

## MEDICAL WASTE MANAGEMENT PLAN

(as required in Sections 117935 & 117960 Medical Waste Management Act)

FACILITY INFORMATION:	
Facility Name:	_____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Type of Business:	_____
Phone Number:	_____ Email Address: _____
Name of Authorized Representative:	_____
Phone Number:	_____ Email Address: _____
Name of Person Responsible for Implementation of the Medical Waste Management Plan (MWMP):	_____
Phone Number:	_____ Email Address: _____

### SECTION 1: TYPES OF MEDICAL WASTE GENERATED AT THIS FACILITY

- Biohazardous waste**, including:
  - Regulated/biohazardous/medical 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, pipette tips, and blood vials contaminated with biohazardous waste.

- Pharmaceutical waste** – a prescription or over-the-counter human or veterinary drug medication.
  - Pathology waste** – human body parts; human or animal surgery specimen or tissues that may be contaminated with infectious agents.
  - 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** (specify) -
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## SECTION 2: TYPE OF FACILITY

1. This facility is classified as a:

- Small Quantity Generator** (*less than 200 pounds per month*) with NO Onsite Treatment of Medical Waste
- Small Quantity Generator** (*less than 200 pounds per month*) WITH Onsite Treatment
- Large Quantity Generator** (*greater than 200 pounds in any month of the year*) – less than 100 licensed Beds with NO Onsite Treatment
- Large Quantity Generator** (*greater than 200 pounds in any month of the year*) – 100-200 licensed beds with NO Onsite Treatment
- Large Quantity Generator** (*greater than 200 pounds in any month of the year*) – Over 200 licensed beds with NO Onsite Treatment
- Large Quantity Generator** (*greater than 200 pounds in any month of the year*) – Less than 100 licensed beds WITH Onsite Treatment
- Large Quantity Generator** (*greater than 200 pounds in any month of the year*) – 100-200 licensed beds WITH Onsite Treatment
- Large Quantity Generator** (*greater than 200 pounds in any month of the year*) – Over 200 licensed beds WITH Onsite Treatment

2. The **estimated quantity of medical waste** generated (including sharps waste and pharmaceutical waste) by this facility on a monthly basis is \_\_\_\_\_ pounds.

3. Describe the method of handling: **segregation, containment** or **packaging, labeling, collection**, and **storage** of **each type** of biohazardous/medical waste generated by your facility (continued on the following page).\*

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**4. Medical Waste Storage**

Is this facility a Common Storage Facility that accumulates onsite, for collection by a registered biohazardous waste hauler, medical waste from onsite Small Quantity Generators (SQG) who would otherwise operate independently?

- Yes
- No

If “Yes,” please complete the following information for each SQG that uses this Common Storage Facility (attach additional pages if needed): \*

	Name of Business/Doctor/Nurse	Address/Office	City
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
12			
13			
14			
15			

5. Describe all **disinfection procedures** used in your facility for treatment or cleaning of reusable medical waste receptacles and medical waste spills. \*

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*\*Please attach additional pages if needed*

6. Describe the **designated accumulation area(s)** used for the storage of medical waste. (Note: A **designated accumulation area** is an area used for the storage of medical waste containers prior to transportation or treatment shall be secured so as to deny access to unauthorized persons. See Section 118310 for more detailed requirements.)\*

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7. **Onsite Medical Waste Treatment** (Check all that apply):

- This facility treats medical waste onsite.
  - Yes
  - No

If yes, what treatment method(s) are utilized?

- Steam sterilization
  - Microwave technology
  - Other approved alternative treatment (Specify)
- This facility uses a **registered biohazardous/medical waste hauler** to haul regulated waste to an offsite treatment facility.

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

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

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

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

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

- Describe the training program for employees that use treatment equipment at this facility.

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- Describe the closure plan for the termination of treatment at this facility.

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(continued from the previous page)

- Decontamination procedures as specified in Section 118295, sub (a) or (b);
- Statement certifying that the information is complete and correct;
- A copy of the Medical Waste Closure Plan is attached;
- Contact Alameda County LEA Inspector to arrange a final walkthrough.

### **SECTION 3: EMERGENCY ACTION PLAN**

**Note:** Large Quantity Generators are required to have an Emergency Action Plan. While not required for Small Quantity Generators (SQG), it is recommended that SQGs complete this section as a good management practice.

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 (7) days on the premises. Sufficient storage space is available in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The following alternate registered biohazardous/medical waste hauler will be utilized:

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

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

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

- This facility utilizes a registered "mail-back" system for our biohazardous/medical waste.

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

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

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

- Describe in detail how this facility manages medical waste spills (e.g. gloves, mask, gown, disinfectant):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Describe in detail how this facility handles, treats, and disposes of liquid/semi-liquid laboratory waste:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Describe employee training provided by employer.  
Bloodborne Pathogen Training Provided?
  - Yes
  - No
  - Other (please describe below)

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**SECTION 4: CATEGORIZING PHARMACEUTICALS**

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

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- The following **registered biohazardous/medical waste hauler** will be utilized to haul pharmaceutical wastes.

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICIAL USE ONLY	
Date received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with changes: _____
Additional requirements: _____	
Inspector signature: _____	Date: _____