County of Orange, Health Care Agency Environmental Health
Medical Waste Management Program
1241 E. Dyer Rd, Suite 120, Santa Ana, CA 92705
(714) 433-6000
OCMedicalWaste@ochca.com
http://ochealthinfo.com/eh/waste/medwaste

Application for Limited-Quantity Hauling Exemption

Pursuant to the California Medical Waste Management Act [Section 118030, Division 104, Part 14 of the California Health and Safety Code], a medical waste generator, or a parent organization that employs or contracts with health care professionals that provide health care services at an off-site location, may apply for a limited-quantity hauling exemption (LQHE) if certain requirements are met (see LQHE supplemental). To apply for a LQHE registration please complete and submit this application. Please follow the instructions on page 2.

(A) Generator Facility / Parent Organization

Business Name:_____

Street Address:_____

City:_____ State: **CA** Zip: _____

Contact Person: _____ Telephone:_____ Email: _____

Maximum monthly quantity of medical waste generated in the last 12 months _____lbs.

(B) Receiving Facility / Point of Consolidation

Business Name: _____ Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip:_____ Telephone: _____

(C) Registered Medical Waste Hauler or Disposal Contractor

Company Name: _____

(D) Employees Authorized to Transport Medical Waste

Total number of authorized employees: _____ **Note:** Provide authorized employees copies of the approved hauling exemption to carry with them when transporting medical waste. If more space is necessary, please submit a separate list.

(E) Certification

By returning this form via email, I certify that the generator facility/parent organization named in part (A) above meets the requirements set forth in Section 118030 of the Medical Waste Management Act and is eligible to apply for an LQHE.

_____ _____
Name and Title of Applicant/Authorized Representative Date

Approval of a limited-quantity hauling exemption is granted for one year provided that all applicable requirements of the California Medical Waste Management Act met, and not more than 20 lbs. of medical waste are transported at one time.
The expiration date for this LQHE registration is _____

_____ _____ _____
Health Officer's Designee **Signature of Health Officer's Designee** **Date**

APPLICATION INSTRUCTIONS

(A) Generator Facility / Parent Organization: Provide the location where the medical waste is generated. If the medical waste is transported from the field by health care professionals (e.g. home health care), list the name and address of the Parent Organization. The Parent Organization is the entity that employs or contracts with health care professionals to provide health care services at other / off-site locations.

Provide the name, telephone number and email of the person in your organization that will be the point of contact between your office and the Orange County Medical Waste Management Program staff.

Provide the maximum monthly poundage of medical waste from the generator facility in the last 12-month period. In order to qualify for a LQHE, a medical waste generator or a health care professional must generate no more than 20 pounds of medical waste per week and transport no more than 20 pounds at one time.

(B) Receiving Facility / Point of Consolidation: Provide the name and address of the location where the medical waste will be transported and stored prior to disposal; e.g. transfer station, parent organization, or other health care facility. List the name and telephone number of the contact person for the receiving facility (if location is other than Parent Organization).

NOTE: Crossing county or LEA jurisdictions. If medical waste is transported across county lines or other LEA jurisdiction(s) you should follow this general rule for obtaining a LQHE:

1) Fixed generating facility should register with agency where waste is generated. Example: Draw Station transports medical waste from Long Beach office/facility to an Orange County location (Parent Organization or other) should register with the Long Beach LEA.
2) Home health care staff who operate from a Parent Organization in OC, but service clients in LA, should register with the County of Orange.

You will find a map locator for Local Enforcement Agencies (LEA) here:
http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/CAmap.gif

(C) Registered Medical Waste Hauler: Provide the name of the registered hauler or medical waste disposal contractor that transports the medical waste from the receiving facility to a permitted off-site treatment or transfer facility. The California Department of Public Health maintains lists of permitted disposal facilities
http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/2013/Treatment%20Facilities%20Transfer%20Stations.pdf
and medical waste transporters.
http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/2013/Haulist.pdf

(D) Employees Authorized to Transport Medical Waste: In the space provided, write the total number of authorized persons that will be transporting medical waste. List the names of all persons who will be transporting medical waste to the receiving facility.

(E) Certification: An authorized representative of your organization must sign the LQHE application. For email submittals, type your name and your email will act as the certification for the LQHE application.
This certifies that your company or organization will comply with the LQHE requirements applicable to a medical waste generator and the requirements of the California Medical Waste Management Act. Refer to LQHE supplemental for a detailed description of these requirements.

When the application is received by the Environmental Health Medical Waste Management Program, staff will review the application to ensure that the proper information is provided, and the facility meets the requirements for the exemption. Once your application is approved, it will be returned to you signed by the Health Officer's designee. When transporting medical waste, be sure that authorized personnel carry a copy of the approved LQHE and a tracking document or log. Maintain the original LQHE at the receiving facility.

Please include any additional authorized employee's copies of the approved hauling exemption to carry with them when transporting medical waste.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____