



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

Initial and Renewal Applications

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.

Amendments

For **amendments**, no application fee is required, please send completed application to:
Ohio EPA – DMWM
P.O. Box 1049
Columbus, Ohio 43216-1049

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>

Infectious Waste Generator Facility

Please Check One: ☐ Renewal ☐ Adding Facility ☐ Deleting Facility ☐ Change in Information

Name: _____

Address: _____

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 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: _____

Infectious Waste Generator Facility

Please Check One: ☐ Renewal ☐ Adding Facility ☐ Deleting Facility ☐ Change in Information

Name: _____

Address: _____

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 and then select **Local Health Dept.** Alternately, you may also call the Ohio Department of Health at 614-466-3543.

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