



## SMALL QUANTITY MEDICAL WASTE GENERATOR REGISTRATION/PERMIT APPLICATION FORM

Pursuant to Division 104, Part 14, California Health and Safety Code, California Medical Waste Management Act, all generators of medical/biohazardous waste in Alameda County must register with the local enforcement agency, Alameda County Department of Environmental Health (DEH). Facilities that generate less than 200 pounds of medical waste per month are categorized as Small Quantity Generators (SQG). If this facility generates more than or equal to 200 pounds of medical/biohazardous waste per month, in any month of the year, this facility would be categorized as a Large Quantity Generator (LQG) and will need to register with DEH using a separate form (Medical Waste Generator Registration Form).

If your facility does NOT generate any medical/biohazardous waste, please complete this form and sign the “**Certification for Non-Medical Waste Generators**” statement located on the back of this form.

### FACILITY INFORMATION

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

### Part I.

Generation of Medical Waste- Complete the section below. If you do not generate medical waste in Alameda County, skip to Part II below.

Types of Medical Wastes Generated	Pounds/Month Average	Peak pounds any single month
<b>Fluid Blood Products</b> (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.)		
<b>Laboratory Wastes</b> (Specimen or biologic cultures, stocks of infectious agents, live and attenuated vaccines, culture mediums, test tubes, vacuum tubes)		
<b>Sharps</b> (syringes, needles, blades, broken glass)		
<b>Contaminated Animals</b> (Animal carcasses body parts, bedding materials)		
<b>Surgical Specimens</b> (Human or animal parts or tissues removed surgically or by autopsy)		

<b>Isolation Wastes</b> (Wastes contaminated with excretion, exudates or from animals infected and isolated due to the highly communicable diseases as listed by the Centers for Disease Control)		
<b>Trace Chemotherapeutic Wastes</b> (Gloves, gowns, towels and I.V. solutions bags and empty tubings, etc. contaminated with trace amounts of chemotherapeutic agents)		
<b>Pharmaceutical Wastes</b> (Outdated, unused California-only regulated pharmaceuticals)		

Name and Address of Registered Medical/Biohazardous Waste Transporter, if applicable:

**CHOOSE ONE OF THE FOLLOWING GENERATOR TYPES:**

- ☐ **Small Quantity Generator** (generating less than 200 pounds of medical/biohazardous waste in any month within the last calendar year)
- ☐ With Onsite Treatment
- ☐ With NO Onsite Treatment
- ☐ **Materials of Trade Exemption/Limited Quantity Hauling Exemption** (Transports medical waste generated in limited quantities up to 35.2 lbs. to the central location of accumulation). NOTE: Must register with Alameda County DEH as a Small Quantity or Large Quantity Generator
- ☐ **Common Storage Facility** (Provide a list of generators that this Common Storage Facility serves. Add an additional sheet for more generators.) Number of generators served: \_\_\_\_\_

GENERATOR NAME	ADDRESS	PHONE NUMBER

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II. CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS (If you do not generate or treat any medical wastes, complete the Facility Information Section and sign the statement below:**

*As defined by the Medical Waste Management Act Section 117690, I declare under penalty of law that to the best of my knowledge that this facility does not generate, store, or treat any of the wastes specified in Part I as regulated medical wastes in Alameda County.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

FA# _____	PR# _____	PAYMENT MADE: AMOUNT: _____	DATE PAID: _____
<input type="checkbox"/> APPROVED	INSPECTOR'S NAME: _____	DATE APPROVED: _____	
<input type="checkbox"/> NOT APPROVED			