

County of Orange Health Care Agency Environmental Health

Medical Waste Management Program Phone Number (714) 433-6000 Fax (714) 754-1768

Application Type:					
New					
Renewal					

Common Storage Facility Permit Application

Pursuant to the California Health and Safety Code, Division 104, Part 14. California Medical Waste Management Act (H&SC), Section 117928 (a), a Common Storage Facility shall have a permit issued by the enforcement agency. Common Storage Facility means any designated onsite accumulation area shared by small quantity generators, otherwise operating independently, for the storage of medical waste for collection by a registered hazardous waste transporter (H&SC Section 117640). To renew an expired permit or to apply for a new permit, fill out this application following the instructions on the reverse side (please type or print). Attach the required accompanying information listed on the reverse side of this form. Mail these 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.

MEDICAL BUILDING/COMPLEX INFORMATION							
Building/Complex Name:							
Address	Number and Street:						
Address	City:				Zip Code:		
Name and	d Title of onsite contact:		Suite:				
Phone number of onsite contact: Emergency phone number:							
COMMON STORAGE FACILITY and MEDICAL WASTE HANDLING INFORMATION							
Location of Common Storage Facility (CSF):							
Number of	of medical waste (MW) generators using CSF:		CSF storage area in sq. ft:				
Type of security provided to the CSF:							
Onsite location of key to CSF:							
Are chemotherapy, pathology, or pharmaceutical medical wastes received and stored in the CSF:yes'no							
If the answer is yes to the previous question, describe how these medical wastes are handled:							
Max. lbs.	of MW stored in CSF at any one time:		Frequency of MW removal:				
Name of 2	MW hauler:		Hauler's registration number:				
Name and Address of treatment facility receiving the MW:							
Describe how tracking/treatment records will be made available for review:							
APPLICANT INFORMATION							
Company/Agency Name:				Phone number:			
Address	Number and Street:				Suite:		
Address	City:	State:			Zip Code:		
I certify that to the best of my knowledge all information provided regarding this application is true and correct:							
Name (print): Title:							
Signature:			Date:				

Information to be submitted with the Permit Application

- A list of the names and addresses of all medical waste generators using the Common Storage Facility.
- When applying for the first time, a copy of either the medical waste transporter agreement or a recent tracking/treatment receipt.
- A copy of the emergency action plan, which indicates how medical waste spills or other unexpected events will be handled. Include procedures for the cleanup of releases of medical waste. (Address surface cleanup, protective clothing and equipment to be used and disinfecting procedures.) Address backup removal plans should a primary transporter be unable to remove the stored medical waste in a timely manner.

Application Instructions

Medical Building/Complex Information

Building/Complex Name: Name of the medical building or complex where the Common Storage Facility is located.

Address: Address of the medical building or complex listed above.

Name and Title of onsite contact: Name and title of onsite representative who will facilitate both entry into Common Storage Facility and records review.

Suite: Location of onsite contact.

Phone number of onsite contact: Phone number of the onsite contact.

Emergency phone number: Phone number of person responsible for Common Storage Facility in case of a release of medical waste or other emergency.

Common Storage Facility and Medical Waste Handling Information

Location of Common Storage Facility: Provide a written description of the location of the storage area or attach a site/building diagram showing its location.

Number of medical waste generators using Common Storage Facility: Numerical number representing the total number of generators whose medical wastes are placed into the Common Storage Facility.

Common Storage Facility storage area in square feet: Area is calculated by measuring the length and width (in feet) of the common storage facility enclosure/room and then multiplying these two number together.

Type of security provided to the Common Storage Facility: A written description of the security provided. (e.g., maintained in a locked room, maintained in a locked fenced enclosure, maintained in a locked shed, etc.)

Onsite location of key to Common Storage Facility: Location of onsite key to storage facility. This may be the same location as the onsite suite provided above, or some other onsite location. If a keyed lock is not used, indicate what other security measures are used.

Are chemotherapy, pathology or pharmaceutical medical wastes received and stored in the Common Storage Facility: Survey all contributing generators, then check the yes or no box. These types of medical waste require specifically labeled, separate storage containers (segregated for storage), and are to be transported for treatment by incineration only.

Maximum poundage of medical wastes stored in the Common Storage Facility at any one time: This is the maximum amount of medical waste picked up at any one time in the last year. Review your tracking/treatment receipts.

Frequency of medical waste removal: Input as a number per unit time (e.g., 1/week)

Name of medical waste hauler; Hauler's registration number; and, Name and Address of treatment facility receiving the medical waste: Available on the tracking/treatment documents provided by the medical waste hauler.

Describe how the waste tracking/treatment records will be made available for review: These records must be reviewed as part of an annual inspection. They must be available onsite when the applicant/permittee has an onsite office; otherwise, copies must be mailed to this Agency upon request.

Applicant Information

Company/Agency Name: Name of company or public agency applying for the permit. If applicant is an individual who is not representing a company or agency, input the name of the individual. A permit for a Common Storage Facility may be obtained by one of the following: a medical waste generator, the registered hazardous waste hauler, the property owner, or the property management firm responsible for providing tenant services [H&SC Section 117928 (b)].

Phone number: Phone number of person signing this application.

Address: Address where correspondences from this Agency to the permittee are to be mailed.

Certification: When an employee representative of the applicant company/agency signs the application, that employee shall have delegated responsibility for the overall operation of the Common Storage Facility. If the applicant is an individual and not a company/agency, he/she shall sign the application.

Should you have any questions, please call (714) 433-6000 and ask that your call to be forwarded to the Medical Waste Management Program staff member assigned to the city in which your Common Storage Facility is located.