

COUNTY OF RIVERSIDE*COMMUNITY HEALTH AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 7600
RIVERSIDE, CA 92513-7600
TELEPHONE: (951) 955-8982 FAX: (951) 781-9653
INDIO OFFICE
TELEPHONE: (760) 863-7570 FAX: (760) 863-7013

MEDICAL WASTE
LIMITED QUANTITY HAULING EXEMPTION

Name of Generator (DBA):		
Site Address:		
City	State	Zip Code
Mailing Address:		
City	State	Zip Code
Phone ()	Email Address:	
Responsible Person:		

Storage Facility:		
Address:		
City	State	Zip Code
Phone Number ()		
Responsible Person:		

Treatment Facility		
Address		
City	State	Zip Code
Phone ()		
Responsible Person:		

Employees Authorized To Transport Medical Waste:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

PLEASE SIGN AND FILL OUT THE REVERSE SIDE OF THIS APPLICATION

Re: DBA _____

FA# _____

Site Address _____

I certify that I qualify for this exemption in that less than twenty (20) pounds of medical waste are generated per week and less than twenty (20) pounds of medical waste are transported at any one time. An information document is on file in my office and a tracking document is maintained pursuant to the Health and Safety Code, Part 14, Medical Waste Management Act, Section 118025.

A copy of this exemption form and a tracking document must be in the specified employee's possession while transporting the medical waste.

Signature of Generator

Title

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

REHS Approval

Exemption Expiration Date

Date of Approval

Note 1: This exemption is NON-TRANSFERABLE and may be suspended or revoked for due cause. This exemption is not valid unless both the Generator and The Department of Environmental Health have signed this form.

Note 2: For any questions, generators located in the Coachella Valley or Blythe areas may contact Laurie Holk at (760) 863-7570.