



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
2525 GRAND AVENUE LONG BEACH, CALIFORNIA 90815 562/570-4000

MEDICAL WASTE GENERATOR PACKET

The Medical Waste Management Act establishes the methods for handling, tracking, record keeping, hauling and disposal of medical waste by all medical generators and other handlers of medical waste.

The California Health and Safety Code authorizes the City of Long Beach to implement the Medical Waste Management Act and to collect fees to cover the expenses of administering the program. The City Council authorizes the City to implement the Medical Waste Management Act, through the adoption of Resolution No. C - 2546. The Long Beach Department of Health and Human Services, (LBHHS), Bureau of Environmental Health is responsible for administering and enforcing the Medical Waste Management Program.

Enclosed is the Medical Waste Generator Packet in order to determine whether your business is in compliance with the Act, **you must complete and return the Medical Waste Generator Packet to this office within two (2) weeks.**

Check as appropriated and provide the information requested. A copy of this Medical Waste Generator Packet shall be filed with the Environmental Health Division and a written copy maintained in the site facility generator's files.

**These forms must be returned to the Department of Health and Human Services (DHHS),
Attn: Glenn Fong, 2525 Grand Ave, Room 220, Long Beach, CA 90815
or faxed to (562) 570-4038.**

If you have any questions, please contact the Department of Health and Human Services, Bureau of Environmental Health, Glenn Fong, Medical Waste Inspector at (562) 570-4147 for further assistance.

INSTRUCTIONS:

CHECK ONE:

- Large quantity generator (greater than 200 lbs per month).
- Small quantity generator using on-site treatment medical waste treatment facility approved by DHS.
- Small quantity generator transport off-site (less than 20 lbs per week).

NAME OF GENERATOR _____

BUSINESS ADDRESS _____

CITY/STATE/ZIP _____

CONTACT PERSON(S) _____

CHECK APPLICABLE AREAS:

- TYPE OF BUSINESS** () Acupuncture
() Body Piercing
() Clinics
() Dental Facility
() Laboratories
() Medical Facilities
() Nursing Homes
() Permanent Cosmetics
() Pet Shops
() Physicians
() Tattoos
() Veterinarians
() Other Health Related

Facilities _____

Check Yes (Y) or No (N) on the spaces provided.

I. Types of Biohazardous Wastes

- 1. Laboratory Waste: Specimens or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, culture dishes, and devices used to transfer, inoculate, and mix cultures.
- 2. Blood/Body Fluids: Blood-contaminated body secretions/wastes, blood products, or saturated with fluid blood.
- 3. Contaminated Animals: Animals Carcasses, body parts, or bedding materials suspected of being contaminated with a disease communicable to humans.
- 4. Surgical Specimens: Human or animal parts or tissues removed surgically or by autopsy which are suspected by the attending physician/surgeon/dentist of being contaminated with a communicable disease.
- 5. Isolation Waste: Waste contaminated with excretion, exudates, or secretions from humans or animals that are isolated due to highly communicable diseases (CDC, Biosafety level 4).
- 6. Biohazardous Waste (Pathology) which is hazardous only because it is compromised of human surgery specimens or tissues, which have been fixed in formaldehyde or other fixatives.
- 7. Biohazardous Waste (Chemotherapy) which is contaminated through contact with or previously contained trace amounts of chemotherapeutic agents including, but not limited to, gloves, disposable gowns, towels, empty intravenous solutions bags and tubing.

Types of Biohazardous Wastes - continue

- ___ 8. Biohazardous Waste (Pharmaceutical) which is hazardous under California Law.
This does not include any pharmaceutical regulated by the Federal Resource Conservation and Recovery Act or the Radiation Control Law.
- ___ 9. Sharps Waste: Syringes, needles, blades, slides, root canal files, acupuncture needles, broken glass, etc.
- ___ 10. Sharps Waste (Chemotherapy) that is contaminated through contact with or previously contained trace amounts of chemotherapeutic agents.
- ___ 11. Estimated Total Monthly Biohazardous Waste (lbs) _____

If you answered “NO” to all questions A-F on this questionnaire, you are NOT a medical waste generator. Please complete the Certification of Non-Generation of Medical Waste on Page 2.

If you answered “YES” to any questions A-F on this questionnaire, you ARE a medical waste generator. Skip page 2 and continue the questionnaire on Page 3.



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CERTIFICATION OF **NON-GENERATOR** OF MEDICAL WASTE

If you answered **NO** to questions I A-G of the Pre-Application Medical Waste Questionnaire Packet, please complete the requested information below and sign and return to:

Long Beach Department of Health and Human Services
Attention: Glenn Fong, R.E.H.S.
2525 Grand Avenue, Room 220
Long Beach, CA 90815

NAME _____

ADDRESS _____

TELEPHONE () _____ FAX () _____

() I declare under penalty of law that I do not generate, store, treat, or handle any of the wastes specified on the Information Packet Questionnaire.

print name

signature

date

PRINT NAME(S) AND SIGNATURE(S) OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S)



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
2525 GRAND AVENUE LONG BEACH, CALIFORNIA 90815 562/570-4000

CERTIFICATION FOR SMALL QUANTITY GENERATORS

Business Name _____ Phone # _____

Business Address _____

The medical waste generated at my facility is disposed by:

[Please check in the appropriate box(s)]

- * Transported off-site by a registered medical waste hauler []
- * Treated Onsite. []
- * Transferred with a LQHE Permit to a permitted medical facility []
- * Stored at a Medical Waste Common Storage Area []

Medical Waste Transporter Business Name _____

Medical Waste Transporter Address _____

Medical Waste Transporter Phone# () _____ Registration # _____

OR

Medical Waste Common Storage Area

Business Name _____

Business Address _____

OR

Medical Facility or Treatment Facility Name _____

Medical Waste Facility or Treatment Facility Address _____

Medical Waste Facility or Treatment Facility Phone # () _____

OR

Other approved alternative methods by DHS _____

() I declare under penalty of law that I am a Small Quantity medical waste Generator and I will not be treating regulated medical waste at my facility,

_____ print name

_____ signature

_____ date

PRINT NAME(S) AND SIGNATURE(S) OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S)

LIMITED QUANTITY HAULING EXEMPTION (LQHE)

The Limited Quantity Hauling Exemption (LQHE) provides an exemption for Health Care Professionals to transport small amounts of medical waste (20 lbs per week) without having to meet registered haulers requirements. There are several categories of LQHE as follows:

MEDICAL WASTE LIMITED QUANTITY HAULING REQUIREMENTS

1. Health Care Professional (**HCP**) that:
 - a. Generates less than 20 pounds of medical waste per week.
 - b. Transports less than 20 pounds **at any one time per week**.
 - c. Small quantity generator (SQG) and/or the parent organization (PO) both have on file an Information Document; and medical waste is transported by the generator or a member of the generator's staff; and transports less than 20 pounds at any one time to a permitted facility for consolidation or treatment.
2. A Parent Organization (**PO**) that:
 - a. Is a small quantity generator that **treats its own medical waste on-site**.
 - b. Has a current and updated Medical Waste Management Plan.
 - c. Is registered with the Health Department.
 - d. Transports less than 20 pounds at any one time to the parent organization for treatment or consolidation.
3. A Health Care Professional (**HCP**) or Parent Organization that:
 - a. Is a small quantity generator that **DOES NOT treat medical waste on-site**.
 - b. Has a current Information Document.
 - c. Transports less than 20 pounds at any one time to the parent organization for consolidation.
4. A Parent Organization (**PO**) that:
 - a. Is a large quantity generator treating on-site.
 - b. Has a current and updated Medical Waste Management Plan.
 - c. Is registered with the Health Department.
 - d. Transport less than 20 pounds at any one time.
 - e. Medical waste **generated off-site** by the medical waste professional is transported to the permitted and/or registered parent organization for consolidation or treatment.
5. **INFORMATION DOCUMENT:**

A written document stating how any medical wastes is generated through any process from the generator. (i.e. contained, stored, treated or disposed.) at the facility.
6. **TRACKING DOCUMENT:**

All generators must maintain a medical waste-tracking document at the facility for two years. The document is found on page 8.

APPLICATION FOR LIMITED QUANTITY HAULING EXEMPTION

APPLICANT'S NAME (THE BUSINESS FINANCIALLY RESPONSIBLE):

BUSINESS NAME: _____ PHONE #. () _____

FAX #. () _____

BUSINESS ADDRESS _____
NUMBER/ STREET NAME CITY/STATE/ZIP CODE

CONTACT PERSON NAME: _____ PHONE NO.() _____

Transporter (generator or generator's staff member) Requirements:

Include the Names, Driver's Licenses and Car License Plates to be attached on the Medical Waste Tracking Document provided by the Health Department.

MEDICAL WASTE DESTINATION (check the appropriate box)

- Off-site Permitted Treatment Facility
- Permitted Transfer Station Facility
- A Parent Organization for consolidation
- A Parent Organization for treatment

MEDICAL WASTE DESTINATION (IF DIFFERENT FROM ABOVE APPLICANT INFORMATION)

NAME: _____

ADDRESS: _____
Number/Street Address City/State/ Zip

CONTACT PERSON'S NAME _____ PHONE # () _____

MEDICAL WASTE FINAL DESTINATION FOR TREATMENT OR DISPOSAL (IF DIFFERENT FROM ABOVE APPLICANT OR DESTINATION INFORMATION)

NAME: _____

ADDRESS: _____
Number/Street Address City/State/Zip

CONTACT PERSON'S NAME _____ PHONE # () _____

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true.

SIGNATURE: _____ DATE _____

**MEDICAL WASTE TRACKING DOCUMENT
PARENT ORGANIZATION OR MEDICAL WASTE GENERATOR**

NAME: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

FACILITY ADDRESS _____

AUTHORIZED REPRESENTATIVE NAME AND TITLE: _____

MEDICAL WASTE GENERATION POINT

Home Health Care

Animal Shelter

Clinic

Mobile Clinic

PERSON TRANSPORTING THE MEDICAL WASTE

Name(s), Driver(s) and Vehicle License Number _____

(A LIST OF NAMES, DRIVERS, AND VEHICLE LICENSES MAY BE ATTACHED)

TYPE OF MEDICAL WASTE	NUMBER OF CONTAINERS	TRANSPORTATION DATES MONTH/DAY/YEAR
SHARPS	<input type="checkbox"/> _____	_____
BIOHAZARDOUS WASTE	<input type="checkbox"/> _____	_____
BIOLOGICALS: Serums, Vaccines, antigen antitoxins	<input type="checkbox"/> _____	_____

MEDICAL WASTE POINT OF CONSOLIDATION / MEDICAL WASTE FINAL DESTINATION

Off-Site Permitted Treatment Facility _____

Transfer Station _____

Parent Organization _____

Other Health Care Organization _____

MEDICAL WASTE POINT OF CONSOLIDATION (IF DIFFERENT FROM ABOVE)

NAME: _____ ACCOUNT NUMBER: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

AUTHORIZED REPRESENTATIVE SIGNATURE _____

MEDICAL WASTE FINAL DESTINATION (IF DIFFERENT FROM ABOVE)

NAME: _____ PERMIT NUMBER: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

ADDRESS: _____

MEDICAL WASTE COMMON STORAGE AREA PERMIT APPLICATION

Common Storage Facility – designated medical waste accumulation areas, which are used by small quantity medical waste generators, otherwise operating independently, for the storage of untreated medical waste for collection by registered hazardous waste haulers.

A Permit for a Common Storage Facility can be obtained by either:

1. A Health Care Provider
2. The Property Owner
3. The Property Management Firm responsible for providing tenant services
4. A Registered Hazardous Waste Hauler

- A. The Medical Waste Permit for Common Storage Facilities will be **valid for one year and the responsible party must obtain the permit from the Health Department**
- B. The Common Storage Facility's responsible party **needs to develop a written Medical Waste Management Plan and send it to the Health Department (see sample MWMP on pages 12-14).**

Name of Applicant: _____

Building Name: _____

Business Address of Storage Facility: _____

Mailing Address of Applicant: _____

Telephone Number: _____ Emergency Number if Different _____

Name of Onsite Responsible Party: _____

PRIMARY ACTIVITIES OF FACILITY

How many Generators are using the Storage Facility ? _____

Total Capacity of Storage Area in Square Feet: _____

Type of Security Provided for Storage Area: _____

Type and Description of Wastes Being Stored: _____

Frequency of Medical Waste Removal: _____

Name and Registration Number of Medical Waste Transporter: _____

Telephone Number of Transporter: _____

Name and Address of Treatment Facility Receiving the Waste: _____

Provide a written copy of the Medical Waste Management Plan for the Common Storage Facility. This plan shall include a annual updated current list of generators at the facility.

SIGNATURE OF APPLICANT(S)

DATE

MEDICAL WASTE-LARGE QUANTITY GENERATOR REQUIREMENTS:

Business Name _____

Business Address: _____

Telephone: () _____ **Fax:** () _____

PRINT NAME OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S)

TITLE

PHONE NO.

- A. A Large Quantity Generator (LQG) is a facility that generates 200 pounds or more of medical waste in any one-month of a 12-month period. All LQGs are required by the Medical Waste Management Act to register with the Department of Health and Human Services (DHHS).
 - * If more than one Large Quantity Generator are operating businesses in the same building, or that are using the same common storage area they may register as one generator.
 - * Large Quantity Generators operating in different buildings on the same or adjacent property, may register as one generator.
- B. Large Quantity Generators are required to maintain medical waste tracking documents onsite for three (3) years.
- C. LQG's are required to maintain a current Medical Waste Management Plan (MWMP), pages 12-14. Any changes in the operations of the facility for the handling, storage or disposal of medical waste will require the Medical Waste Management Plan to be updated and submitted to the Long Beach Health and Human Services (DHHS).

REGISTRATION APPLICATION FOR LARGE QUANTITY GENERATORS

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and the operation of this business.

SIGNATURE(S) OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S)

DATE

ON-SITE TREATMENT FACILITY PERMIT APPLICATION

On-Site Treatment Facility:

On-Site Treatment Facility is a Generator that treats medical waste on-site. Permits for On-Site Treatment Facilities are **valid for five years. (H &S 118170)**. Any additional information required by the Health Department for the administration or enforcement of the Health and Safety Code (HSC) or the regulations adopted pursuant of the HSC shall be adopted pursuant to this part.

MEDICAL WASTE PERMIT APPLICATION INSTRUCTIONS

1. Applicant:

1. Name _____
2. Business name and phone _____
3. Business address _____

2. Treatment:

1. The type of treatment provided _____
2. The treatment capacity of the facility (in pounds) _____
3. Characterization of the waste treated _____
4. An estimation of the average monthly quantity of the medical waste treated at the facility (in pounds). _____ -

3. A Medical Waste Management Plan to include a detailed written description of the facility and site operations of the waste treated at the facility (See attached Sample Medical Waste Management Plan at the end of this pamphlet).

MEDICAL WASTE ON-SITE TREATMENT FACILITY APPLICATION

GENERATOR'S NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE () _____ FAX () _____

APPLICANT(AUTHORIZED REPRESENTATIVE LEGALLY/FINANCIALLY RESPONSIBLE PARTY):

NAME: _____ TITLE: _____

PRINT

SIGNATURE OF LEGALLY/FINANCIALLY RESPONSIBLE PERSONS(S)

DATE

MEDICAL WASTE MANAGEMENT PLAN
(SAMPLE PLAN)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

PERSON(S) RESPONSIBLE FOR MWMP IMPLEMENTATION: _____

TITLE: _____ TELEPHONE () _____

A. TYPES OF MEDICAL WASTE GENERATED

The types of medical wastes (MW) generated are divided into:

1. LABORATORY WASTE:

Please identify what medical waste (MW) in this category is generated at each laboratory. Please keep in mind the examples we give are not all inclusive. You must list all the medical waste generated even if it is not included in our example.

- a. Specimens
- b. Microbiological cultures
- c. Stock of infectious agents
- d. Live attenuated vaccines
- e. Culture media
- f. Other:

2. BLOOD OR BODY FLUIDS

The examples listed in the sample Medical Waste management Plan (MWMP) are not all inclusive. Please list all MW in this category. Please state the point of generation within the facility (i.e., patient rooms, surgery, etc.).

- a. Liquid blood
- b. Liquid blood elements
- c. Other regulated body fluids
- d. Articles contaminated with blood
- e. Article contaminated with other regulated body fluids

3. SHARPS

The examples listed in the sample MWMP are not all inclusive. Please state each of the points of generation of this category of MW. If there is no generation of a type of MW, please state that fact (i.e., no generation of root canal files).

- a. Hypodermic needles
- b. Hypodermic needles with syringes
- c. Syringes contaminated with biohazardous waste
- d. Acupuncture needles
- e. Root canal files
- f. Broken glass items such as: Pasteur pipettes, blood vials contaminated with biohazardous waste
- g. Any device with acute rigid corners, edges or protuberances capable of cutting or piercing and that is contaminated with infectious waste

4. CONTAMINATED ANIMALS

The examples listed in the sample MWMP are not all inclusive. Please state each of the points of generation of this category of MW. If there is no generation of a type of MW, please state that fact.

- a. Animal carcasses
- b. Body parts
- c. Bedding materials

5. SURGICAL SPECIMENS

The examples listed in the sample MWMP are not all inclusive. Please state each of the points of generation of this category of MW. If there is no generation of a type of MW, please state that fact.

- a. Parts removed surgically
- b. Tissues removed surgically
- c. Parts removed for autopsy
- d. Tissues removed for autopsy

6. ISOLATION WASTE

Please refer to our sample for guidance on this subject.

7. CHEMOTHERAPY WASTES

- a. Biohazardous waste previously contaminated with chemotherapeutic agents
- b. Sharps contaminated with chemotherapeutic agents

8. PATHOLOGY WASTES

- a. Biohazardous wastes from human specimens or tissues fixed in formaldehyde or other fixatives.
- b. Recognizable fixed human anatomical parts

9. PHARMACEUTICAL WASTES

- a. Sources
 1. Hazardous Pharmaceutical wastes
 2. Biohazardous Pharmaceutical wastes
- b. Types
 1. RCRA wastes
 2. Non-RCRA wastes

B. This facility is a large quantity generator of medical waste. **Estimated (in pounds) the maximum amount of all MW generated in any single month.**

C. **Describe the method of MW segregation, containment or packaging, labeling, and collection procedures used.** This is a *detailed description* (step by step protocol) for each point of MW generation within the facility. The methodology to use varies according to how the MW is generated and where. Thus, please do not make a general statement regarding the entire facility.

D. **Storage**
This is a *detailed description* (step by step protocol) for each point of MW generation within the facility. The methodology to use varies according to how the MW is generated and where. Thus, please do not make a general statement regarding the entire facility.

E. **Disinfection Procedures**
This is a *detailed description* (step by step protocol) for each point of MW generation within the facility. The methodology to use varies according to how the MW is generated and where. Thus, please do not make a general statement regarding the entire facility.

F. **MW Treatment (Mixed Hazardous or Radioactive Waste Handling)**
This is a *detailed description* regarding the treatment of MW from each generation point and the facility contingency plan in case of treatment failure for any reason (when treatment is applicable). Include the methodology used to handle mixed hazardous and radioactive wastes. Waste handling methodologies vary according to the types of wastes and where the wastes are generated; thus please do not make a general statement regarding the entire facility.

MEDICAL WASTE MANAGEMENT PLAN - continue

G. Hazardous Waste Hauler

As indicated in the sample MWMP. If the MW generated throughout the entire facility is being picked up by a registered hazardous waste hauler, please make that statement.

H. Treatment Facility Information

As indicated in the sample MWMP.

I. Backup Hazardous Waste Hauler

As indicated in the sample MWMP.

J. Limited Quantity Hauling Exemption

Please indicate how this statement applies to the facility.

K. Affidavit

As indicated in the sample MWMP.

If this information is not enough to assist you in the development of your MWMP and you need additional help or would like to discuss the matter any further, please do not hesitate to contact Glenn Fong, Medical Waste Inspector at (562) 570-4147