

El Dorado County Environmental Management Department

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Medical Waste Pre-Application Questionnaire

1. Does your business generate medical waste?	☐ No	
If your answer is "No", please complete the "Non-Medical Waste Generator" certification statement on the next page and return it to the address indicated. You do not need to submit any fees or complete the remainder of this questionnaire.		
If your answer is "Yes", please check the type (s) of waste listed below the rest of the questionnaire.	t you or your facilit	y generate. Please complete the
Types of Medical Waste		
Laboratory Wastes - specimen or microbiologic cultures, stocks of infections agents, live and attenuated vaccines, and culture mediums.		
Blood of Body Fluids - liquid blood elements or other bio-hazardous other bio-hazardous body fluids.	s body fluids, or arti	cles contaminated with blood or
Sharps - syringes, needles, blades, broken glass		
Contaminated Animals - animal carcasses, body parts, bedding mate	erials	
Surgical Specimens - human or animal parts or tissues removed surg	gically of by autopsy	<i>i</i> .
Isolation Waste - waste contaminate with excretion, exudate, or secret to the highly communicable diseases listed by the Centers for Diseas		
2. Do you generate 200 pounds or more of medical waste per month?	Yes	☐ No
3. Do you plan to treat medical waste "On-Site", that is at your facility, by steam sterilization, incineration, microwave technology		
or other State approved treatment method?	Yes	☐ No
4. If you generate less than 20 pounds of medical waste per week, do yo This allows you or your staff transport less than 20 pounds of medical wa		a Limited Quantity Hauling Exemption?
	Yes	☐ No
5. Are you storing medical waste generated by other small quantity generated	erators located with	in 400 feet of your facility?
	Yes	☐ No
If your answers to questions 2, 3, 4, and 5 are "No" then complete the "Mo certification on the next page and return it along with the appropriate fe forms in this package.		