



Medical Waste Management Program



**MEDICAL WASTE OFFSITE TRANSFER STATION and TREATMENT FACILITY PERMIT APPLICATION**

Any person who intends to operate an offsite medical waste treatment facility and/or transfer station shall submit an application for a permit to the California Department of Public Health, Medical Waste Management Program (Department). The Department must review the permit application and approve it prior to any operation of a medical waste treatment facility and/or transfer station as per California Health and Safety Code (HSC), Sections 118130 through 118210.

**Facility Owner**

Owner Name:		Telephone Number:	
Street Address:			
City:	State:	Zip Code:	

**Operator**

Operator Name:		Telephone Number:	
Street Address:			
City:	State:	Zip Code:	

**Facility**

Facility Name:		County:	
Facility Contact Person:		Telephone Number:	
Street Address:			
City:	State:	Zip Code:	
Mailing Address:			
City:	State:	Zip Code:	

**Permit Type**

<input type="checkbox"/> Treatment Facility <input type="checkbox"/> Transfer Station
If applying for a treatment facility, indicate the type of treatment that will be used at the facility: <input type="checkbox"/> Steam sterilization <input type="checkbox"/> Other*:
*Must have CDPH approval as an Alternative Medical Waste Treatment Technology

**Type of Application**

<input type="checkbox"/> New Applicant <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Modification/Revision <input type="checkbox"/> Change of Facility Ownership
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## Certification

### Chapter 21, Title 22, CCR, Section 65622

- a. All permit applications shall be signed by both the owner and operator of the medical waste facility as follows:
  1. For a corporation: By a responsible corporate officer authorized to make management decisions which govern the operation of the regulated facility.
  2. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively; or
  3. For a municipality, state, federal or other public agency: By either a principal executive officer or ranking elected official.
- b. Any person signing a document under subsection (a) or (b) of this section shall make the following certification:

“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 information, 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 fine and imprisonment.”

Owner Name:	
Owner Signature:	Date:

Operator Name:	
Owner Signature:	Date:

## **The following information shall be included with the application**

The application requires both general and site-specific information. Regulations that govern permitting of medical waste facilities may be found in Chapter 21, Sections 65600 through 65628 (nonconsecutive) of Title 22, California Code of Regulations (CCR). Statute may be found in the California Health and Safety Code (HSC), Sections 118130 through 118210.

### **Environmental clearances**

Provide all necessary information relating to environmental clearances/permits as required. Attach a copy of the environmental documentation, such as a conditional use permit, a categorical exemption, etc. as prepared by the lead agency [Title 22, CCR, Section 65610].

### **Facility description**

Provide a description of the nature and activities of the business which is requesting this permit [Title 22, CCR, Section 65625(a)(3)].

### **Compliance history**

A detailed description of the facility's compliance history relative to local, state, or federal laws and regulations regarding the management, storage, and/or treatment of medical, hazardous, and/or solid waste (including emissions and/or discharges) during the previous three years. Include information from other facilities under your control for the same time period (HSC, Section 118160).

### **Special occurrences**

A description of any special occurrence or incident involving a medical waste release or discharge, and any reports of noncompliance that have occurred at the facility during the previous permit period. [Title 22, CCR, Section 65623(j) and (l)].

### **Facility information**

If applying for a treatment facility permit, provide the rated capacity per operational cycle, the time per cycle, the number of operating hours per day, and days per week of operation of the treatment unit. Provide a description of the process to be used for treating medical waste and the type of waste being treated. Describe measures that prevent unauthorized waste from being stored or treated at the facility. Include make, model, and alarm level of radiation detection devices [Title 22 CCR, Section 65625(a)(5)]. A description of the process to be used for disposal of treated wastes.

### **Estimated weight and/or volume of medical waste**

Provide the average monthly quantity of medical waste to be stored and/or treated on the property and the total capacity of the area used for medical waste storage. For permit renewals, provide the amount managed during the previous permit period [Title 22, CCR, Section 65625(a)(6)].

### **Facility Site Plan:**

Each area described in the plan shall be labeled appropriately.

- Provide a scale drawing and general description of the facility showing location of all the medical waste storage areas and treatment locations [Title 22, CCR, Section 65625(a)(7)].

- Provide a scale drawing of the facility that provides a detailed description of the ingress, egress, a description of the security measures employed, and other relevant areas that will be used as part of the ongoing facility operation [Title 22, CCR, Section 65625(a)(7)].

### **Map**

Provide a map extending for one mile beyond the property boundary identifying access roads and the type of development surrounding the facility (residential, commercial, recreational, schools, etc.) [Title 22, CCR, Section 65625(a)(8)].

### **Disclosure Statement**

See HSC, Section 118155(d) and <http://www.cdph.ca.gov> [Title 22, CCR, Section 65625(a)(9)].

### **Security Procedures**

See HSC, Section 118310 and Title 22, CCR, Section 65625(a)(10).

### **General Operation Plan**

The plan and procedures shall include, but not be limited to, the facility's general operation plan, a schedule for the inspection and calibration of all monitoring equipment (including radiation detection equipment), a description of disinfection procedures, the location and type of safety and emergency equipment, the location and type of security devices, and operating and structural equipment that are important in preventing or responding to medical waste-related environmental and/or human hazards [Title 22, CCR, Section 65625(a)(11)].

### **Emergency Action Plan**

The plan shall describe in detail the emergency plan that the facility will follow to ensure the proper disposal of medical waste in the event of equipment breakdowns, natural disasters, or other occurrences [Title 22, CCR, Section 65625(a)(12)].

### **Training Plan**

The plan shall include, but not be limited to, information describing the introductory and ongoing training program that will be provided by the owners or operators to prepare employees to operate and maintain the medical waste treatment facility in a safe manner and in compliance with all applicable laws and regulations. The training plan should also describe how the facility training will be designed to meet the actual job tasks as they are performed at the facility [Title 22, CCR, Section 65625(a)(13)].

### **Closure Plan**

The plan shall include, but not be limited to, information describing the procedures that will be taken to properly close the facility at the time that it ceases operation and a written estimate for the costs associated with the facility closure. The estimate shall equal the cost of closure at the point in the facility's operating life when the extent and manner of its operation would make closure the most expensive, as indicated by its closure plan. The owner shall revise the closure cost estimate whenever a change in the closure plan increases the closure cost [Title 22, CCR, Section 65625(a)(14)].

## Monitoring Equipment and Schedule

The schedule shall include, but not be limited to, information related to the schedule for the installation of any and all monitoring equipment and a written statement of operating procedures covering the proper use, maintenance, and testing of such equipment. In addition, the monitoring schedule shall also include the type of monitoring, monitoring intervals, and frequency of monitoring sufficient to yield data which are representative of the monitored activity, including, when appropriate, continuous monitoring [Title 22, CCR, Section 65625(a)(16) and (17)].

## Transportation Registration

Transporters must be registered with the Department in order to carry medical waste. Transporters who intend to carry medical waste should submit the "Medical Waste Transporter Application" form available on the CDPH website. A current hazardous waste transporter ID number from the Department of Toxic Substances Control (DTSC) is also required per HSC, Section 117900(a).

Please include a copy of your company's most current tracking document.

## Fees

The application review fee for a NEW offsite treatment facility or transfer station permit is \$100 per hour. There is no review fee for a permit renewal or modification.

In addition to an application review fee, the annual fee for a transfer station is two thousand dollars (\$2,000).

The permit for an offsite treatment facility requires an additional annual fee equal to either one hundred twenty-seven ten thousandths of a cent (\$0.0127) for each pound of medical waste treated or twelve thousand dollars (\$12,000), whichever is greater.

## Completed Application

New applicants shall submit pages one through four of the application. For a *permit renewal or modification*, the applicant shall submit pages one and two of the application and any changes that have occurred at the facility that are related to the requirements cited on pages three through five.

Applicants for a NEW transfer station permit shall submit a check for \$2,000 and applicants for a NEW treatment facility shall submit a check for \$14,000 (\$12,000 + \$2000). Make the check payable to the **Medical Waste Management Fund**, and send the check, completed application and supporting documents to the address below. Renewals will be invoiced annually.

### Mail the application and fee to:

California Department of Public Health  
Medical Waste Management Program  
MS 7405  
P.O. Box 997377  
Sacramento, CA 95899-7377

### Or courier to:

California Department of Public Health  
Medical Waste Management Program  
MS 7405  
1616 Capitol Ave, 2nd Floor  
Sacramento, CA 95814