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COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

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LIMITED QUANTITY HAULING EXEMPTION

Pursuant to Chapter 6.1, Division 20, of the Health and Safety code, the following person(s) are authorized to transport regulated medical waste from the point of generation to a point of storage or treatment under the following conditions:

1. Your office generates less than 20 pounds of medical waste per week and transports less than 20 pounds of medical waste at any one time as specified in Section 118030.
2. Your office maintains a tracking document with the required contents as specified in Section 118040 (b).
3. You or a designated staff member of your facility transport the medical waste to a permitted medical waste treatment facility, a permitted transfer station, or another point of consolidation as defined in Sections 118140 and 118145. Home health care facilities may accept medical waste only from their staff members operating under this exemption.
4. A copy of this exemption form and a tracking document, as described above **MUST** be in the specified employee's possession while transporting the medical waste.
5. Your office notifies the Department of any changes in the information supplied on this form.
6. Your office submits an annual fee of **\$45.00** for the exemption.
7. Your office submits a completed Pre-application Questionnaire and a statement describing your need for this exemption. Include in this statement a description of the relationship between your facility, the person transporting the waste, and the point of waste consolidation.

In order to receive a Limited Quantity Hauling Exemption, complete the following information and return this form for final approval to the above address. A signed copy will be returned to you for your use.

GENERATOR IDENTIFICATION	REGISTERED/PERMITTED STORAGE FACILITY TRANSFER STATION, OR POINT OF CONSOLIDATION (See above)
Name: _____	_____
Address: _____ _____	_____
Phone Number: _____	_____

TREATMENT FACILITY IDENTIFICATION

Name: _____

Address: _____

Employees authorized to transport medical waste:

1. _____ 2. _____
(If additional names are to be added, attach a separate sheet of paper to this form.)

Signature of Generator

Medical Waste Management Program, Environmental Health Officer

Name of Generator (Please Print)

Expiration Date:

***Note: This exemption is valid for one year. This exemption is not valid unless both the Generator of the waste and the Department have signed this form. This exemption is void if any of the conditions specified above are violated or exceeded. Revised 06/21/07**