



Medical Waste Management Plan
Tulare County ♦ Environmental Health Services
Medical Waste Program
5957 S. Mooney Blvd, Visalia, CA, 93277
Phone (559) 624-7400
Fax (559) 687-6941

Facility Information:

Facility Name:			Date:
Site Address (number, street):	City, State:	Zip Code:	Phone:
Mailing Address (if different from above):	City, State:	Zip Code:	Fax:
Contact Person:	Job Title:	Phone:	

This facility is 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

What is the estimated average monthly quantity of medical waste generated at this facility?

--

Please indicate the type(s) of medical waste generated at this facility. (Check all that apply):

- Laboratory wastes** - specimen or microbiological cultures, stocks of infectious agents, live and attenuated vaccines and culture mediums.
- Blood or body fluids** - liquid blood elements or other regulated body fluids or articles contaminated with blood or body fluids.
- Sharps** - syringes, needles, blades, broken glass.
- Pharmaceuticals** - any drug, including over-the-counter medications, which has no value, (i.e. cannot be dispensed, repacked, sold, redistributed, or returned for credit).
- Surgical specimens** - human or animal parts or tissues removed surgically or by autopsy.
- Contaminated animals** - animal carcasses, body parts, bedding materials.
- Isolated waste** – waste contaminated with excretion, exudates, or secretions from humans or animals that are isolated due to highly communicable disease as defined by the Center for Disease Control, Biosafety Level 4.

Medical Waste Management Plan

Onsite Treatment Information (please fill out if you treat medical waste on-site):

Name of Treatment Equipment Manufacturer:	Device Name:	Treatment Capacity:	
Business Address:	City, State:	Zip Code:	Phone:
Type of Treatment (e.g. Heat, Chemical, Ozone, incinerator):	Device approved for treatment of (e.g. sharps, red bag, path, ozone, chemo, pharms):		

Onsite Treatment Training and Closure Records (please fill out if you treat medical waste on-site):

- Facility has a program in place to train the operators in the use of approved treatment equipment, proper protective equipment to wear (if necessary), and how to clean up any spills that may occur. Training shall comply with applicable federal Occupational Safety and Health Administration regulations, including those found in Section 1910 of Title 29 of the Code of Federal Regulations

Authorized treatment operator(s): _____

Facility has a closure plan for termination of treatment, using one of the approved methods:

- Exposure to an appropriate type and concentration of chemical sanitizer by rinsing or immersion, for a minimum of three minutes.
- Exposure to hot water of at least 82°C (180°F) for a minimum of 15 seconds.

Hauler Information: (Please mark all that apply and fill out Medical Waste Hauler information)

- We have untreated medical waste removed for treatment and disposal by the following medical waste hauling service listed below.
- When the onsite treatment is not available the medical waste hauler listed below will be used for backup treatment and disposal. (Note: If you are treating medical waste onsite a back-up medical waste hauler is required to be listed below in case of equipment failure that may lead to the inability to remove medical waste from site within the required time frame)
- When the onsite treatment method is not appropriate due to the hazardous or radioactive characteristics of the waste the medical waste hauler listed below will be used.
- We are a building manager and our tenants may subscribe or will be required to subscribe to the medical waste hauling service listed below.

Medical Waste Hauler Information:

Business Name:		Phone:	
Business Address:	City, State:	Zip Code:	Fax:

Treatment Facility Receiving Waste:

Business Name:		Phone:	
Business Address:	City, State:	Zip Code:	Fax:

Medical Waste Management Plan

Off-Site Medical Waste Generation: (Please mark all that apply)

- The facility does not employ health care professionals who generate medical waste off-site and haul back to the facility for storage.
- The medical waste generated offsite is being transported to the facility listed below for consolidation and/or treatment pursuant to the Medical Waste Management Act Sections 117946, or 117976.

Business Name:			Phone:
Business Address:	City, State:	Zip Code:	Fax:

Pharmaceutical Waste Management (please complete if facility generates pharmaceutical waste):

- This facility utilizes a registered hazardous waste hauler for removal and treatment of wastes that are not regulated pursuant to the federal Resource Conservation and Recovery Act of 1976 and/or nonradioactive pharmaceutical wastes that are regulated as medical waste.

Name of registered hazardous waste hauler (if different from hauler listed above):

Business Name:			Phone:
Business Address:	City, State:	Zip Code:	Fax:

Controlled Substance Disposal:

- This facility does not administer materials classified by the federal Drug Enforcement Agency (DEA) as “controlled substances”.
- This facility generates wastes and/or disposes of residual materials that contain controlled substances. Disposal must be done in accordance with Title 21 of the Code of Federal Regulations (Chapter II, Part 1317). **Please fill in the box at the bottom of this page.**

Controlled Substance Diversion - Please describe the method of diversion prevention of controlled substances (or attach policy information to this plan):

