

Infectious Waste Generator Registration Form

Application Type

Check One: Initial Registration Amendment Renewal - Registration #:

Primary Registration Information

Facility Name

Address

City

State

Zip Code

Contact Person

Phone

Email

Health District in which Facility is Located

Attach a **Premises Information Form** for each premises operated by the registrant where fifty pounds of infectious waste per month are generated and/or treated by the registrant. The applicant should use additional copies of the Premises Information Form as needed.

A non-refundable application fee of **\$140.00** is required for initial and renewal applications, regardless of the number of premises being registered, payable to **Treasurer – State of Ohio** must accompany this application when submitted.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments that based on my inquiry of those persons immediately responsible for obtaining the information contained in the registration application, I believe that the information is true accurate and complete.

Registrant (Print Name)

Signature

Date

Please submit completed registration form containing original signatures to:

For initial registration or renewal:

Ohio EPA, Dept. L-2711
Columbus, Ohio 43260-2711

For amendment:

Ohio EPA – DMWM
Processing and Records Management Unit
50 W. Town St., Ste. 700
Columbus, Ohio 43215

For Office Use Only

Date Received - CO

Reviewer

Date Received - Fiscal

Fee Paid - Date

Check No. - Date

Premises Information Form

Reason for Application

If amending or renewing an existing application please check one of the following for each premises:

<input type="checkbox"/> Renewal	<input type="checkbox"/> Premises is being removed
<input type="checkbox"/> Treatment method is being changed	<input type="checkbox"/> Premises is being added

Premises Information

Premises Name

Address

City	State	Zip Code
Contact Person		Phone
Email		
Health District in which Facility is Located		

Infectious Waste Handling Information

Are infectious wastes accepted from other generators for on-site or off-site treatment?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Are infectious wastes treated on-site?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please indicate method(s) of treatment:	<input type="checkbox"/> Incineration	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Autoclaving		
Are infectious wastes sent off-site for treatment at a commercial IW treatment facility?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please indicate method(s) of treatment:	<input type="checkbox"/> Incineration	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Autoclaving		

For more information or to receive a copy of the infectious waste rules, please call Ohio EPA, Division of Materials and Waste Management, Solid Waste Compliance and Inspection Support Unit @ (614)644-2621.