

Shasta County Department of Resource Management

Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001

Telephone (530)225-5787 Fax (530)225-5413

MEDICAL WASTE OFF-SITE EVENT NOTIFICATION FORM

EVENT INFORMATION

Event: _____ Event Date: _____

Name: _____

Address: _____

Event Type: Vaccine Clinic Blood Drive Stand-Down Event Health Fair
 Other _____

Estimated quantity of waste generation: _____

Location/Destination of Medical Waste Disposal: _____

Contact Person: _____ Phone: _____

Email: _____

PARTICIPATING FACILITY INFORMATION

Facility Name: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____

I, _____, as the owner of this operation, I certify that should a registration and/or permit number be granted, I shall observe the statutes and regulations pertaining to the operation of this business as may be promulgated. I also agree that the representatives of the Shasta County Environmental Health Division may make inspections and examine records as allowed by law. By signing this application I agree to defend, indemnify, and hold the County harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the County's approval of this application.

Signature

Date

Date Received _____ By _____

Approved by _____ Date _____

REGISTRATION AND PERMITS ARE NON-TRANSFERRABLE.