



## Community and Economic Development Environmental Health Division

Dexter Marr, Deputy Director  
200 West 4th Street, Suite 3100, Madera CA 93637  
(559) 675-7823 FAX (559) 675-7919

<http://www.madera-county.com/index.php/departments-of-the-rma/environmental-health>

### MEDICAL WASTE PRE-APPLICATION QUESTIONNAIRE

1. Does your business or service generate any of the medical wastes listed below?  Yes  No

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, exudates, 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

If your answer 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.

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.

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF RESPONSIBLE PERSON: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please print then sign and return this certification to the address listed below:

MADERA COUNTY  
COMMUNITY & ECONOMIC DEVELOPMENT  
ENVIRONMENTAL HEALTH DIVISION  
200 WEST 4TH STREET, SUITE 3100  
MADERA, CA 93637