



# County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY  
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 & Quality  
FAX: (858) 505-6848 Hazardous Materials Division, PO Box 129261, San Diego, CA 92112-9261

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

**DEHQ USE ONLY:**  NOT APPROVED  APPROVED UFPF#: \_\_\_\_\_ RFS#: \_\_\_\_\_

COMMENT/REASON: \_\_\_\_\_

DEHQ/HMD SIGNATURE/APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_