



**COMMUNITY AND ECONOMIC  
DEVELOPMENT DEPARTMENT**  
Division of Environmental Health

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Director

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Equal Opportunity Employer

## Medical Waste Generator Registration Application

Pursuant to Division 104, Part 14, California Health and Safety Code, California Medical Waste Management Act, all generators of medical/biohazardous waste in Merced County must register with the local enforcement agency, Merced County, Division of Environmental Health (MCDEH).

<b>APPLICATION TYPE:</b>	New Registration/Permit	Renewal
<b>FACILITY INFORMATION</b>		
Facility Name:		
Facility Address:		
Mailing Address:		
Contact Person:		
Telephone:		
Email Address:		
<b>GENERATOR STATUS</b>		
<p><b>Small Quantity Generator</b> (Generating <u>less than 200 pounds</u> of medical/biohazardous waste in any month within the last calendar year)              WITH Onsite Treatment              WITHOUT Onsite Treatment</p> <p><b>Note:</b> Small Quantity Generators WITH Onsite Treatment must submit an initial Medical Waste Management Plan to MCDEH. Additionally, Small Quantity Generators must resubmit the Registration Application every two years for renewal.</p> <p><b>Large Quantity Generator</b> (Generating <u>200 pounds or more</u> of medical/biohazardous waste in any month within the last calendar year)              WITH Onsite Treatment              WITHOUT Onsite Treatment</p> <p><b>Note:</b> All Large Quantity Generators must submit an initial Medical Waste Management Plan to MCDEH. Additionally, all Large Quantity Generators must resubmit the Registration Application every year for renewal.</p>		
<b>TYPES OF MEDICAL WASTE AND QUANTITY PER MONTH:</b>		
<b>Types of Medical Wastes Generated</b>	<b>Average pounds/month</b>	<b>Peak pounds any single month</b>
<b>Fluid Blood Products</b> (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.)		
<b>Laboratory Wastes</b> (Specimen or biologic cultures, stocks of infectious agents, live and attenuated vaccines, culture mediums, test tubes, vacuum tubes)		
<b>Sharps</b> (Syringes, needles, blades, broken glass)		

<b>Contaminated Animals</b> (Animal carcasses, body parts, bedding materials)		
<b>Surgical Specimens</b> (Human or animal parts or tissues removed surgically or by autopsy)		
<b>Isolation Wastes</b> (Wastes contaminated with excretion, exudates or from animals infected and isolated due to the highly communicable diseases as listed by the Centers for Disease Control)		
<b>Trace Chemotherapeutic Wastes</b> (Gloves, gowns, towels and I.V. solutions bags and empty tubing, etc. contaminated with trace amounts of chemotherapeutic agents)		
<b>Pharmaceutical Wastes</b> (Outdated, unused California-only regulated pharmaceuticals)		

**WASTE DISPOSAL METHOD**

**Picked up by a registered transporter; name and address:**

- **Refer to California Dept. of Public Health website for a list of authorized haulers:**  
<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/Transporters.aspx>

**Mailed via Mail-Back System; name:**

- **Refer to California Dept. of Public Health website for mail back information:**  
<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/Generators.aspx>

**Treated onsite by:**

**Incineration                      Autoclave                      Other:**

- **Refer to California Dept. of Public Health website for approved alternative treatment technologies:**  
<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/Alternative-Technology.aspx>

***I certify under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge and belief.***

Print Name:

Title:

Signature:

Date:

**FOR OFFICIAL USE ONLY**

**FA#:**

**DATE APPROVED:**

**INSPECTOR'S NAME:**