Alameda County
Department of
Environmental Health
1131 Harbor Bay Parkway, Alameda, CA 94502 - (510) 567-6700

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MEDICAL WASTE FACILITY CLOSURE PLAN

Required to be submitted for the termination of treatment at Small Quantity Generators [H&S, Section 117935(j)] and Large Quantity Generators [H&S, Section 117960(j)]
Please submit within 30 days prior to facility closure.

FACILITY/CONTACT INFORMATION

Facility Name: _____

Address: _____

Suite or Unit: _____ City: _____ State: _____ ZIP: _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Secondary Contact: _____ Title: _____

Email: _____ Phone: _____

PROPOSED SCHEDULE OF CLOSURE

Proposed Start Date: _____ Duration of Closure: _____

Proposed Move Out Date: _____ □ N/A

TYPES OF MEDICAL WASTE GENERATED

□ Biohazardous (Red bag) □ Sharps □ Pathology □ Trace Chemotherapeutic Waste
□ Pharmaceutical Waste

Does this closure involve a vivarium or an animal care facility? □ Yes □ No

DECONTAMINATION PROCESS (Refer to Section 118295 (a)(b))

What sanitizing agent will you be utilizing?
□ Hypochlorite solution (500 ppm available chlorine) □ Phenolic solution (500 ppm active agent)
□ Quaternary ammonium solution (400 ppm active agent)
□ Hot water of at least 82°C (180°F) for a minimum of 15 seconds
□ Iodoform solution (100 ppm available iodine)
□ Other (describe): _____

PERSONNEL

Who will be performing the decontamination and closure activities?

□ Facility staff □ Contractor □ Other (list): _____

HEALTH AND SAFETY

Do you have a written Health and Safety plan for this closure? □ Yes (please attach) □ No □ N/A

DISPOSAL

Provide a copy of the last medical waste tracking document to the Local Enforcement Agency (LEA).

_____

_____

_____

□ **I hereby certify that the submitted information is true, accurate, and complete. I understand that before any changes are made to this document, I must notify the Local Enforcement Agency (LEA).**

Signature of Owner/Agent or Representative: _____ Date:_____

OFFICIAL USE ONLY

Date received: _____ □ Approved □ Approved with changes: _____

Additional requirements: _____

Environmental Health Specialist signature: _____ Date: _____