



COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

Medical Waste Application

Business/Generator's Name _____

Contact Person & Title _____

Business Address _____

Type of business (Please include a description) _____

Types and estimated **maximum** quantity of medical waste generated **per month**

- Acupuncture needles or sharps (needles, syringes, syringes, root canal files, or any other device capable of cutting or piercing) Quantity (lbs) _____
- Biohazardous (fluid blood products, infectious secretions, laboratory waste, surgery specimens, zoonotic animal parts or animal fluids) Quantity (lbs) _____
- Chemotherapeutic Agent (or Radioactive waste...e.g., waste from cancer therapies and medical equipment that uses radioactive material) Quantity (lbs) _____
- Pharmaceuticals (prescription or over-the-counter human or veterinarian drug, including, but not limited to, drug as defined in Section 109925 or the Federal Food, Drug and Cosmetic Act as amended (21 U.S.C.A Sec. 321 (g)(1)) Quantity (lbs) _____

Medical Waste Disposal Method (mark all that apply):

- Common Storage Facility Approved Hazardous Waste Hauler Mailback Onsite treatment
- Alternative Approved Treatment (i.e. Isolyzer)

Name of disposal company(ies): _____

Frequency of disposal or pick-up: _____

Is this business on a septic system? Yes No

Please note that residential disposal options such as drop-off disposal kiosks, police department, collection events, etc. are not approved for business-generated medical waste.

Signature of Owner/Operator, Agent or Representative: _____

Title: _____ Date _____