



County of Orange, Health Care Agency, Environmental Health
Medical Waste Management Program

1241 E Dyer Rd. Ste 120, Santa Ana, CA 92705-5611
(714) 433-6000

MEDICAL WASTE GENERATOR REGISTRATION FORM

Each large-quantity medical waste generator 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 registration is valid for one year [H&SC § 117970(b)].

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). The common storage facility registration is valid for two years [H&SC § 117940(b)].

Each small-quantity generator using on-site treatment such as steam sterilization shall register with the enforcement agency [H&SC § 117925(a)]. The small-quantity generator with onsite treatment registration is valid for two years [H&SC § 117940(b)].

To register, complete this form and mail it to the County of Orange Health Care Agency, Environmental Health, Medical Waste Management Program, 1241 E Dyer Rd. Ste 120, Santa Ana, CA 92705-5611.

I. Business Information

Name of Facility/Business: _____

Address of Facility: _____

Facility Business Telephone Number: _____ Facility Contact Person: _____

Owner of Facility/Business: _____

Address of Owner of Facility/Business: _____

Billing Mailing Address if Different from Owner: _____

Type of Facility or Business:

___ Hospital ___ Clinical laboratory ___ Medical office ___ Dental office

___ Other (please specify) _____

II. Generator Categories Requiring Registration

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

- ___ **Large Quantity Generator** - your facility generates 200 pounds or more of medical waste in any month of a 12-month period.
- ___ **Large Quantity Generator with On-Site Treatment** - your facility is a Large Quantity Generator, and you treat medical waste at your facility.
- ___ **Small Quantity Generator with On-site Treatment** - your facility generates less than 200 pounds of medical waste per month in every month of a 12-month period, and you treat medical waste at your facility.
- ___ **Common Storage Facility** - your office building/complex/facility operates an area designated for the storage of medical waste. This area is shared by multiple independently operated Small Quantity Generators. The medical waste is transported offsite by a registered medical waste hauler.

III. Medical Waste Generation

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

- ___ **Surgical Specimens** - Human surgery specimens or tissues removed at surgery or autopsy suspected of being contaminated with infectious agents.

III. Medical Waste Generation (Continued)

- ___ **Laboratory Waste** - Human or animal specimen cultures; cultures and stocks of infectious agents, and /or wastes from the production of bacteria, viruses or the use of spores, discarded live and attenuated vaccines and culture dishes and devices used to transfer, inoculate and mix cultures.
- ___ **Fluid Blood or Fluid Blood Products** - Wastes including containers or equipment containing fluid blood, fluid blood products, or blood from animals infected with diseases which are highly communicable to humans.
- ___ **Animal Specimens** - Animal parts, tissues, fluids or carcasses suspected of being contaminated with infectious agents known to be contagious to humans.
- ___ **Sharps** - Needles, syringes, slides, blades, Pasteur pipettes and broken blood vials used in the diagnosis, treatment, or immunization of human beings or animals; research pertaining to those activities; and/or production or testing of biologicals.
- ___ **Human Surgery Specimens or Tissues Fixed in Formaldehyde or Other Fixatives**
- ___ **Trace Contaminated Chemotherapy Waste** - Empty containers, sharps, tubing, etc. contaminated with trace amounts of chemotherapeutic agents.
- ___ **Pharmaceuticals** – Expired (outdated), damaged, contaminated, or otherwise unwanted medicines, which are classified as California-only hazardous waste.
- ___ **Other** (please specify): _____

IV. Quantity of Medical Waste Generated

The maximum quantity of medical waste generated at your facility in any month of the last 12-month period was _____ pounds/month.

V. Off-Site Transportation, Treatment, and Disposal

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:** _____

VI. 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 the County of Orange Health Care Agency 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 County of Orange Health Care Agency with the Certificate of Return to Compliance from the last onsite inspection.

VII. Certification

A person who is responsible for the facility’s medical waste management must sign this form.

I certify that all the above information is accurate and complete.

Please Print Your Name

Please Print Your Title

Your Signature

Date