



County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

**MEDICAL WASTE GENERATOR PERMIT APPLICATION**

**Note: This application will not be processed until all required information has been received.**

Generator's Name \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of legal owner of facility \_\_\_\_\_

Ownership Status \_\_\_\_\_

(Federal, state, local government, or other public or private entity)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_

Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL WASTE CATEGORY**

- Large quantity generator (generating 200 lbs. or more a month)
- Large quantity generator with on-site waste treatment (generating 200 lbs. or more a month)
- Small quantity generator with on-site waste treatment (generating less than 200 lbs. a month)
- Small quantity generator, no onsite treatment (generating less than 200 lbs. a month)
- Common Storage\*:  10 or fewer generators  11 to 50 generator  50 or more generators

\* Common Storage facilities provide a central collection point for 2 or more small quantity generators (less than 200 lbs/month) to store medical waste prior to collection by a waste hauler.

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**FACILITY TYPE**

- |  |   |
|--|---|
| <input type="checkbox"/> Clinic-Specify Type _____         | <input type="checkbox"/> Medical/Dental Office                          |
| <input type="checkbox"/> Hospital: Number of Beds _____    | <input type="checkbox"/> Psychiatric Hospital                           |
| <input type="checkbox"/> Health Care Service Plan Facility | <input type="checkbox"/> Skilled Nursing Facility: Number of Beds _____ |
| <input type="checkbox"/> Intermediate Care Facility        | <input type="checkbox"/> Veterinary Clinic or Veterinary Hospital       |
| <input type="checkbox"/> Laboratory                        |   |

**\*\*All Applications must be accompanied by a complete Medical Waste Management Plan that meets the requirements set forth in the Medical Waste Management Act. Refer to the California Department of Public Health's Medical Waste Program for a current and complete checklist for filling out a Medical Waste Management Plan.**

I certify under penalty of perjury that this document and all attachments have been prepared under my direction and supervision in accordance with a system to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons, who manage the system or those, directly responsible for gathering the data, the information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this permit and the operation of this business.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **For Official Use Only** \_\_\_\_\_

REHS Verification: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Program Element: \_\_\_\_\_

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