GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF PLANNING AND NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL PROTECTION **PHONE:** St. Croix: (340) 773-1082, FAX: (340) 773-9310

St. Thomas: (340) 774-3320; FAX (340) 714-9549

APPLICATION TO GENERATE & STORE MEDICAL WASTE

(Please read instructions carefully)

Check one:	□ New Permit		Renewal Permit	t		
A facility that general of Title 19, Chapter 9 end of the two-year p	56. The initial permit for	ctious medical waste must ob ee is \$220.00, and the permit	tain a permit from DPN is valid for two years. F	R and abide by the requirements Permits expire on June 30 th at the		
Section 1 - Facili	ty Name, Addres	s, and Contact Inform	<u>ation</u>			
a. Facility Name:						
b. Contact Person: Telephone: ()						
c. Facility Address:						
	(Provide th	ne nhysical address where me	dical waste will be gener	rated and/or stored)		
(Provide the physical address where medical waste will be generated and/or stored.) d. Name of Facility Owner: TAX ID						
e. Mailing Address	s of Facility Owner:			15		
f. Business Phone: _()24-hour Emergency Phone: ()						
Hospital		Podiatrist	-/	Abortion Clinic		
Funeral Hom	ie	Osteopath	- 0	Tattoo/Body Piercing		
Dialysis		Home Health		Chemotherapy		
Nursing Hom	ne	State Laboratory/Clin	ic	Oncology Clinic		
Veterinarian		Clinical Laboratory		Other:		
Medical Doc	tor	Surgical Center/Walk	-In Clinic			
Dentist		Blood Bank				
Describe the gen additional sheets	eral layout and op, , if necessary.): _	eration of the facility and	l equipment used fo	r storage. (Attach		
Section II – Property Owner Information:						
a. Name of Prop	erty Owner:			<u>.</u>		
b. Mailing Address of Property Owner:						

Section III - Medical Waste Tracking:

Waste Generation:

Type of Waste Generated						
Sharps	Non Sharps					
Hypodermic needles	Human tissue, surgery specimen	Vaccines				
Syringes	Autopsy specimen	Animal parts, tissue, or fluids				
Needles with tubing	Pharmaceuticals	Contaminated animal bedding				
Broken glass	Chemotherapeutic waste	Other:				
Scissors	Isolation waste					
Razors/ Scalpel Blades	Human blood & blood products					
Pipettes	Cultures and stocks					
Total Amount of Waste, by Weigh	nt, in pounds, Generated in a 30-day					

All infectious medical waste shall be handled within the facility in accordance with the generator's written medical waste management plan to include contingency measures.

Medical waste does not include: a) Paper products, paper towels, materials containing non-fluid blood or other solid waste products that are usually generated by medical facilities and which are not bio-hazardous. b) Household waste, including home-generated medical sharps, radioactive waste and hazardous waste, as defined by 40 CFR Part 261.3. c) Any waste normally generated on a farm or ranch during agricultural, veterinary, or livestock management activities. d) Human secretions or excretions that do not contain fluid blood.

Method of Removal:	
Indicate where medical waste will be taken for treatment or further storage. (Check one):	
☐ By Applicant to off-site facility:	
Name of Facility:	
Address:	
(Provide the physical address of the facility where medical waste will be shipped.)	
☐ By off-site transporter:	
Company Name:	
Address:	
(Provide the physical address of transporter)	
Receiving Facility:	
Address:	
(Provide the physical address of facility to which medical waste will be shipped.)	
The information contained in this application, which serves as a basis for permitting is, to the best of my knowledge, true correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standar grounds for denial, administrative fine or revocation of the infectious medical waste permit.	and ds, is
Signature of Authorized Representative Name of Authorized Representative (Print or type.) Date	

<u>Do Not Write in This Box</u> FOR OFFICIAL USE ONLY					
Date Received	Permit No. issued				
Date Issued	Receipt No.				