



Shasta County Department of Resource Management  
Environmental Health Division  
1855 Placer Street, Suite 201, Redding, CA 96001  
Phone: 530/225-5787 • Fax: 530/225-5413  
www.co.shasta.ca.us

## MEDICAL WASTE MANAGEMENT PLAN

Owner \_\_\_\_\_  
Facility Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

### SECTION I. TYPES OF MEDICAL WASTE GENERATED (Check all that apply):

- Biohazardous waste**, including:
  - Regulated/biomedical/clinical waste** - material from the medical treatment of a human or animal suspected of being infected with a contagious pathogen; material from biomedical research; waste suspected of contamination with a highly communicable disease
  - Laboratory waste** - specimen or microbiological cultures; stocks of infectious agents; live and attenuated vaccines and culture mediums
  - Blood or blood products** - fluid human blood and blood products; containers or equipment containing human blood that is fluid
  - Infectious waste** - material contaminated with excretion, exudates or secretions from humans or animals isolated due to a highly communicable disease
- Sharps** - hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, acupuncture needles, root canal files, broken glass items used in health care such as Pasteur pipettes and blood vials contaminated with biohazardous waste
- Pharmaceutical waste** - any prescription or over-the-counter medication which has no value (excludes material sent to a reverse distributor)
- Pathology waste** - human body parts; human or animal surgery specimen that may be contaminated with infectious agents; surgery specimen or tissues that have been fixed in formaldehyde or another fixative
- Trace chemotherapeutic waste** - waste that is contaminated through contact with chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing that are empty
- Other** -

## SECTION II. TYPE OF FACILITY

1. This facility is classified as a:
  - Small Quantity Generator (*less than 200 pounds per month*)
  - Small Quantity Generator with Onsite Treatment of Medical Waste
  - Large Quantity Generator (*more than 200 pounds per month*)
  - Large Quantity Generator with Onsite Treatment of Medical Waste
  
2. The *estimated quantity of medical waste* generated (including sharps waste) by this facility on a monthly basis is \_\_\_\_\_ pounds.
  
3. Describe the method of handling, *containment, collection, and storage* of **each type** of medical waste within your facility.
  
  
  
  
  
  
  
  
  
  
4. Describe the use of any *disinfection procedures* used in your facility for treatment or cleaning of reusable medical waste receptacles and medical waste spills.
  
  
  
  
  
  
  
  
  
  
5. Describe the *accumulation area(s)* used for the storage of medical waste.
  
  
  
  
  
  
  
  
  
  
6. *Treatment* (Check all that apply):
  - The facility employs a method *on-site treatment* (i.e. autoclave, incineration, steam sterilization) for medical waste. Enclosed are the operating procedures for the equipment.
  - The facility uses a *hazardous waste hauler* to haul medical waste to an offsite treatment facility.

**Hauler Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Offsite Treatment Facility:** \_\_\_\_\_

Describe the training program for use of treatment equipment at the facility:

Describe the closure plan for the termination of treatment at the facility:

**SECTION III. EMERGENCY DISPOSAL**

In the case of an emergency, such as equipment breakdown on the part of the registered hauler or natural disaster, medical waste will be (check one)

Stored for up to seven days on the premises. Sufficient storage space is available in:

**SECTION III. EMERGENCY DISPOSAL, CONT.**

The following *alternate registered medical waste hauler* will be utilized:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

*In the event of an emergency or natural disaster, contact the Shasta County Environmental Health Division at 530/225-5787.*

**SECTION IV. CATEGORIZING PHARMACEUTICALS**

Describe the steps taken to categorize and properly dispose of the pharmaceutical wastes generated at the facility, specifically, how the facility will separate pharmaceuticals classified by the federal Drug Enforcement Agency (DEA) as “controlled substances” from the medical waste stream:

The following *hazardous waste hauler* will be utilized to haul pharmaceutical waste:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.**

**SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_