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Environmental Health

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CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS

Please select the appropriate statement:

	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 wastes specified on the Pre-Application Questionnaire as Regulated Medical Wastes.
	I declare under penalty of law that I <u>will not be treating</u> medical waste at my facility by means of autoclaving, incinerating or microwaving, nor will I or my staff be transporting untreated medical waste without the use of a registered hazardous waste hauler.
BUSINESS NAME	
BUSINESS ADDRESS	
ST	ATE/CITY/ ZIP
TELEPHONE	
RESPONSIBLE PERSON	
SIGNATURE	
DATE	

