



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



MEDICAL WASTE PRE-APPLICATION QUESTIONNAIRE

Please check the appropriate response for the questions below.

1. Does your business or service generate any of the medical wastes listed below?

If your answer is no, please complete the certification statement on the reverse side and return it to the address indicated. You do not need to complete the remainder of this questionnaire.

REGULATED MEDICAL WASTES

- () Laboratory wastes - specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums
- () Blood or body fluids - liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids
- () Sharps - syringes, needles, blades, broken glass
- () Contaminated animals - animal carcasses, body parts, bedding materials
- () Surgical specimens - human or animal parts or tissues removed surgically or by autopsy
- () Isolation waste - waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by Centers for Disease Control as requiring Biosafety Level 4 precautions. *

2. Do you generate 200 or more pounds per month of the types of medical waste listed above? yes__ no__
3. Do you plan to treat your medical waste onsite, that is at your facility, by autoclaving, incinerating or using microwave technology? yes__ no__
4. If you generate less than 80 pounds of medical waste per month, do you want to apply for a Limited Quantity Hauling Exemption in Kings County**? This exemption allows you or your staff to transport medical waste yourselves, without hiring a registered hazardous waste hauler, to a medical waste treatment facility or transfer station. yes__ no__

If your answers to questions 2, 3 and 4 are no, then complete the certification statement on the reverse and return it to the address shown at the bottom of that page. You do not need to complete the rest of the forms in this package.

*Biosafety Level 4 viruses and diseases are: Congo-Crimean hemorrhagic fever, Tick-borne encephalitis virus complex (Absettarov, Hanzalova, Hypr, Kumlinge, Kyasanur Forest disease, Omsk hemorrhagic fever, and Russian Spring-Summer encephalitis), Marburg disease, Ebola, Junin virus, Lassa fever virus, Machupo virus.

** If your facility already has a LQHE in a county other than Kings County, and the medical waste generated (< 80lbs/month) is transported back to the county where the parent facility is located, a LQHE for Kings County is not required. Direct any questions to the Kings County Environmental Health Services Department at (559) 584-1411.



Edward D. Hill
Director

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CERTIFICATION FOR NON MEDICAL WASTE GENERATORS AND MEDICAL WASTE GENERATORS NOT REQUIRED TO REGISTER

Please indicate the appropriate statement.

- () I declare under penalty of law that to the best of my knowledge and belief I do not generate, store, or treat any of the wastes specified on the Pre-Application Questionnaire as Regulated Medical Wastes.
- () I declare under penalty of law that I will not be treating regulated medical waste at my facility by means of autoclaving, incinerating or microwaving nor will I or my staff be transporting untreated medical waste without the use of a registered hazardous waste hauler.

BUSINESS NAME: _____

BUSINESS ADDRESS:

Street _____

City _____ County _____

State _____ Zip _____

TELEPHONE: () _____

NAME OF RESPONSIBLE PERSON: _____

SIGNATURE: _____

DATE: _____

Please return this certification to the address listed below:

KINGS COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH SERVICES
330 CAMPUS DRIVE
HANFORD, CA 93230

Thank you.

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