

Application for Registration to Accept Home Generated Sharps for Safe Disposal

New York State Safe Sharps Collection Program
90 Church Street 13th Floor
New York, NY 10007

Date: _____

Instructions: Please complete all parts of this form and return by mail to the above address

Provider Type

- Pharmacy licensed under Article 137 of the Education Law¹
- Health care practitioner
- Health care facility licensed under Article 28 of the Public Health Law²
- Community-based organization³
- Housing facility Public Private
- Educational Institution
- Public Works Department
- Municipal Government
- Other

Provider Information (please print or type)

Provider Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____ Fax No.: _____
E-Mail Address: _____
Telephone No. for Public Information: _____

Designated Contact Person Information (please print or type)

Each authorized provider shall designate one (1) contact person to have administrative responsibility for the sharps collection program. Below, supply the requested information for the designated contact person.

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____ Fax No.: _____
E-Mail Address: _____

¹ Pharmacies should refer to the New York State Department of Health Guidelines for Pharmacies Interested in Accepting Hypodermic Needles, Syringes and Other Sharps Used Outside of Health Care Settings for Safe Disposal. It is available on the NYSDOH website at: www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/esap/guidelines/pharmacies/index.htm

² Guidelines for Hospitals & Nursing Homes Sharps Collection and Safe Disposal is available on the NYSDOH website at: www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/sharps/guidelines/hospital_nursinghome.htm

³ Community based organizations should refer to the New York State Department of Health Guidelines for Community Based Organizations Interested in Accepting "Sharps" Used Outside of Health Care Settings for Safe Disposal. It is available on the NYSDOH website at: www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/esap/guidelines/community-based_organizations/index.htm

Safe Sharps Collection – Responsibilities

Applicants must specify the following: 1) the proposed site(s) for sharps collection; 2) if they do not want to be listed in the NYS Safe Sharps Collection Sites Directory; 3) if they are expecting to transport more than 50 pounds of regulated medical waste per month; 4) if they have an agreement with a disposal site to transport used syringes to them; 5) the firm, company or other entity responsible for transporting and disposing of collected sharps in a manner consistent with all applicable NYSDEC rules and regulations; 6) specify the individual who will be responsible for emptying and cleaning the collection unit and the individual or firm to be called in the event of an accidental spill or other emergency; and, 7) methods of assuring public awareness of the program through outreach and education.

1. Sharps Collection Site(s) (please attach additional sheets if more than one collection site is being registered for):

All applicants must designate the site or sites for collection of household sharps, the specific location of the unit within the facility (i.e., entrance, lobby, patient waiting area etc.) and the anticipated days and hours of operation. In addition, applicants must designate the type of sharps collection unit that will be used at the site. Examples of sharps collection units include freestanding “kiosks” and wall-mounted units. Please specify in the space below the address of the proposed collection site including the type of collection unit (use additional sheets if necessary).

Name of Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Proposed Location of Collection Unit: (i.e., entrance way, lobby, etc.)

Days and Hours of Operation:

<input type="checkbox"/> Monday	Hours: _____
<input type="checkbox"/> Tuesday	Hours: _____
<input type="checkbox"/> Wednesday	Hours: _____
<input type="checkbox"/> Thursday	Hours: _____
<input type="checkbox"/> Friday	Hours: _____
<input type="checkbox"/> Saturday	Hours: _____
<input type="checkbox"/> Sunday	Hours: _____

Type of Collection Unit: Freestanding Unit: _____

Wall-mounted Unit: _____

Other: _____

2. New York State Directory of Community Sharps Collection Sites

Check here if you **do not** want to be listed in a publicly available directory of participating providers

3. Title 15 of Article 27 of the Environmental Conservation Law, specifically, 27-1511(a) (i) indicates that: “No permit shall be required for the transportation by the generator of less than fifty pounds per month of regulated medical waste or by authorized employees of such generator acting on behalf of and under the supervision of the generator provided that (1) such waste is being transported from the point of generation for treatment or disposal to a facility approved by the department.”

Are you expecting to transport more than 50 pounds of regulated medical waste per month?

No Yes If yes, you must apply for a Part 364 permit.

4. Regulated Medical Waste Self-Transport Registration Form – If you, as a generator of regular medical waste (RMW), may generate less than 50 pounds of RMW and will transport it exclusively by you for off-site treatment and disposal, you must fill out the Regulated Medical Waste Self-Transport Registration Form (Appendix A) and submit it with the application. If this does not apply to you, indicate N/A.

5. If used sharps are being transported to a disposal site (i.e. Hospital, nursing home, health clinic) prior to being collected by an authorized medical waste hauler, do you have an agreement with them?

No Yes If yes, please attach the agreement.

6. Regulated Medical Waste Hauler:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____

7. Collection Unit Contact Person(s):

In accordance with the OSHA blood-borne pathogen standards (OSHA Directives CPL 2-2.69, Enforcement Procedures for the Occupational Exposure to Blood Borne Pathogens, 11/27/2001), all individuals involved in maintaining, cleaning or otherwise servicing a collection unit must be properly trained in OSHA blood-borne pathogen standards.

Please specify below the individual who will be responsible for emptying and cleaning the collection unit and the individual or firm to be called in the event of an accidental spill or other emergency.

Individual responsible for emptying and cleaning unit:

Name: _____ Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____

Individual or Firm to be called in the event of an actual accidental spill or other emergency:

Name: _____ Title (if applicable): _____
Organization (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____

8. Methods of assuring public outreach and education

(Please provide a description below of how you will make the public aware of the collection site.)

Language:

- English
- Spanish
- Other: _____

Print Media:

- Newspaper: _____
- Magazine: _____
- Newsletter: _____
- Other: _____

Electronic Media:

- Radio: _____
- Television: _____
- Internet/website: _____
- Other: _____

Print Material:

- Brochures: _____
- Palm Cards etc.: _____
- Other: _____

Presentations, specify where: _____

Attestation

All program applicants agree to comply with applicable NYS Department of Health regulations for managing regulated medical waste (10 NYCRR Parts 70 and 405.24) and with all packaging, labeling, transport and disposal activity requirements as required and authorized by the NYS Department of Environmental Conservation. The authorized provider submitting this application attests that, upon being registered, it will abide by the provisions contained in this registration form. The authorized provider submitting this application also attests that it is in good standing with regard to the applicable licensing authority (ies) and that no final action of any sort has been taken which would bring such good standing into question. The authorized provider submitting this application further acknowledges and agrees that its registration may be terminated by the NYS Department of Health in the event that it fails to comply with any pertinent section of law, or in the event it is determined by the NYS Department of Health or other applicable licensing authority that it was not in good standing at the time of application for registration or any time thereafter.

Individual authorized to sign the registration form on behalf of the applicant:

Signature _____

Print or type name and title _____

NOTE: Submission of a completed form does not constitute registration until the NYS Department of Health acknowledges its acceptance of the registration. Sharps may not be accepted for disposal until the NYS Department of Health provides you with a separate written acknowledgement that it has accepted your request for registration and that your registration is effective.

Appendix A

REGULATED MEDICAL WASTE SELF-TRANSPORT REGISTRATION FORM

Directions: Complete Form and Submit to NYSDEC for Registration Approval.

Any generator of regulated medical waste (RMW), who generates less than 50 pounds of RMW per month, may self-transport the waste provided the wastes are generated and transported exclusively by the generator (including its direct employees) for off-site treatment and disposal, **IF** the following conditions are met **and** approved by NYSDEC:

(1) Generator/Employer Name:	Contact Person:
_____	_____
Street:	Telephone Number
_____	_____
City:	State:
_____	_____
	Zip Code:

(2) Generator Satellite Locations (locations owned or operated by the generator where the waste is picked up)

Satellite Location Name	Address

(3) Generator Designee(s) (name, title of generator-designated employee(s) providing transportation of RMW)
Employee(s) noted below are acting on behalf of and under the supervision of the generator.

Employee Name	Title/Position

(4) Additional Requirements:

- √ Generator agrees to refrain from transporting RMW of any kind until registered with NYSDEC (i.e., submits form and receives approval for this registration).
- √ During transport, Generator must ensure that RMW is packaged and marked in accordance with 6 NYCRR Part 364 (Waste Transporter Regulations) and other applicable state & federal regulations.
- √ During transport, Generator must ensure that RMW is accompanied by a Medical Waste Tracking Form (MWTF) (available online at: http://www.dec.ny.gov/docs/material_minerals_pdf/medwste.pdf).
- √ Generator must ensure that it has appropriate liability insurance coverage in the event of an accident during such transport.
- √ Generator must ensure that only facility owned vehicles are used for RMW self-transport.

REGULATED MEDICAL WASTE SELF-TRANSPORT REGISTRATION FORM

(5) Purpose of Transport:

(5)(a) RMW is transported between facilities (accompanied by a MWTF), under one ownership, for the purposes of consolidating RMW at one, centralized location. Yes No
- If yes, complete section (5)(a) below. If no, go to section (5)(b).

Name of Centralized Collection Point: _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Certified RMW Hauler: _____

Name of Designated Treatment, Destruction, or Disposal Facility: _____

- √ Transport is conducted in a not-for-profit capacity.
- √ Transaction records are kept for at least three years.
- √ A certified regulated medical waste hauler is used to transport centralized waste to an approved RMW disposal facility.
- √ Generator ensures that self-transport of RMW is **ONLY** for consolidation between a parent facility and its satellite facilities.

(5)(b) RMW is transported between facilities (accompanied by a MWTF), under one ownership, and is taken directly to a treatment or disposal facility. Yes No
- If yes, complete section (5)(b) below. If no, go to section (5)(a).

Name of Treatment, Destruction, or Disposal Facility: _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Facility Type: Hospital Other (Explain) _____

Written contract to accept waste exists between generator & facility? Yes No
Copy of this contract is on file with NYSDEC and NYSDOH? Yes No

- √ During transport, Generator must ensure that RMW is taken from the point of generation directly to a treatment or disposal facility in a vehicle owned or leased by the generator.
- √ Transport is conducted in a not-for-profit capacity.
- √ Transaction records are kept for at least three years.

Mail completed form to NYSDEC:

NYSDEC
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway,
Albany, NY 12233-7251

-OR- E-mail completed form to:
transport@gw.dec.state.ny.us

If "Yes" to Section (5)(b) and a hospital, send contract copy to NYSDEC (noted on the left):