

Company

# Health and Human Services Agency California Department of Public Health



# Trauma Scene Waste (TSW) Management Practitioner Application

Company Name:						TSW#:
Number of Vehicles used to transport waste:						
Facility Contact Person:				Telephone Number:		
Email:						
				Telephone Number:		
Email:						
Street Address:						
City: County			ty:	State:	Zip Code:	
Mailing Address:						
City:			5	State:	te: Zip Code:	
Web Address:						
Place of business used for storage of trauma scene waste? Yes No						
If yes, how many freezers are on site:						
Medical Waste Hauler and Facility  Provide medical waste transporter information if utilizing a registered hazardous was hauler to transport trauma scene waste to a permitted transfer station (TS) or treat facility (TSOST), otherwise leave blank.  Hauler   Company Name   Phone   Address (City/State/ZIP Cod Number   Number   Number   Phone   Number   Phone   Number   Phone   Phone					or treatment	
Provide information on the permitted medical waste TS and/or TSOST used or list mail-back company receiving waste.						
TS/TS- Permitted Facility Util			Facility Address		Off-Site	Transfer
OSTID	OST ID or Mail-back Informatio		(City/State/ZIP code)		Treatmen	t Station
					Yes	Yes
					Yes	Yes
Certification I certify under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge and belief.						
Authorized Representative:					Title:	
Signature:					Date:	

## **Required Documents**

- A copy of the current year service agreement with hauler(s), transfer station(s),off-site treatment facility(s), or mail-back system invoice.
- \$200 check (made out to Medical Waste Management Fund) for renewal and initial application fee.

## **Mailing Information**

### Mail the documents and fee to:

California Department of Public Health Medical Waste Management Program MS 7405

P.O. Box 997377 Sacramento, CA 95899-7377

#### Or courier to:

California Department of Public Health Medical Waste Management Program MS 7405

1616 Capitol Ave, 2nd Floor Sacramento, CA 95814