

County of Santa Clara

Department of Environmental Health



Hazardous Materials Compliance Division

Solid Waste Programs

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San Jose, CA 95112-2716

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Home-Generated Sharps Consolidation Point Application

Applicant

Applicant Name:	
Applicant Address:	
Applicant Primary Phone Number:	Applicant Secondary Phone Number:
Applicant E-mail Address:	
Transporter Name:	
Frequency of Transporter Pick-up if uniform:	<input type="checkbox"/> Varies ¹
Application Type: <input type="checkbox"/> City Program <input type="checkbox"/> Clinic <input type="checkbox"/> County Program <input type="checkbox"/> Hospital Operated Program <input type="checkbox"/> Household Hazardous Waste Facility <input type="checkbox"/> Transfer Station <input type="checkbox"/> Other:	
Type of Collection Unit: <input type="checkbox"/> Kiosk Floor-mounted <input type="checkbox"/> Kiosk Wall-mounted <input type="checkbox"/> Mail-Back <input type="checkbox"/> Other:	
Sharps System (Use Table B)	
Is this consolidation point on your website: <input type="checkbox"/> Yes <input type="checkbox"/> No Website:	
Accept waste from: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> General Public <input type="checkbox"/> Members <input type="checkbox"/> Patients <input type="checkbox"/> Other:	
Days and hours of Operation:	Emergency number posted at site and provided to operator <input type="checkbox"/>

If pick-up from the consolidation point is to be less frequent than once every seven (7) days, this document will serve as a request that the Department approve less frequent service by the transporter. Department approval of this application is your authorization for extended storage.

For more information, the [Medical Waste Management Act](#) (California Health and Safety Code, Section 117600, et seq.) states the operational requirements for Home-Generated Sharps Consolidation Points in Sections 117904 and 118147.

If you are a registered medical waste generator, the Medical Waste Management Act, Section 118147, provides a mechanism for your facility to accept home-generated sharps.

¹ If “varies”, please identify on facility information sheet(s) the frequency of collection at each location on Table A, attach more pages if needed. Use Table B to list mail-back locations.

Please e-mail this application and any additional information to: swpadmin@cep.sccgov.org

OFFICIAL USE ONLY				
PROGRAM RECORD #:	PE #:	APPROVED	DISAPPROVED	
COMMENTS:				
BY:	EMP#:	DATE:	SUPERVISOR:	DATE: