



## Medical Waste Management Program MEDICAL WASTE TRANSPORTER ANNUAL VERIFICATION FORM

**Submission Date:**

Company Name			<b>DTSC Transporter Registration Number</b>	
Physical Address			<b>Expiration Date</b>	
City, State	Zip Code	County	Owner Name	
Telephone	Fax		Owner Phone ( )	
Mailing Address			Owner Email	
City, State	Zip Code	County	Facility Operator Name	
Telephone ( )	Fax ( )	Web Address	Operator Phone ( )	
			Operator Email	
			Contact Person	
			Contact Phone ( )	
			Contact Email	

  

Vehicle Information	
Number of Vehicles	Number of Trailers

**Type of Waste Collected and Estimation of Pounds**

Sharps	Biohazardous Red Bag	Pharmaceutical	Pathology	Trace Chemotherapy	Trauma Scene Waste

Provide information on the medical waste transfer station and/or treatment facility used.

Facility Utilized	Facility Contact Information	Off-Site Treatment	Transfer Station
	Permit Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	City, State, Zip Code		
	Telephone ( )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Permit Number		
	Address		
	City, State, Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone ( )		

**REQUIRED DOCUMENTS:**

- ✓ A copy of the service agreement with the transfer station /off-site treatment facility.
- ✓ A sample medical waste tracking document.
- ✓ A copy of the DTSC Hazardous Waste Transporter Registration certificate.

**MAIL TO: California Department of Public Health  
Medical Waste Management Program MS 7405  
P.O. Box 997377  
Sacramento, CA 95899-7377**

\*On or before July 1<sup>st</sup> of each year, a registered hazardous waste hauler that transports medical waste shall provide the Department with the required information per CA Health and Safety Code (HSC), Section 118029(a). Use form CDPH 8668, Annual Verification Form.

\*Quarterly provide the Department with a list of all medical waste generators serviced, including those contracted by another company. [HSC Section 118029 (b)]. See form CDPH 8666.