Ventura County Environmental Health Division - 800 S. Victoria Ave., Ventura CA 93009-1730
TELEPHONE: 805/654-5007 or FAX: 805/477-1595
Internet Web Site Address: *www.ventura.org/rma/envhealth*

MEDICAL WASTE GENERATOR REGISTRATION-PERMIT APPLICATION

Business Name (DBA) _____ Telephone _____
Address _____ City/Zip _____
Business Owner Name _____ Office Hours _____
Mailing/Billing Address _____ City/Zip _____
Contact Person _____ Telephone _____

PART I. GENERATION OF MEDICAL WASTE
Complete the section below, referring to the Ventura County Medical Waste Management Guide to Compliance for assistance in identifying your medical waste. If you do not generate medical waste in Ventura County, skip to Part III below.

I generate the following types of medical waste:
- _____ Biohazardous (red bag)
- _____ Sharps
- _____ Pathological
- _____ Pharmaceutical
- _____ Chemotherapeutic

Medical waste is treated by:
- _____ Isolyser for sharps only
- _____ Mail-back for sharps only:_____
- _____ Transport to _____ (Limited-Quantity Hauling Exemption Required)
- _____ Pick-up by registered medical waste transporter: Name: _____
- _____ On-site by autoclave or approved alternative technology

Generator Filing as:
____ Single generator operating independently. More than one generator operating as a business in the same building. Attach a list of all generators.
____ Group practice. Attach a list of all generators.
____ Generators operating in different buildings on the same or adjacent property (within 400 yards). Attach a list of all generators and their addresses.
____ Large-Quantity Generator (generators 200 or more pounds of medical waste any month in a 12-month period.)
- _____ General acute-care hospital. Number of beds _____
- _____ Acute psychiatric hospital
- _____ Skilled nursing facility. Number of beds _____
- _____ Chronic dialysis clinic
- _____ Surgical clinic
- _____ Clinical laboratory
- _____ Veterinary hospital/clinic
- _____ Medical office
- _____ Miscellaneous facility

_____ Small-Quantity Generator (generates less than 200 pounds of medical waste per month)
_____ Common storage facility. Number of generators served _____

Do you provide on-site treatment for other generators? NO _____ YES _____ If YES, attach a list of the generators you service.

PART II. GENERATION OF HAZARDOUS WASTE. Complete the information below concerning the generation of hazardous waste:
_____ X-ray System
- _____ Silver recycled following reclamation. Recycling Company _____
- _____ Pick-up by registered hazardous waste transporter. Name _____
- _____ Digital X-ray System

_____ Other hazardous waste (chemical sterliant, amalgam, lead foils)

I declare under penalty of law that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and Ventura County Ordinance and incidental to the issuance of this Registration/Permit and the operation of this business.

Signature_____ Date _____

PART III. CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS
I declare under penalty of law that to the best of my knowledge and belief, I do not generate, store, or treat any of the waste specified in Part I and/or Part II as regulated medical waste in Ventura County.

Signature _____ Date _____

APPLICANT: Retain the yellow copy. Forward the white copy to the address shown at the top of this application form.

FOR OFFICE USE ONLY
Application Year _____ Registration _____ Reg-Records _____ Permit _____ Date _____ REHS Init _____