



## MEDICAL WASTE PROGRAM TEMPORARY OFFSITE EVENT NOTIFICATION FORM

### TEMPORARY OFFSITE EVENT LOCATION INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  Event Organizer  MW Generator

Event Type:  Vaccination Clinic  Blood Drive  Stand Down Event  Health Fair  
 COVID Testing  Other: \_\_\_\_\_  
 (Check all that apply) Specify if other: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

### PARTICIPATING MEDICAL WASTE (MW) GENERATOR FACILITY INFORMATION (NOTE: If more than one facility, please use a separate form for each MW generator)

FA# _____	PR# _____	(Please check our website if your MW Generator Facility is registered with Alameda County: <a href="https://dehstg.acgov.org/solidwaste-assets/docs/MedicalWasteGeneratorList.pdf">https://dehstg.acgov.org/solidwaste-assets/docs/MedicalWasteGeneratorList.pdf</a> )
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Medical Waste Generator Facility Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### REGISTERED MEDICAL / BIOHAZARDOUS WASTE TRANSPORTER

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

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

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

Provide a short description on how medical wastes generated (e.g. sharps, etc.) will be stored at the event site and transported offsite. \_\_\_\_\_

\_\_\_\_\_

### TEMPORARY OFFSITE EVENT FILING FEE INFORMATION

Submit \$174.00 notification filing fee along with each completed Temporary Offsite Event Notification Form to Alameda County Department of Environmental Health (DEH). **NOTE:** Small and Large Quantity Generators already registered and/or permitted with Alameda County DEH are not required to pay additional temporary offsite event registration and/or permit fees but are required to submit the Temporary Offsite Event Notification Form.

### SIGNATURE

Self-Declaration: I certify that the above information is complete & correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Alameda County  
Department of Environmental Health  
Solid/Medical Waste Management**

1131 Harbor Bay Parkway, Alameda, CA. 94502  
Phone: (510)567-6790 Fax: (510) 337-9234  
<https://deh.acgov.org/index.page>

**Instructions for the Applicant:**

- Complete the Medical Waste Program Temporary Offsite Event Notification Form.  
**NOTE:** A separate completed form is required to be submitted for each event application.
- Mail, email ([dehsolidwaste@acgov.org](mailto:dehsolidwaste@acgov.org)), or submit in person the completed form to:
 

Alameda County Department of Environmental Health  
Solid/Medical Waste Management  
1131 Harbor Bay Parkway  
Alameda, CA 94502
- Submit a payment along with each completed application.  
**NOTE:** Small and Large Quantity Generators already registered and/or permitted with Alameda County DEH are not required to pay additional temporary offsite event registration and/or permit fees but are required to submit the Temporary Offsite Event Notification Form.
- Keep a copy of the completed notification form(s) for your records and make them available for review by regulatory personnel during your facility's or temporary event(s) inspections.
- For assistance in completing your notification form, please contact a Medical Waste Program staff member at (510) 567 – 6790.

**FOR OFFICIAL USE ONLY**

FA# _____ PR# _____	ENVIRONMENTAL HEALTH SPECIALIST: _____
AMOUNT PAID: _____ DATE PAID: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED    DATE: _____