County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
http://www.sdcdeh.org

HOME-GENERATED SHARPS CONSOLIDATION POINT APPLICATION

A. Applicant Information

Applicant:

Mailing Address:

City, State, Zip:

Phone: ( ) FAX: ( )

E-mail:

Applicant Type (choose one or more): ☐ Pharmacy ☐ Hospital ☐ Private Medical Office(s) ☐ Clinic
☐ Government ☐ Community-Based Organization ☐ Other (specify):

B. Consolidation Point Information

Applicants must designate the site(s) for collection of home-generated sharps, the specific location of the unit within the facility (e.g., entrance, lobby, patient waiting area, etc.) and, for public sites, the anticipated days of operation and a public information number. In addition, applicants must designate the type of sharps collection unit used at the site (e.g., "kiosks", wall-mounted units, etc.).

Site Name*:

Address:

City, State, Zip:

Contact Person:

Title:

Contact Phone: ( )

Proposed Location(s):

Type of Collection Unit: ☐ Kiosk ☐ Wall-mounted ☐ Other (specify):

List this consolidation point on the State website? (mark one) ☐ Yes ☐ No

*Please attach additional sheets if more than one collection site is being registered.

Type of Use: ☐ Restricted (patients only)
☐ General Public
☐ Other (specify):

List special conditions (e.g., *"CityX" Residents Only*)

Days of Operation (public sites only):
☐ 5 days/week ☐ 7 days/week
☐ Other (specify):

Public Info#: ( ) -

C. Registered Medical Waste Transporter Information

(http://www.cdph.ca.gov/certlic/medicalwaste/Pages/Transporters.aspx)

Transporter Name: _____ California Transporter Registration Number: _____

D. Conditions

(indicate any request(s) for approval of additional operating condition(s)/variance(s) using additional sheets)

1) Signed approval of this application is your authorization to extend storage up to 30 days at the consolidation point.
2) Acceptable containers include sharps containers or other similar plastic or metal puncture-resistant containers with tight fitting lids.

E. Applicant Signature

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE ____/____/____

F. Mail or FAX completed application to:

County of San Diego, Department of Environmental Health
Hazardous Materials Division, PO Box 129261, San Diego, CA 92112-9261
FAX: (858) 505-6848

Please notify this Department if you stop accepting home-generated sharps at any approved consolidation point.

DEH USE ONLY: ☐ NOT APPROVED ☐ APPROVED UPFP#: _____ RFS#: _____

COMMENT/REASON:

DEH/HMD SIGNATURE/APPROVAL: DATE: ____/____/____