

**County of Santa Clara
 Department of Environmental Health
 Hazardous Materials Compliance Division
 Solid Waste Programs**



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**SMALL QUANTITY MEDICAL WASTE GENERATOR
 PERMIT APPLICATION**

Please Check Those That Apply: First Time Application: New Owner: Business Moved: Change of information:

FACILITY	Business Name:		Care of:		
	Site Address:		City:	State:	Zip:
	Phone:		Fax:		

OWNER	Owner Name:			Cell Phone :	
	Owner Address:		City:	State:	Zip:
	Owner Email:				
	Billing Address:		City:	State:	Zip:

Business Types	Principal type of Business (e.g. Dentistry, Acupuncture)	
	Owned by Individual	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
	Corporation or LLC	<input type="checkbox"/>

Type(s) of Medical Waste(s) Generated	We Generate This Much Waste (Peak monthly amount in a Year)
Blood or Body Fluids (Red Bag Wastes): Fluid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.	We do not generate this waste: <input type="checkbox"/> We generate _____ lbs per peak month
Sharps: Syringes, needles, blades, broken glass.	We do not generate this waste: <input type="checkbox"/> We generate _____ lbs per peak month
Surgical Specimens: Human / animal parts / tissues removed surgically or by autopsy.	We do not generate this waste: <input type="checkbox"/> We generate _____ lbs per peak month
Pharmaceutical Waste: Non-RCRA prescription or over-the-counter human or veterinary drugs.	We do not generate this waste: <input type="checkbox"/> We generate _____ lbs per peak month
Potential total monthly (peak) pounds of medical waste generated in a year.	

I hereby certify that the information provided is complete and accurate. I also certify that labeling, containment, storage, and transport of medical wastes will be in accordance with Medical Waste Management Act standards commencing with Chapter 9, Section 118275.	
Signature:	Date:

Hazardous Waste Generation Information

If you generate hazardous waste, you must obtain a Hazardous Waste Generator Permit from the Department of Environmental Health. The annual Hazardous Waste Generator Permit fee is determined by the total quantity of hazardous waste generated per year. [Exception: Permitting and inspection of hazardous waste generators located within the city limits of Gilroy, Sunnyvale, or Santa Clara is done by the local Fire Department. If you are located in one of those cities, contact the Fire Department regarding their permit requirements. Agency contact information is available at www.unidocs.org/members.html

Complete the following table by checking the appropriate boxes and filling in the quantity generated for each type of Hazardous Waste, or check the box for the one statement below that is applicable to your facility:

- My facility generates hazardous waste, but is located within the city limits of Gilroy, Sunnyvale or Santa Clara.
 To the best of my knowledge, my facility does not generate any hazardous waste

Type of Hazardous Waste ¹	Do We Generate This Waste On- Site?	We Manage This Waste Using These Treatment/Disposal Method(s) ² (Definitions provided below.)	We Generate This Much Waste Per Year ³
Spent X-Ray Fixer	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (Skip to next row)	<input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal. <input type="checkbox"/> Other: (Specify) _____	_____ <input type="checkbox"/> gal. _____ <input type="checkbox"/> lbs.
Spent cold sterilization solution with glutaraldehyde or ortho-phthalaldehyde (OPA) as the active ingredient	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (Skip to next row)	<input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal. <input type="checkbox"/> Other: (Specify) _____	_____ <input type="checkbox"/> gal. _____ <input type="checkbox"/> lbs.
Other spent cold sterilization solution	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (Skip to next row)	<input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal. <input type="checkbox"/> Other: (Specify) _____	_____ <input type="checkbox"/> gal. _____ <input type="checkbox"/> lbs.
Waste formalin	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (Skip to next row)	<input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal. <input type="checkbox"/> Other: (Specify) _____	_____ <input type="checkbox"/> gal. _____ <input type="checkbox"/> lbs.
Lead foil from x-ray film	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (Skip to next row)	<input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal. <input type="checkbox"/> Other: (Specify) _____	_____ <input type="checkbox"/> gal. _____ <input type="checkbox"/> lbs.
Dental amalgam	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (Skip to next row)	<input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal. <input type="checkbox"/> Other: (Specify) _____	_____ <input type="checkbox"/> gal. _____ <input type="checkbox"/> lbs.
Other: (Specify)	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (Skip to next row)	<input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal. <input type="checkbox"/> Other: (Specify) _____	_____ <input type="checkbox"/> gal. _____ <input type="checkbox"/> lbs.

Definitions of Treatment/Disposal Methods

Recycled on-site: The facility takes the waste or any constituent of the waste, treated or not, and reuses it on-site or ships it off-site as an Excluded Recyclable Material.

Treated on-site: The facility employs any method, technique, or process which changes or is designed to change the physical, chemical, or biological character or composition of the hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose including, but not limited to, energy recovery, material recovery, or reduction in volume (e.g., pH adjustment, evaporation, precipitation, filtration, distillation, compacting, etc.). If, after treatment, the material is reused at the facility, the "Recycled on-site" box in the waste inventory table should be checked.

Shipped off-site for recycling/treatment/disposal: The facility sends the waste, or any hazardous treatment residual, to an off-site permitted treatment, storage, or disposal facility (TSDF).

Additional information regarding hazardous waste management can be found at www.dtsc.ca.gov and www.EHinfo.org/hazmat

¹Do not list medical (i.e., red bag) wastes in this section.

²Depending on how a waste or its constituents are recycled and/or treated, more than one treatment/disposal category may apply. All applicable boxes in column 3 of the waste inventory table must be checked.

³Solids must be reported in pounds. Liquids may be reported in either pounds or gallons. Enter zero for wastes recycled on-site

OFFICIAL USE ONLY				
<input type="checkbox"/> NEW FACILITY		<input type="checkbox"/> CHANGE OF OWNERSHIP (previous owner's name):		
PREVIOUS NAME OF FACILITY/BUSINESS:				FA#
COMMENTS:				
PROGRAM RECORD #:		PE #:	PERMIT VALID FROM:	To:
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	DESIGNATED EMPLOYEE:		
BY:	EMP#:	DATE:	SUPERVISOR:	DATE: