



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

1241 E. Dyer Rd., Suite 120, Santa Ana, CA 92705-5611

(714) 433-6000

FAX (714) 754-1768

omedicalwaste@ochca.com

Onsite Treatment Permit Application

Facility

Facility Name:	
Street Address:	
City:	Zip Code:
Mailing Address (if different):	
Mailing City:	Mail Zip:
Contact Name:	
Telephone:	Email:

Business Owner Name:	
Address:	
City:	Zip Code:

Type of Application

New	Renewal
Transfer of Facility Ownership	Revision / Modification

Type of Treatment

Steam Sterilization	(see instructions for other treatment types)
Brand:	
Model:	
Related capacity/cycle:	
Average monthly volume treated (lbs.):	

Certification

"I certify under penalty of perjury that this document and all attachments have been prepared under my direction and supervision in accordance with a system to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Authorized Representatives Name:	
Title:	Date:
Signature:	

INSTRUCTIONS

Submit a separate application form for each treatment unit. Each treatment unit will be individually evaluated and permitted.

For new permits, this Agency must approve the permit application prior to the facility treating medical waste. Treatment permits are valid for five (5) years. Ninety (90) days prior to the expiration date, the applicant shall file for renewal of an existing permit.

Other Treatment Type: Alternative technology treatment methods approved by CDPH do not require an onsite treatment permit.

Certification: The permit application should be signed by a person of authority who is authorized to sign contracts, official documents, and/or permit applications for the facility; e.g. corporate executive or upper management level positions pursuant to Title 22, Chap.21, §65622.

WASTE PLAN

Provide a Medical Waste Management Plan, per the Medical Waste Management Act of the CA Health and Safety Code; § 117960 (a-k).

For permit renewals: Do not include a Waste Plan unless significant revisions have been made since your last Waste Plan review and submittal.

FACILITY SITE MAP

For new permits, provide a map extending for one mile beyond the property boundary, including access roads, residential development, schools, etc. Additionally, provide a drawing of the treatment unit area and outside storage area

ADDITIONAL REQUIRED DOCUMENTS: (required onsite – do not submit)

Operation Plan: Including a schedule for inspection and calibration of monitoring equipment, a description of disinfection procedures, location and type of safety and emergency equipment, location and type of security devices, and operating and structural equipment that are important in preventing or responding to medical-waste related environmental or human health hazards.

Emergency Action Plan: That addresses equipment breakdowns, natural disasters, or other occurrences as required.

Closure Plan: A plan for closure of the facility using, at minimum, one of the methods of decontamination specified in subdivision (a) or (b) of Section 118295, thereby rendering the property to an acceptable sanitary condition following the ending of treatment services at the site.

Training Plan: That includes an outline of both the introductory and continuing training programs which will be provided by owners or operators to prepare employees to operate or maintain the medical waste treatment facility in a safe manner. A brief description of how training will be designed to meet actual job tasks.

Other: Any other information required by the enforcement agency for the administration or enforcement of this part or the regulations adopted pursuant to this part.