbox"/> Limited Quantity Hauling Exemption Applicant is a Small Quantity Generator who transports waste to permitted transfer station, large quantity generator, or treatment facility. | ⇒ Section 5 |
| <input type="checkbox"/> Large Quantity Generator -- Total medical waste generated is greater than 200 lb/mo. | ⇒ Section 6 |

3. Small Quantity Generator Form Completion Guide -- In the table below find the disposal or treatment methods indicated in Section 2. Medical Waste Generation. Complete the corresponding sections, sign at the bottom of page and pay the associated fee.

Code	Method	Complete Sections & Sign	Fee
ISO	Isolzyer - Sharps Management System	8,11	\$188
OFF	Transported off-site by licensed transporter for treatment or disposal	8,9,10,11	\$188
CSF	Transported to a Common Storage Facility	8,10,11	\$188
MAIL	Mail back system	8,10,11	\$188
STM	Steam Sterilization (on-site)	7,8,11,12	\$1,479
LQHE	Limited Quantity Hauling Exemption (see # 5)	5,8,10,11	\$188* + \$213

*This is a one-time Filing Fee. The LQHE fee must be paid annually. (See Section 5.)

4. Common Storage Facility -- Complete this section only if you wish to operate a Common Storage Facility.

Applicant Type -Indicate the category that describes your relationship to the generators using this facility (☒ to indicate).

☐ Health Care Provider ☐ Property Owner ☐ Hazardous Waste Hauler ☐ Tenants Property Management Firm

Capacity of storage area (sq. ft.):	Type of security provided (describe):
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The Common Storage Facility Serves	Fee	Complete Sections		
<input type="checkbox"/> 2 to 10 Small Quantity Generators	\$534.00	8,10-12		
<input type="checkbox"/> 11 to 49 Small Quantity Generators	\$852.00	8,10-12		
<input type="checkbox"/> 50 or more Small Quantity Generators	\$1,064.00	8,10-12		

	YES	NO
• The common storage facility is an accumulation area for the storage of medical waste to be collected by a registered hazardous waste hauler.	<input type="checkbox"/>	<input type="checkbox"/>
• The common storage facility is located at the business or facility address listed in section 1.	<input type="checkbox"/>	<input type="checkbox"/>
• The common storage facility is only used by small quantity generators otherwise operating independently.	<input type="checkbox"/>	<input type="checkbox"/>
• All users of this facility are located within 400 yards of the real property on which the Common Storage Facility is located.	<input type="checkbox"/>	<input type="checkbox"/>
• Operational and notice of violation records are maintained on-site, including documentation verifying compliance.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to any of these questions, then a common storage facility permit cannot be granted.

5. Request For Limited Quantity Hauling Exemption -- This option, upon approval, may allow a Small Quantity Generator to transport medical waste to a permitted transfer station, large quantity generator, or treatment facility. **The annual renewal fee is \$198.00.**

	YES	NO
1. To qualify you must:		
• Generate <u>less than 20 pounds</u> of medical waste in a week.	<input type="checkbox"/>	<input type="checkbox"/>
• Transport <u>less than 20 pounds</u> of medical waste at any single time.	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain a tracking document to record all medical wastes transported.	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain tracking document records at the generator address for a minimum of two years.	<input type="checkbox"/>	<input type="checkbox"/>
• Provide the original tracking document to the facility receiving the medical waste.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to any of the questions listed above you **do not qualify** for this exemption.
 Skip to Section 7. Permitted Treatment or Storage Facility Information.

2. Medical Waste Destination: Provide the address in Section 10. Permitted Treatment and Disposal Facility Information.

- ☐ PERMITTED Transfer Station
☐ PERMITTED Large Quantity Generator/Treatment Facility
☐ PERMITTED Facility for Consolidation & Treatment

3. Statement of Need: Attach a statement explaining your need for this exemption. Include in this statement a description of the relationship between your facility and the person transporting the waste and the point of consolidation.

6. Large Quantity Generator Section Completion Guide Total medical waste generated is greater than 200 pounds per month. Complete sections A, B and C.

6.A. Wastes Accepted

- ☐ Medical waste will be accepted from off-site small quantity generator for the purpose of consolidation before treatment & disposal.

6. B. Disposal & Treatment

Find the disposal or treatment method(s) identified in Section 2. Medical Waste Generation. For each, complete the corresponding sections and sum down the column to obtain Subtotal B.

<u>Code</u>	<u>Disposal or Treatment Method</u>	<u>Complete Sections</u>	<u>Fee</u>
ISO	Isolyzer Sharps Management System	9-11	NA
OFF	Transported off site by licensed transporter	6, 8-11	NA
MAIL	Mail back system	8-11	NA
STM	Steam sterilization/autoclave (on-site)	9-12	\$841*
ALT	Alternative technology requiring registration or permit	9-12	**
Subtotal B =			

6. C. Services Provided

Indicate (☒) all activities or services performed. Sum down the column to obtain Subtotal C.

<u>Services</u>	<u>Fee</u>
<input type="checkbox"/> Acute care psychiatric hospital	\$1,491
<input type="checkbox"/> Clinic, specialty	\$1,491
<input type="checkbox"/> Clinic, primary care	\$1,491
<input type="checkbox"/> Clinical laboratory	\$ 638
<input type="checkbox"/> Health care service plan facility	\$1,491
<input type="checkbox"/> Hospital, 1 to 99 beds	\$ 1,277
<input type="checkbox"/> Hospital, 100 to 199 beds	\$1,917
<input type="checkbox"/> Hospital, 200 to 250 beds	\$2,555
<input type="checkbox"/> Hospital, more than 250 beds	\$3,620
<input type="checkbox"/> Intermediate care facility	\$1,491
<input type="checkbox"/> Medical office	\$ 638
<input type="checkbox"/> Skilled nursing facility, 1-99 beds	\$ 638
<input type="checkbox"/> Skilled nursing facility, 100-199 beds	\$ 852
<input type="checkbox"/> Skilled nursing facility, 200+ beds	\$1,064
<input type="checkbox"/> Veterinary clinic/hospital/office	\$ 638
<input type="checkbox"/> Not otherwise classified	\$ 638
Subtotal C =	

TOTAL FEE (B+C) =

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**** New or alternative treatment technologies may require additional permit fees. These fees will be brought to your attention prior to permit issuance and billed at the hourly rate.**

1. Treatment Method:	No. of Units	Locations
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No. of Units

- ☐ Steam sterilization

*Prior to issuing a treatment permit, the Department is required to review the applicants' compliance history with local, state, or federal law or regulation governing the control of medical waste or pollution be performed. This requires a disclosure of any violations received at the facility to be permitted, any facility owned or operated elsewhere in the City and County of San Francisco cited in the last 3 years, including discussion of any impending actions.

1. General		YES	NO
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YES

NO

- 9

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9

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(2013-2014)

9. Licensed Transporter Information Complete this section for all medical wastes hauled off-site for treatment and disposal. There are two options: use a state permitted transporter or request a limited quantity hauling exemption.

State Permitted Transporter Name				Registration No:	
Address		City		State	Zip Code
Contact Name	Title	Phone Numbers:	Day	Facsimile	24 Hr Emergency

Collection Frequency: ☐ Daily ☐ 3 Times/Week ☐ 2 Times/Week ☐ Weekly ☐ Other (Describe):

Delivered to a Permitted: ☐ Transfer Station ☐ Large Quantity Generator ☐ Other Facility for Consolidation/Treatment

10. Permitted Treatment Or Storage Facility Information (If same as # 9, write SAME)

Facility Name		Operator Name		Phone Number	
Address		City		State	Zip Code

11. Leak Or Spill Response -- All applicants must complete this section.

Identify each spill type (including sharps container spills). For each spill type (liquid blood, sharps/needles, etc.), specify:

1. What personal protective, safety, and spill equipment will be utilized,
2. How the spilled material will be contained, stored and disposed of, and
3. How the spill area will be decontaminated.

Attach an additional sheet if more space is required.

12. Emergency Action Plan (Large Quantity Generators ONLY)

Attach your Emergency Action Plan. This plan should provide guidance to your staff regarding actions to be taken if medical waste is found by quality control checks to be under processed, or the treatment unit is broken or not operating, and other hazards or problems.

13. Additional Participants -- List any other medical waste generators that will be covered by this application. Attach an additional sheet if more space is required.

1.	2.
3.	4.
5.	6.
7.	8.

Make Checks Payable to: San Francisco Department of Public Health

Mail Checks and Application to:

Environmental Health, Hazardous Materials and Waste Program, 1390 Market Street, Ste. 210, San Francisco, CA 94102

I am the person responsible for the implementation, administration and operation of the activities required to meet the requirements of the Medical Waste Management Ordinance, including reporting of information for this application. I declare under penalty of perjury the information on this application and in other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Medical Waste Ordinance and incidental to the issuance of any exemption, Registration or Permit, and operation of this business. I understand that submittal of incorrect information may result in penalties and a site investigation fee.

PRINT NAME	SIGNATURE	DATE
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Medical Waste Generation Disclaimer

If you do not generate medical waste or if medical waste you generate, store, transport, treat or dispose of is covered by another program participant's application, then **complete this form and return it to: San Francisco Department of Public Health, Hazardous Materials and Waste Program, 1390 Market Street, Suite 210, San Francisco, CA 94102.**

1. General Information

Name	Phone Number	Identification No. (From cover letter)	
Address	City	State	Zip Code

2. Qualifications for Disclaimer -- Provide a brief explanation why you are not a generator of medical waste.

- ☐ I am covered by another generator's application because:
- ☐ I am a student.
 - ☐ I am listed as a participant of another generator (generator must be a physician or dentist and must practice in the same building.)
 - ☐ I am an employee of a hospital or clinic and have no other practice in San Francisco.
 - ☐ I am an ER physician or an anesthesiologist, and have no other practice in San Francisco.
 - ☐ I am a surgeon who generates medical waste only at hospitals.

If you checked any of the above, list the name and address of the school, hospital, or medical waste generator under which you are covered:

- ☐ I have a private practice in San Francisco, but do not generate medical waste (please explain)
- ☐ I do not practice in San Francisco.
- ☐ I am retired.
- ☐ Other (please explain):

I declare under penalty of law that to the best of my knowledge and belief I do not generate, store or treat any Medical Wastes as defined by law, or I am covered by another generator's application operating in San Francisco. I understand that submittal of incorrect information will result in penalties and a site investigation fee.

PRINT NAME	SIGNATURE	DATE
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