



## **MEDICAL WASTE GENERATOR REGISTRATION FORM**

### **WHO IS REQUIRED TO REGISTER?**

Each **Large Quantity Generator (LQG)** shall register with the enforcement agency pursuant to the California Health and Safety Code, Division 104, Part 14, California Medical Waste Management Act [H&SC § 117950(a)]. The Large Quantity Generator (LQG) registration is valid for one year [H&SC § 117970(b)]. Facilities that generate equal to or more than 200 pounds in any month of the year of medical/biohazardous waste are categorized as Large Quantity Generators (LQG).

A **medical waste common storage facility** that collects the accumulated waste of more than one medical waste generator shall be registered with the enforcement agency (H&SC § 117908).

Each **Small Quantity Generator (SQG) using on-site treatment** such as steam sterilization shall register with the enforcement agency [H&SC § 117925(a)].

To register, complete this form and submit to Alameda County Department of Environmental Health, Office of Solid/Medical Waste Management.

### **I. FACILITY INFORMATION**

Facility Name:			
Address:		City/Zip	
Mailing Address:		City/Zip	
Contact Person:		Telephone:	
Email Address:			

### **II. GENERATOR CATEGORIES REQUIRING REGISTRATION**

Please indicate the category of medical waste generator that best describes your facility.

☐ **Large Quantity Generator with NO Onsite Treatment** – This facility generates 200 pounds or more of medical/biohazardous waste in any month of a 12-month period and medical waste is NOT treated onsite.

☐ **Large Quantity Generator with Onsite Treatment** – This facility is a LQG and medical/biohazardous waste is treated at this facility

☐ **Small Quantity Generator with Onsite Treatment** – This facility generates less than 200 pounds of medical waste per month in every 12-month period and medical/biohazardous waste is treated at this facility

☐ **Common Storage Facility** – This office building/complex/facility operates an area designated for the storage of medical/biohazardous waste. This area is shared by multiple independently operated SQGs. The medical waste is transported offsite by a registered medical waste hauler.

### III. TYPES OF MEDICAL/BIOHAZARDOUS WASTES GENERATED

Please indicate the type(s) of medical waste generated by this facility. Check all that apply.

- ☐ **Fluid Blood Products** (This includes dressings, containers or equipment containing fluid blood, fluid blood products, or blood from animals known to be infected with diseases which are highly communicable to humans.)
- ☐ **Laboratory Wastes** (Specimen or biologic cultures, stocks of infectious agents, live and attenuated vaccines and culture mediums, test tubes, vacuum tubes)
- ☐ **Sharps** (syringes, needles, blades, broken glass)
- ☐ **Contaminated Animals** (Animal carcasses body parts, bedding materials)
- ☐ **Surgical Specimens** (Human or animal parts or tissues removed surgically or by autopsy)
- ☐ **Isolation Wastes** (Wastes contaminated with excretion, exudates or from animals infected and isolated due to the highly communicable diseases listed by the Centers for Disease Control)
- ☐ **Trace Chemotherapeutic Wastes** (Gloves, gowns, towels and I.V. solutions bags and empty tubings, etc. contaminated with trace amounts of chemotherapeutic agents)
- ☐ **Pharmaceutical Wastes** (Outdated, unused California-only regulated pharmaceuticals)
- ☐ **Other** (Please specify.) \_\_\_\_\_

### IV. QUANTITY OF MEDICAL/BIOHAZARDOUS WASTES GENERATED:

This facility generates this amount of regulated medical waste per month: \_\_\_\_\_ lbs.

### V. NAME AND ADDRESS OF REGISTERED MEDICAL WASTE TRANSPORTER, IF APPLICABLE:

### VI. NAME AND ADDRESS OF TREATMENT/DISPOSAL FACILITY:

If medical waste is disposed of or treated offsite, provide the following information:

1. Type of waste(s) (See Section III): \_\_\_\_\_
2. Name and address of registered Hazardous/Medical Waste Hauler:  
\_\_\_\_\_  
\_\_\_\_\_
3. Name and address of Treatment/Disposal Facility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VII. MEDICAL WASTE MANAGEMENT PLAN

All generators required to register must have on file with the enforcement agency a current Medical Waste Management Plan. The Medical Waste Management Plan shall include an Emergency Action Plan, which delineates the procedures for properly handling on-site spills and releases of medical waste (H&SC §117943). The Emergency Action Plan should address surface cleanup, protective clothing and equipment to be used, and disinfecting procedures. The Medical Waste Management Plan must be updated as facility operations or personnel information changes occur. Please indicate the status of your Medical Waste Management Plan:

- \_\_\_ A review of the Medical Waste Management Plan previously submitted to Alameda County DEH was conducted and it was determined that a plan update is not required.
- \_\_\_ The Medical Waste Management Plan has been updated and is attached.
- \_\_\_ An approved Medical Waste Management Plan will be submitted to the Alameda County DEH with the Certificate of Return to Compliance from the last onsite inspection.

## VIII. CERTIFICATION

*I declare under penalty of law that to the best of my knowledge, the statements made herein are correct and true.*

Print Name: _____	Date: _____
Signature: _____	_____

## FOR OFFICIAL USE ONLY

FA# _____	PR# _____	PAYMENT MADE: _____	AMOUNT: _____	DATE PAID: _____
APPROVED BY: _____		DATE APPROVED: _____		