



COUNTY OF RIVERSIDE • COMMUNITY HEALTH AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH

**SMALL QUANTITY MEDICAL WASTE GENERATORS (SQG)
 PERMIT APPLICATION**

*Please send completed form to:
 County of Riverside
 Department of Environmental Health
 P.O. Box 7600, Riverside, CA 92513*

NEW Facility ANNUAL Renewal CHANGE of Status

Name of Facility: _____

DBA: _____

Facility Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Email Address: _____

Fee Schedule:

Small Quantity Generator Permit Fee: \$ 43.00 _____

Limited Quantity Hauling Exemption (*if applicable, a separate application is to be completed for the Exemption to be issued*): _____

- First four persons transporting medical waste \$ 40.00 _____
- Five or more persons transporting waste \$ 50.00 _____
- Common Storage:

1-10	\$ 172.00	_____
11-50	\$ 431.00	_____
51 +	\$ 862.00	_____

TOTAL:

Prepared by: _____
Signature *Print Name*

PLEASE COMPLETE PAGE TWO (ON REVERSE SIDE)

For Environmental Health Department use only:	Facility #: _____
Date: _____	Amount: \$ _____
Check #: _____	

MEDICAL WASTE MANAGEMENT INFORMATION DOCUMENT

Please complete the following and send to the Department of Environmental Health. Maintain a copy for your records as required by the Medical Waste Management Act (MWMA).

1. Type of Medical Waste Generated

- Sharps Blood/Body Fluids Laboratory
 Surgical Specimens Isolation Contaminated Animals

Approximate Total Monthly Poundage: _____

2. Method(s) used to treat/dispose of Medical Waste

- Medical Waste Hauler Sharps Mail back System Isolyzer

Name of Hauler: _____

- Self Haul (Limited Quantity Hauling Exemption Required)

Other Alternative Technology (please list): _____

3. Medical Waste Removal Frequency:

- Weekly Monthly (if < than 20 lbs.) Every 90 days (if kept frozen)

Other (with Department approval): _____

4. Medical Waste Storage Temperature

- Room Temperature Frozen (maximum 90 days allowed)

5. Disinfection procedures used for treatment of medical waste spills (check all that apply)

- Use spill kit Use gloves and other PPE* Use Universal Precautions
 Use absorbent Use disinfectant to clean affected area

Name and Concentration of disinfectant: _____

6. Describe a contingency plan in the event that your medical waste treatment/disposal

- Call another approved Medical Waste Hauler

Name of Alternative Hauler: _____

- Has permission to take to Local Hospital

Name of Local Hospital: _____

Other Contingencies: _____

Plan Prepared by: _____

Title: _____

Signature: _____

Phone No: _____

Date: _____

Fax No: _____

*Personal Protective Equipment