



MEDICAL WASTE TEMPORARY EVENTS REGISTRATION





Medical Waste Temporary Events Registration Guidance

California Assembly Bill 333, effective 1/1/2015, authorizes permitted large quantity generators (HSC §117890), and permitted small quantity generators (HSC §117895; SDCC §68.905) of medical waste to register their medical waste temporary events, including health fairs, vaccination clinics, and veteran stand downs without further registration or permitting required to the local enforcement agency.

Registration with the Department of Environmental Health, Hazardous Materials Division (Local Enforcement Agency), requires at least 72 hours notice before the San Diego County event, unless the sponsor of the temporary event previously notified the Hazardous Materials Division of the event.

If you are a permitted large or small quantity medical waste generator in San Diego County, you will register medical waste temporary events by completing the forms online through the Accela Citizen Access portal. Instructions are on the following pages.

If you have any questions, please contact:

hmdutyeh@sdcounty.ca.gov

(858) 505-6880 Duty Specialist

(858) 505-6786 Fax

PO Box 129261, San Diego, CA 92112-9261






Step 1 - Accela Citizen Access Portal

The County of San Diego, Accela Citizen Access portal is accessed online at:

<https://publicservices.sdcounty.ca.gov/citizenaccess/>

Online 'Help' specific to this application can be accessed by using the  icon.

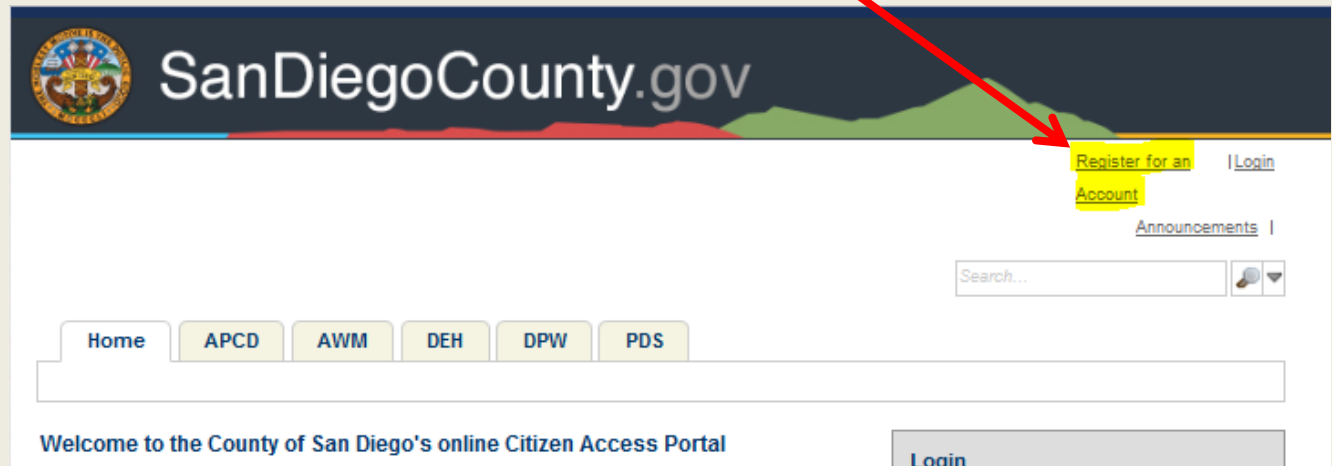




Step 2 – User Registration

To create and submit Medical Waste Temporary Events notification to the Department of Environmental Health, you must be a registered user of the Citizen Access Portal.

Select the 'Register for an Account' link to register as a user



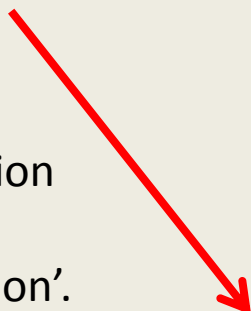


Step 2 – User Registration (Continued)

When registering as a user, you must complete all fields with the 'red' * asterisk.

Enter the 'Captcha' text to verify your registration.

Once your registration is confirmed, select 'Continue Registration'.



Enter the words below



Continue Registration »

Account Registration Step 2:
Enter Account Information

* indicates a required field.

Login Information

* User Name:

* E-mail Address:

* Password:

* Type Password Again:

* Select a Security Question:

* Answer:

Contact Information

* First: Middle: * Last:

Name of Business:

* Address:

* City:

* State: * Zip:

* Primary Phone:





Step 3 – Create an Application

Under DEH,
Click on
'Create an Application'

Welcome.

You are now logged in.

What would you like to do today?

To get started, select one of the services listed below:

General Information

[Lookup Property Information](#)

APCD

[Apply for an Air Quality Permit](#)

[Search APCD Records](#)

[Apply for an Air Quality Grant](#)

DEH

[Create an Application](#)

[Search Applications](#)

AWM

[Search Applications](#)

DPW

[Apply for Record: \(Recycling Permits,](#)

[Stormwater Complaints\)](#)

[Search Records](#)

PDS

[Apply for a Record](#)

[Search Records](#)





Step 4 – Select Record Type

Select HMD from the dropdown.

Select Temporary Medical Waste Event from the radio button.

[Home](#)
[APCD](#)
[AWM](#)
[DEH](#)
[DPW](#)
[PDS](#)

[Create an Application](#) | [Search Applications](#)

Select an Record Type

Please select the Record Type application you wish to submit.

First, select the relevant division within the Department of Environmental Health from the category dropdown below, noting that:

CHD - Community Health Division
FHD - Food and Housing Division
HMD - Hazardous Materials Division
LWQD - Land & Water Quality Division: [Click here for information on how to apply.](#)

Next, click the radio button beside the desired Record Type and click 'Continue Application'.

For assistance or to apply for an Record Type not listed below please contact us.

Hazardous Materials Questionnaire
 Temporary Medical Waste Event

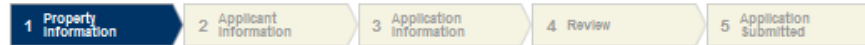
[Continue Application »](#)





Step 5 – Enter the Location of the Event

Temporary Medical Waste Event



Step 1 : Property Information > APO Details

Please note the following:

Complete this application to report a temporary Medical Waste event. The application must include the Address and/or Parcel where the event is taking place.

To verify the property address and/or parcel, please enter the address where the event will be held in the **Address** section below and click the "Search" button. If the address is found, click on the corresponding address link, and then click the "Continue Application" button.

If no address is found that matches the event address, please enter the Assessor Parcel Number (APN) in the **Parcel** section below and click the "Search" button. If the parcel is found, click on the corresponding parcel link, and then click the "Continue Application" button.

If you are unable to verify the Address or Parcel, please contact the HMD Duty Desk at (858) 505-6880 for assistance.

* indicates a required field.

Address

Work Location

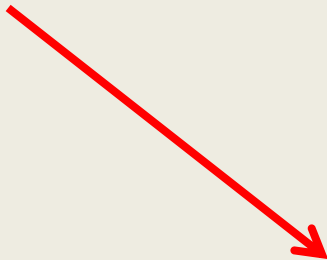
Use map to select work location:

Street No.: * Street Name: Street Type:

Unit Type: Unit No.:

City: State: * Zip:

Enter the Address of the Event here:





Step 6 – Enter Applicant Information

Enter the Applicant Information.

You must complete all fields that have a 'red' * asterisk.

Click 'Continue Application' when finished.



DEH Applicant

Fill in all required fields and any additional information.

At _____ with _____

* Full Name:

Organization Name:

* Street Address:

Address Line 2:

Address Line 3:

* City: * State: * Zip:

Country:

E-mail:

Home Phone: Mobile Phone:

Business Phone: Fax:



Step 7 – Enter Medical Waste Temporary Event Details

Enter your Business Name, Event Information and Event Details.

You must complete all fields that have a 'red' * asterisk.

Under ASI Table - Event Details, click 'Add a Row' to add your event.

Click 'Continue Application' when finished.



Detail Information

* Business Name: ?

ASI

EVENT INFORMATION

* Enter the UFPF Facility Record ID: ?

* Enter the date on which this series of events will start: ?

* Enter the date on which this series of events will end: ?

ASI Table

EVENT DETAILS

Enter the specific details of each temporary Medical Waste event you will be holding. If you are reporting a series of temporary Medical Waste events for the calendar year, please enter the specific details for each event being held through the year. Select 'Add a Row' to enter event details for the event you will be holding. Select 'Edit Selected' to edit an existing event entry, you can select an event by using the checkbox to the left of the entry/row. Select 'Delete Selected' to delete/remove an existing event entry, you can select an event by using the checkbox to the left of the entry/row.

Showing 0-0 of 0

Event Name	Start Date	End Date	Location	Type of Event
No records found.				



Step 8 – Review and Submit the Application

Review the application to ensure the information is correct and accurate.

Select the “**Edit**” button in each section to update the information.

Once the application is submitted it cannot be edited.





Application has been submitted

Please print and retain a copy of your Application Number (Record Number) and this screen for reference, and if requested by a Department of Environmental Health Inspector.

Temporary Medical Waste Event



Step 5 : Application Submitted



Your application has been successfully submitted. Please print your record and retain a copy for your records.

Thank you for using our online services.

Your Record Number is | DEH2015-HMWTE-000000

You will need this number to check the status of your application. Please print a copy of your record.

Choose "View Record Details" to check status or to make updates.

[View Application Details »](#) (You must post the record in the work area.)

