MEDICAL WASTE

Environmental Health Services Division
2000 Alameda de las Pulgas #100
San Mateo, CA 94403 (650) 372-6200 FAX (650) 627-8244
www.smchealth.org

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY

NEW OR CHANGE OF INFORMATION:
For new owners, please submit information requested below.
For existing owners, enter changes in the appropriate fields.

☐ NEW FACILITY ☐ EXISTING FACILITY

FACILITY INFORMATION:

Name: _____

Site Address: _____

City/ST/Zip: _____

Phone#: Alt.#

Email Address: _____

OWNER INFORMATION:

Owner Name:

Owner Address:

City/ST/Zip: _____

Phone#: Alt.#

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Title: _____ Phone#: _____

PREFERRED MAILING/ BILLING ADDRESS:

☐ FACILITY ADDRESS ☐ OWNER ADDRESS

☐ OTHER ADDRESS: _____

City/ST/Zip: _____

CERTIFICATION: The undersigned hereby applies for a Medical Waste Generator Permit from the County of San Mateo. I hereby certify that the submitted information is true, accurate, and complete. I understand that a new application will be required if this facility changes ownership, re-locates (closure inspection is required) or begins generating wastes which are not listed on this application.

OVVner/Representative Signature: _____ DATE: _____

C. MEDICAL WASTE INFORMATION: If you generate any of the Regulated Medical Wastes listed on this page, you must obtain a Medical Waste Generator Permit. You must prepare and submit a Medical Waste Management Plan if you are a Small Quantity Generator or a Large Quantity Generator. A sample Medical Waste Management Plan is available from our Department. You may use either the format provided or your own format, as long as it complies with the requirements of the Medical Waste Management Act.

COMPLETE THE FOLLOWING TABLE BY CHECKING THE APPROPRIATE BOXES IN THE COLUMN ON THE RIGHT SIDE.

TYPE OF REGULATED MEDICAL WASTE	WE GENERATE THIS MUCH WASTE PER MONTH (PEAK MONTH)		
	less than 200ibs	more than 200ibs	none
Laboratory Wastes: Specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums	☐	☐	☐
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 Waste: Waste contaminated with excretion, exudates, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Centers for Disease Control.	☐	☐	☐
Pharmaceutical Waste :Outdated, unused California-only regulated pharmaceuticals	☐	☐	☐

1. My facility is a Small Quantity Generator (SQG) because it generates less than 200 pounds per month (peak month) of Regulated MedicalWaste. Check the box(es)below for the statement(s) that apply to your business or service:

☐ Medical waste is not treated onsite. (4510) ☐ Medical waste is treated onsite.(4511) ☐ Waste is transported to our location (4561)

☐ Medical waste is not treated onsite. We are a Health Care Facility, Skilled Nursing Facility or a Convalescent Hospital (4521)

☐ We will utilize the following existing permitted Common Storage Facility for the disposal of waste in the building. (4510)

Common Storage Facility Name: _____

Common Storage Facility Address: _____

2. My facility is a Small Common Storage Generator (SQG) because it generates less than 200 pounds per month (peak month) of Regulated Medical Waste. (4541)

Common Storage Facility serving how many tenants: _____ submit a full list of tenants that the common storage is serving with office number.

3. My facility is a Large Common Storage Generator (LQG) because it generates more than 200 pounds per month (peak month) of Regulated MedicalWaste. (4551)

Common Storage Facility serving how many tenants: _____ submit a full list of tenants that the common storage is serving with office number.

4. My facility is a Large Quantity Generator (LQG) because it generates more than 200 pounds per month (peak month) of Regulated Medical Waste. (4551) Check the box(es) for the statement(s) that apply to your business or service. Provide facility names and address on the following page.

☐ Medical waste is treated onsite.(4501) ☐ Medical waste is treated off site.(4506)

☐ Medical waste is treated onsite and off site. (4507)

PROVIDE LISTING OF LARGE COMMON STORAGE GENERATORS (LQG)

BUSINESS NAME	ADDRESS	PHONE NUMBER

MEDICAL WASTE MANAGEMENT PLAN

FOR USE BY GENERATORS OF REGULATED MEDICAL WASTE LOCATED IN SAN MATEO COUNTY
AUTHORITY CITED: CALIFORNIA HEALTH AND SAFETY CODE (HSC) SECTIONS 117935 & 117960

This format for a Medical Waste Management Plan has been developed by San Mateo County Department of Environmental Health, You do not need to use this document. If you wish to use your own format, it must conform to the requirements of the Medical Waste Management Act. Medical waste generators must maintain accurate records relative to the storage, hauling, treatment and disposal of medical waste on-site at each permitted facility for a minimum of three years. If you have questions, please call (650) 372-6200 and ask for the Medical Waste Management Program.

A. FACILITY INFORMATION:

Facility Name: _____

Site Address: _____ City/ST/Zip: _____

Type of Business: _____

Name of person responsible for plan implementation: _____

Title: _____ E-Mail: _____

Phone Number: _____ Fax Number: _____

B. TYPES OF MEDICAL WASTE GENERATED:

☐ Laboratory Wastes: Specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums.

☐ Blood or Body Fluids: Liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.

☐ 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 Waste: Waste contaminated with excretion, exudates, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Centers for Disease Control.

☐ Pharmaceutical Waste : Outdated, unused California-only regulated pharmaceuticals.

☐ My facility manages Biosafety levels: ☐ 1 ☐ S

C. QUANTITY OF REGULATED MEDICAL WASTE GENERATED:

We generate this much medical waste (peak month): _____ pounds per month. We are a:

☐ Small Quantity Generator (SQG) because we generate less than 200 pounds per month (peak); or
☐ Large Quantity Generator (LQG) because we generate less than 200 pounds or more per month (peak).

D. MEDICAL WASTE STORAGE:

Is this facility a Common Storage Facility that accumulates onsite, for collection by a registered hazardous waste hauler, medical waste from onsite Small Quantity Generators (SQG) who would otherwise operate independently?

☐ YES, Complete the following information on the next page for each SQG that uses this Common storage Facility (attach additional pages if needed):
☐ NO

PROVIDE LISTING OF SMALL QUANTITY STORAGE GENERATORS (SQG)

	BUSINESS NAME:	ADDRESS:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Does this facility accept home-generated sharps waste, to be consolidated with the facility's medical waste stream?

☐ YES ☐ NO

E. ON SITE (4*) MEDICAL WASTE TREATMENT

Does this facility treat medical waste on-site:? ☐ YES ☐ NO

If "Yes," what treatment method(s) are utilized? ☐ Steam sterilization ☐ Microwave Technology

☐ Incineration ☐ Other approved alternative treatment. Specify: _____

SKIP to Section F if this facility is *a Small Quantity Generator.*

This facility's total onsite medical waste treatment capacity is: _____ pounds per hour..

F. MEDICAL WASTE TRANSPORTATION AND DISPOSAL:

Does this facility accept medical waste generated off-site?(5*) ☐ YES ☐ NO

**4 Onsite means at your facility or a common storage facility or other location within 400 yards of your facility's property line.*

**5 Offsite means any location that is not onsite.*

Provide the following information regarding any offsite treatment and disposal facilities to which untreated Regulated Material Waste is shipped:

	BUSINESS NAME:	ADDRESS:
1		
2		
3		
4		
5		

H. EMERGENCY ACTION PLAN:

(Large Quantity Generators are required to have an Emergency Action Plan. While not mandatory for Small Quantity Generators, it is recommended that SQGs complete this section as a good management practice.)

In the event of failure of this Medical Waste Management Plan (e.g., medical waste hauler is unable to pick up medical waste at the designated time) what alternative method(s) of treatment and/or disposal of medical waste will be used?

O We will call another registered hazardous waste hauler for pickup, or
O We will do the following:

COMMENTS:

DESCRIBE IN DETAIL HOWTHIS FACILITY MANAGES MEDICAL WASTE SPILLS (e.g., gloves, mask, gown, disinfectant):

DESCRIBE IN DETAIL HOWTHIS FACILITY HANDLES, TREATS, AND DISPOSES OF LIQUID/SEMI-LIQUID LABORATORY WASTE:

DESCRIBE EMPLOYEE TRAINING PROVIDED BY EMPLOYER:

BLOOD BORNE PATHOGEN TRAINING PROVIDED? ☐ YES ☐ NO ☐ OTHER, describe below:

I. CERTIFICATION

I hereby certify that the information provided in this plan is complete and accurate.

DATE: _____

OWNER/ REPRESENTATIVE SIGNATURE, TITLE