



COUNTY of VENTURA

Environmental Health Division

800 South Victoria Avenue, Ventura, CA 93009-1730
Phone 805-654-2813 • vcrma.org/divisions/environmental-health



MEDICAL WASTE GENERATOR REGISTRATION-PERMIT APPLICATION- INFORMATION DOCUMENT

Business Name DBA) _____ Telephone _____
 Address _____ City/Zip _____
 Contact E-mail _____
 Contact Person _____ Telephone _____
 Billing Address _____ City/Zip _____
 Billing Contact _____ Telephone _____
 Business Owner Name _____ Telephone _____
 Business Owner Mailing Address _____ City/Zip _____

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.

I generate the following types of medical waste: <input type="checkbox"/> Biohazardous (red bag) <input type="checkbox"/> Sharps <input type="checkbox"/> Pathological <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Trace Chemotherapy <input type="checkbox"/> Trace Chemotherapy Sharps <input type="checkbox"/> Commingled Sharps and Pharmaceutical waste	Medical waste is treated by: <input type="checkbox"/> Mail-back Name: _____ <input type="checkbox"/> Transport to _____ (Under a D.O.T. Materials Of Trade Exemption) <input type="checkbox"/> Pick-up by registered medical waste transporter: Name: _____ <input type="checkbox"/> On-site by autoclave <input type="checkbox"/> Approved Alternative Technology Name: _____
Indicate the frequency of medical waste disposal: Estimated monthly medical waste generation volumes:	

Indicate where medical waste is located and/or stored:

Generator Filing as (Section 1):

Large-Quantity Generator (generators 200 or more pounds of medical waste any month in a 12-month period.)

<input type="checkbox"/> General acute-care hospital. Number of beds _____	<input type="checkbox"/> Clinical laboratory
<input type="checkbox"/> Acute psychiatric hospital	<input type="checkbox"/> Veterinary hospital/clinic
<input type="checkbox"/> Skilled nursing facility. Number of beds _____	<input type="checkbox"/> Medical office
<input type="checkbox"/> Chronic dialysis clinic	<input type="checkbox"/> Miscellaneous facility
<input type="checkbox"/> Surgical clinic	<input type="checkbox"/> Bio-Tech facility. Number of buildings _____

Small-Quantity Generator (generates less than 200 pounds of medical waste per month)
 Common Storage Facility. Number of generators served _____
 On-site treatment facility for other generators (attach a list of the generators you service).

Generator Filing as (Section 2):

Single generator operating independently.
 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.

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 sterilant, amalgam, lead foils, bulk chemotherapy waste, pressurized inhalers, RCRA P & U listed hazardous waste pharmaceuticals.)

_____ Controlled Substances pharmaceutical waste

PART III. CERTIFICATION FOR MEDICAL WASTE GENERATORS

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 _____

FOR OFFICE USE ONLY

Application Year _____ Registration _____ Reg-Records _____ Permit _____ Date _____ REHS Init _____

APPLICANT: Retain a copy for your records and forward the original to the address shown at the top of this application form.