



Stanislaus County
Department Of Environmental Resources
3800 Cornucopia Way, Suite C, Modesto, California 95358

**INFORMATION PACKET
FOR MEDICAL WASTE GENERATORS**

The Medical Waste Management Act defines medical waste as material that is Bio-hazardous or Sharps waste, or waste resulting from immunization or search on humans and animals. This packet contains the information and forms you will need to help you comply with the Medical Waste Management Act, California Health And Safety Code (Sections 117600-118360).

Reminder: Limited Quantity Hauling Exemption was eliminated on 1/1/2015. Please refer to the following CDPH link for updates:

<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/Generators.aspx>

Instructions

Please return the completed forms prior to medical waste generation or treatment.

1. Complete the **“Pre-Application Questionnaire”** on Page 2. If your answers indicate you are not required to register as a medical waste generator, then complete the **“Certification Statement”** on Page 4 and return both completed forms to the mailing address below.
2. If you are required to register as a medical waste generator, as indicated by affirmative answers to questions 4 & 5 on the **“Pre-Application Questionnaire”**, you must:
 - A. Complete the **“Registration for Medical Waste”** form located on Page 5.
 - B. Complete a **“Medical Waste Management Plan”** following the guidelines provided on Page 6. If there are no changes to your Management Plan, indicate **“No Changes”**.
 - C. Return the completed forms and management plan to our Department at the mailing address below within fourteen (14) working days.
 - D. If a permit is required, complete and return the appropriate permit application included in this packet.

Your cooperation in promptly completing these forms is greatly appreciated. If you have any questions regarding registration or handling requirements, please contact our office at (209) 525-6700

RETURN ALL COMPLETED FORMS TO:

3800 Cornucopia Way, Suite C
Modesto, California 95358-9492
(209) 525-6700
(209) 525-6774 (Fax)



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PRE-APPLICATION QUESTIONNAIRE
Regulated Medical Wastes

Type of Medical Waste Generated (Please check all that apply to your facility):

- Laboratory Wastes:** Specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines and culture mediums
- Blood or Body Fluids:** Liquid blood elements, other regulated body fluids, articles contaminated with blood or body fluids
- Sharps:** Syringes, needles, blades and contaminated broken glass
- Contaminated Animals:** Animal carcasses, body parts and bedding materials
- Surgical Specimens:** Human or animal parts or tissues removed surgically or by autopsy
- Isolation Wastes:** Waste contaminated with excretion, exudates, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Centers for Disease Control, Biosafety Level 4 precautions
- Pharmaceuticals:** Any drug, including over-the-counter medication, which has no value, (i.e. cannot be dispensed, repacked, sold, restricted, or returned for credit)

Please **check** the appropriate box for the questions listed bellow:

1. Does your business or service generate any of the medical waste listed above? Yes No

If your answer is "No", please complete the **"Certification Statement"** on Page 4 and return it with this questionnaire to the address indicated. You **do not** need to complete the remainder of this questionnaire.

2. Do you generate less than 200 pounds of medical waste per month? Yes No

If you answered "Yes", you are a small generator.

3. Are you a state licensed facility and small quantity generator?(i.e. clinical laboratory, primary care clinic, etc.) Yes No

If you answered "Yes", then you must complete page 5 and the Medical Waste Management Plan starting on page 6.



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4. Small quantity generators may store their medical waste in a permitted Common Storage facility with other small generators. Do you plan to do this at your facility? Yes No

If your answer is “Yes”, you must fill out a “**Common Storage Facility Permit Application**” on page 10 and complete page 5.

5. Do you plan to treat your medical waste onsite, by autoclaving, incinerating, microwaving, or by another California approved method? Yes No

If your answer is “Yes”, you **must** complete Pages 5, 6, 7, 8 and 9. Return them with this questionnaire and the appropriate fee to the address indicated on Page 1.

*****If you are not a state licensed small quantity generator and your answers to question 4 and 5 are “No”, then complete the “Certification Statement” on Page 4 and return it with this questionnaire to the address provided on Page 1. You do not need to complete the rest of this package.*****