

MEDICAL WASTE MANAGEMENT PLAN

Per Sections 117945 & 117960 of the California Health & Safety Code Small and Large Quantity Generators of Medical Waste Shall Maintain an Informational Document or Medical Waste Management Plan

BUSINESS NAME		TYPE OF FACILITY	
BUSINESS ADDRESS			
BUSINESS PHONE		FAX	
NAME OF AUTHORIZED REPRESENTATIVE			

SECTION I. TYPES OF MEDICAL WASTE GENERATED (Check all that apply):

- Laboratory wastes –specimen or microbiological cultures, stocks of infectious agents, live and attenuated vaccines and culture mediums, vials or vacutainers containing blood or blood products.
- Blood or body fluids – liquid blood elements or other regulated body fluids or articles contaminated with blood or body fluids.
- Sharps – syringes, needles, blades, and broken glass.
- Contaminated animals – animal carcasses, body parts, bedding materials.
- Surgical specimens – human or animal parts or tissues removed surgically or by autopsy. (*Anatomical or Pathology Waste*)
- Chemotherapy waste
- Isolated waste – waste contaminated with excretion, exudate or secretions from humans or animals that are isolated due to highly communicable diseases (Centers for Disease Control, Biosafety Level 4*).
- Outdated pharmaceuticals (not including chemotherapeutic, antineoplastic, or cytotoxic drugs)

* Biosafety Level 4 viruses and diseases are: Congo-Crimean hemorrhagic fever, Tick-borne encephalitis virus complex (Absettarov, Hanzalova, Hypr, Kumlinge, Kyasanur Forest Disease, Omsk Hemorrhagic Fever, and Russian Spring-Summer Encephalitis), Marburg Disease, Ebola, Junin Virus, Lassa Fever Virus, Machump Virus.

SECTION II.

1. This facility is classified as a:

- Small Quantity Generator (less than 200 pounds per month)
- Small Quantity Generator with Onsite Treatment of Medical Waste
- Large Quantity Generator (more than 200 pounds per month)
- Large Quantity Generator with Onsite Treatment of Medical Waste
- Common Storage Facility
- Limited Quantity Hauling Exemption

2. The estimated quantity of medical waste generated (including Sharps waste) by this facility on a monthly basis is _____ pounds.

3. Describe the method of handling, collection, and storage of medical waste within your facility.

4. Describe the use of any disinfection procedures used in your facility for treatment or cleaning of reusable medical waste receptacles and medical waste spills.

MEDICAL WASTE MANAGEMENT PLAN

5. Describe the types and frequency of training provided to employees that handle medical waste.

6. If your facility employs a method of onsite treatment (i.e. autoclave, incineration, steam sterilization) for medical waste, enclose the operating procedures for the equipment with this form.

7. Name of registered medical waste hauler contracted by your facility:

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

SECTION III. LIMITED QUANTITY HAULING EXEMPTION

If you have a Limited Quantity Hauling Exemption, please list members of your staff authorized to transport the medical waste.

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

If you have a Limited Quantity Hauling Exemption, note the name and address of the storage or treatment facility:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

MEDICAL WASTE MANAGEMENT PLAN

SECTION IV. EMERGENCY DISPOSAL

In case of emergency, such as equipment breakdown on the part of the registered hauler or natural disaster, medical waste will be:

- o Store for up to seven days on the premises. Sufficient storage space is available in _____.

- o The following alternate registered biohazardous waste hauler will be utilized:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

In the event of an emergency or natural disaster, contact at Contra Costa County Environmental Health Division at (925) 692-2500 to notify the Division of any changes or to obtain further instruction.

I HERBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

Signature

Print Name

____/____/____
Date