Infectious Waste Large Generator Registration Form

Application Type

Check One: □ Initial □ Renewal □ Amendment

If renewal or amendment:

Current Registration Number: _____-G-________

Applicant Information

Name: __________________________
Mailing Address: __________________________
City: __________________________ State/Province: __________________________ Zip: __________ County: __________
Contact Person Name: __________________________ Phone Number: __________________________
Email: __________________________

Submission Instructions

<table>
<thead>
<tr>
<th>Initial and Renewal Applications</th>
<th>Amendments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A non-refundable application fee of $140 is required for initial and renewal applications, regardless of the number of premises being registered. Please send check or money order payable to Treasurer — State of Ohio and the completed application to: Ohio EPA Department L-2711 Columbus, Ohio 43260-2711.</td>
<td>For amendments, no application fee is required, please send completed application to: Ohio EPA – DMWM P.O. Box 1049 Columbus, Ohio 43216-1049</td>
</tr>
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Registration Certification

This application must be signed by one of the following individuals:

a) In the case of a corporation, a principal executive officer of at least the level of vice-president or a duly authorized representative who is responsible for the overall operation of a facility where infectious waste is generated.
b) In the case of a partnership, a general partner.
c) In the case of sole proprietorship, the owner.
d) In the case of a municipal, state, federal, or other governmental facility, the principal executive officer, the ranking elected official or other duly authorized employee.
e) In the case of a limited liability company, a manager, member, or other duly authorized representative of the limited liability company, if such representative is responsible for the overall operation of the facility.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments, and 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.

Print Name: __________________________ Signature: __________________________ Date: __________________________
Title: __________________________
### Instructions

Complete an Infectious Waste Generator Facility box for each location operated by the business (generator) where infectious wastes are generated. The business should use additional copies of this page as needed.

You may also complete and submit this registration online at [http://ebiz.epa.ohio.gov](http://ebiz.epa.ohio.gov).

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### Infectious Waste Generator Facility

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| City:             |         | Zip:            | County:           |                       |
| Contact Name:     |         | Phone Number:   |                   |                       |
| Email:            |         |                 |                   |                       |

Local Health Department Name:

**Note:** If you do not know your local health department, you can look it up on line at [www.odh.ohio.gov](http://www.odh.ohio.gov) and then select **Local Health Dept.** Alternately, you may also call the Ohio Department of Health at 614-466-3543.

Please indicate what type of generator facility (pick one):

- [ ] Hospital
- [ ] Doctor’s Office
- [ ] Veterinarian’s Office
- [ ] University / College
- [ ] Research Facility
- [ ] Diagnostic Lab
- [ ] Healthcare Facility
- [ ] Senior Care Facility
- [ ] Other (specify):

Do you have someone pick up your infectious waste for disposal and/or treatment?  

- [ ] Yes
- [ ] No

If no, select your facility’s on-site treatment method(s):

- [ ] Incinerate
- [ ] Autoclave
- [ ] Applied heat encapsulation for sharps
- [ ] Chemical treatment using peracetic acid and grinding
- [ ] Chemical treatment using a sodium hypochlorite solution for cultures
- [ ] Other (describe) __________  

Date Authorized by Ohio EPA: __________

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