



County of San Diego

Department of Environmental Health and Quality
Hazardous Materials Division

medicalwaste@sdcounty.ca.gov | (858) 505-6880 | PO Box 129261, San Diego, CA 92112-9261



Small Quantity Medical Waste Registration (SQMWR) Application

This application is for SQMW Generators who meet ALL the following criteria:

- Generate less than 200 lbs in any month of a 12-month period
- Does not generate any hazardous waste (e.g. staining waste, carbolime waste, RCRA pharmaceutical waste)
- Does not treat medical waste on site
- Not subject to any other CUPA program

Facility Information

Business Name:

Business Type:

Other Business Type:

Site Address:

Contact Information

Applicant Name (only for new applicants):

Business Owner Name:

Address:

Address:

Email Address:

Email Address:

Business Phone:

Mobile Phone:

Business Phone:

Mobile Phone:

Billing Contact Name:

Company Used for MW Disposal CA Registration # (if applicable)

Address:

Address:

Email Address:

Email Address:

Business Phone:

Mobile Phone:

Business Phone:

Mobile Phone:

Types of Medical Wastes (MW) Generated

Select all types of MW generated and indicate the types, estimated average monthly quantity, and disposal frequency of medical waste generated

Full definitions are in Chapter 2 of the [Medical Waste Management Act](#) HSC §117625-117780

Sharps waste - a device that has acute rigid corners, edges, or protuberances capable of cutting or piercing (e.g., needles, syringes, blades, scalpels, root canal files, Pasteur pipettes, or broken glass) **Estimated Monthly Amount** _____ **lbs**

Non RCRA Pharmaceutical waste - a prescription or over-the-counter human or veterinary drug that is not RCRA hazardous waste nor radiological waste. **Estimated Monthly Amount** _____ **lbs**

Trace Chemotherapeutic waste - waste that is contaminated through contact or contained, chemotherapeutic agents (e.g., gloves, disposable gowns, towels, and IV bags and attached tubing that are empty) **Estimated Monthly Amount** _____ **lbs**

Pathology waste - human body parts or animal tissues suspected to be infectious to humans or have been fixed in formaldehyde or other fixative. **Estimated Monthly Amount** _____ **lbs**

Trauma Scene waste - waste that has been removed, is to be removed, or is in the process of being removed, from a trauma scene by a trauma scene waste management practitioner. **Estimated Monthly Amount** _____ **lbs**

Biohazardous/red bag waste - regulated medical waste, clinical waste, or biomedical waste from the medical treatment of a human or from an animal that is suspected to be infected with a pathogen that is infectious to humans. **Estimated Monthly Amount** _____ **lbs**
 Biohazardous waste also includes:

- **Highly Communicable waste** - contaminated with excretion, exudates or secretions from humans or animals who are isolated due to highly communicable diseases.
- **Laboratory waste** - infectious specimens or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, biologicals, and culture media.
- **Fluid Blood or Blood Products** - recognizable fluid human blood or blood products, containers, equipment containing human blood or blood from animals.

Liquid/Semi-liquid biohazardous waste - treated onsite by chemical disinfection and discharged to sewer. **Estimated Monthly Amount** _____ **lbs**

Per HSC §118215(c), for liquid or semi-liquid biohazardous laboratory waste (§117690(b)(1)(B)), the treatment method must be recognized by the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), or the American Biological Safety Association (ABSA).

If the chemical disinfection of the medical waste causes the waste to become a hazardous waste, the waste shall be managed in accordance with the requirements of HSC Chapter 6.5 (commencing with §25100) of Division 20

Estimate of TOTAL monthly medical waste generated: _____ lbs

WASTE STORAGE TIME LIMITS

Amount of medical waste stored at room temperature unless otherwise specified	BIOHAZARDOUS WASTE	SHARPS WASTE READY FOR DISPOSAL	NON-RCRA PHARMACEUTICAL WASTE READY FOR DISPOSAL	PATHOLOGY WASTE	TRACE CHEMOTHERAPY WASTE
<20 lbs/month	30 days	30 days	-	30 days	Manage as sharps or biohazardous waste according to the type of container used for storage and the type of waste
≥20 lbs/month	7 days	30 days	-	7 days	
Stored below 0°C (32° F)	90 days	90 days	-	90 days	
Any amount of non-RCRA pharmaceutical waste	-	-	90 days when ready for disposal, or at least once per year	-	-

I have reviewed the above waste storage time limits and am in compliance with these requirements.

YES

Photo Waste/Silver Only Information

If you are recycling your photo waste, you are still eligible for the SQMWR Program.

Do you recycle photo waste/silver waste?

YES

NO

Medical Waste Disposal Information

What is your medical waste disposal method?

Alternative Treatment (e.g. isolyser)

Mail-Back System

Medical Waste Transporter

Other: _____

Method of Disinfection and Decontamination

How does your facility disinfect contaminated areas (select all applicable options)?

Exposure to **hot water** 180°F for ≥ 15 seconds

Exposure to **alkaline glutaraldehyde** solution for ≥ 20 minutes (2000 ppm available glutaraldehyde)

Rinse/Immersion in **Quaternary Ammonium** solution for ≥ 3 minutes (400 ppm available active agent)

Rinse/Immersion in **Hypochlorite** solution (bleach) for ≥ 3 minutes (500 ppm available chlorine)

Rinse/Immersion in **Iodoform** solution for ≥ 3 minutes (100 ppm available iodine)

Acknowledgment & Self-Certification Statement

BE ADVISED:

Failure to submit this plan, pay fees, or provide additional documentation (upon request) may result in an on site inspection with additional fees.

You may also be asked to provide additional documentation to verify compliance, such as:

- Copies of medical waste disposal receipts and/or records (required to be maintained for 3 years).
- Photos of your medical waste storage area(s) with required signage and security.
- Photos of your medical waste container(s) with required labeling (name, address, and phone number).

I have read and understood that, as a small quantity medical waste generator, I am required to comply with the applicable requirements in the Medical Waste Management Act found in the California Health and Safety Code, Sections 117600-118360.

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 my registration and the operation of this business.

YES

Name

Title

Date

Signature

Submit completed form by email to medicalwaste@sdcounty.ca.gov. For questions, call (858) 505-6880