

Lassen County Environmental Health Department
 1445 Paul Bunyan Road, Suite B • Susanville, CA 96130 • (530) 251-8528
MEDICAL WASTE GENERATOR REGISTRATION/PERMIT APPLICATION

FOR OFFICIAL USE ONLY

Business Type _____ Date _____
 Appl. Yr. _____ Facility ID# _____ Initial _____

Business Name (DBA) _____
 Address: _____ City/Zip _____
 Mailing Address: _____ City/Zip _____
 Contact Person: _____ Telephone: _____

Part I. Generation of Medical Waste- Complete the section below. If you do not generate medical waste in Lassen County, skip to part II below.

Medical Waste Generated	Pounds/Month Average	Peak pounds any single month	On site treatment
BIOHAZARDOUS WASTE (RED BAGGED):			
OTHER BIOHAZARDOUS WASTE (PATH/CHEMO/PHARM):			
SHARPS ONLY WASTE:			

Name of Registered Medical Waste Transporter, if applicable: _____

Choose one of the following generator types:

Large-Quantity Generator (generates 200 or more pounds of medical waste **any single** month in 12-month period.)

Type of facility:

- | | |
|---|---|
| <input type="checkbox"/> General acute-care hospital... Number of beds _____
<input type="checkbox"/> Acute Psychiatric hospital
<input type="checkbox"/> Skilled nursing facility... Number of beds _____
<input type="checkbox"/> Surgical Care
<input type="checkbox"/> Dialysis Clinic
<input type="checkbox"/> Specialty Clinic | <input type="checkbox"/> Primary care facility
<input type="checkbox"/> Clinical laboratory
<input type="checkbox"/> Veterinary hospital/clinic
<input type="checkbox"/> Mortuary
<input type="checkbox"/> Miscellaneous facility
<input type="checkbox"/> Consolidation Point (home generated Sharps) |
|---|---|

Small- Quantity Generator (generated less than 200 pounds of medical waste every month within the last calendar year)

Common storage facility- Number of generators served: _____

Filing as: (choose one)

- Single generator operating independently
 More than one generator operating as a business in the same building. Attach list of all generators
 Group practice. Attach list of all generators
 Generators operating in different buildings on the same or adjacent property (within 400 yds). Attach list of all generators and their addresses.

Do you provide on-site treatment? NO YES Do you provide on-site treatment for other generator?
 NO YES (Provide a list of generators you service)

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 incidental to the issuance of this Registration/Permit and the operation of this business.

Signature: _____ Date: _____

PART II. 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 as regulated medical wastes in Lassen County.

Signature: _____ Date: _____

APPLICANT: Submit the application and required documents to: Lassen County Environmental Health Department, 1445 Paul Bunyan Road, Suite B, Susanville, CA 96130. Retain a copy for your records.