



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

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

PHONE (714) 433-6000 FAX (714) 754-1768

omedicalwaste@ochca.com

SMALL QUANTITY MEDICAL WASTE GENERATOR NOTIFICATION

All generators of medical waste within the County of Orange must notify Environmental Health. Facilities that generate less than 200 pounds of medical waste per month are Small Quantity Generators (SQGs) and must complete this form.

*If your facility **treats** medical waste and/or hazardous materials on-site for disposal purposes and/or **generates 200 pounds or more of medical waste per month**, please do not complete this form and contact this Agency for appropriate forms and requirements.*

If your facility does not generate **any** regulated medical waste, please complete this form and sign the "Certification of Non-Medical Waste Generator" statement located on the back of this form.

Return this form by mail, FAX, or email as listed above. If you have any questions regarding registration or medical waste handling requirements, please contact our office at (714) 433-6000.

Facility / Practice Name		
Street Address		Suite #
City	State	Zip
E-Mail		Phone #
Facility Mailing Address		Suite #
City	State	Zip
Business Owner Name (Legal Entity - sole proprietor, incorporation, or LLC)		Phone #
Street Address		Suite #
City	State	Zip
Billing Address		Suite #
City	State	Zip

Type of Facility (check all that apply):

Medical Dental Laboratory Veterinary Pharmacy Other _____

Please indicate if any of the following applies to your business practice (check all that apply):

Radiology (X-rays) Chemical process Digital process

Chemical Sterilants used to disinfect medical/dental devices such as EtO, Glutaraldehyde, or OPA

Type of medical waste generated (check all that apply):

Sharps - Needles, syringes, slides, blades, glass pipettes and broken blood vials used in the diagnosis, treatment, or immunization of humans or animals; research and/or the production or testing of biologicals.

Pharmaceuticals or Bulk Chemotherapy – Unused, expired/outdated, damaged, contaminated, or otherwise unwanted materials that cannot be returned for credit. **Fluid Blood or Fluid Blood Products** - 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*.

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.

Surgery Specimens or Tissues Fixed in Formalin or Other Fixatives

Isolation waste - Waste contaminated with excretion, exudate, or secretions from humans or animals that are isolated due to highly communicable diseases (Center for Disease Control, Biosafety Level 4).

Trace Contaminated Chemotherapy Waste - Empty containers, sharps, tubing, etc. contaminated with trace amounts of chemotherapeutic agents.

Animal Specimens - Animal parts, tissues, fluids, or carcasses suspected of being contaminated with infectious agents known to be contagious to humans.

Surgical Specimens - Human surgery specimens or tissues removed at surgery or autopsy suspected of being contaminated with infectious agents. This also includes recognizable human anatomical parts.

Other (Please specify): _____

Is your medical waste consolidated with others in a Common Storage Area? YES NO

Example: Property management collects tenant medical waste and consolidates it for pick-up / disposal.

Please list the name(s) of the companies used to dispose of your medical waste:

CERTIFICATION

Under penalty of law, I declare that to the best of my knowledge the information provided herein is true and accurate.

Print Name _____ Title _____

Signature _____ Date _____

Non-Medical Waste Generators *ONLY*

If you do **not** generate or treat **any** medical waste complete the business section and sign the following statement:

As defined by the Medical Waste Management Act Section 117690 this facility does not generate, store, or treat medical waste. I understand that if in the future this facility does generate medical waste, it is the facility's responsibility to contact this Agency to register with the Medical Waste Management Program.

Print Name _____ Title _____

Signature _____ Date _____

Agency Use Only		
FA	PR	Status
NEW	OWNER CHANGE	DATE