



Environmental Health – Medical Waste Program
County of Orange Health Care Agency
Public Health Services
1241 E Dyer Road, Suite 120, Santa Ana, CA 92705
(714) 433-6000

MEDICAL WASTE MANAGEMENT – INFORMATION DOCUMENT

INSTRUCTIONS:

1. The California Health and Safety Code (H&SC), Section 117945(a) requires this form be completed by small-quantity medical waste generators who are not required to register*. Information includes how the generator contains, stores, treats, and disposes of any medical waste generated through any act or process of the generator. *Registration with this Agency is required if treatment of medical waste is conducted on-site, pursuant to H&SC Section 117925.
2. The Information Document shall be updated only when information contained therein changes.
3. **Maintain this document on file in your office** along with disposal receipts and/or treatment logs.

FACILITY INFORMATION:

Facility Name: _____ Telephone: _____
Site Address: _____ City/Zip: _____
Contact Name: _____ Email: _____

1. Check the types of medical waste generated with containment as indicated:

- Biohazardous waste in red biohazard bags in secondary container labeled "Biohazardous Waste" or "BIOHAZARD" and the international biohazard symbol on lid and all sides.
- Pathology waste in red biohazard bags in secondary container labeled "Pathology Waste" or "PATH" on lid and all sides.
- Chemotherapy waste in red biohazard bags in secondary container labeled "Chemotherapy Waste" or "CHEMO" on lid and on all sides.
- Pharmaceutical waste in container labeled "FOR INCINERATION ONLY" on lid and all sides. This does not include any pharmaceutical regulated under the Federal Resource Conservation and Recovery Act (RCRA) or Radiation Control Law.
- Sharps waste, except sharps contaminated with chemotherapy waste, in sharps containers labeled "SHARPS WASTE" or "BIOHAZARD" and the international biohazard symbol.
- Sharps waste contaminated with chemotherapy waste in sharps containers labeled "CHEMOTHERAPY WASTE" or "CHEMO".

2. Indicate where medical waste is located and/or stored: _____

3. Indicate disposal frequency and quantity (lbs.) per month: _____

4. Indicate how medical waste is treated and disposed: _____

I hereby certify that to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: _____ Date: _____