



MEDICAL WASTE PROGRAM TEMPORARY OFFSITE EVENT NOTIFICATION FORM

FA#		PR#	
Temporary Event Information			
Event Name: _____			
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone: _____		Email Address: _____	
Contact Person: _____			
Event Type: <input type="checkbox"/> Vaccine Clinic <input type="checkbox"/> Blood Drive <input type="checkbox"/> Stand Down Event <input type="checkbox"/> Health Fair <input type="checkbox"/> Other: _____ Specify if Other: _____			
Event Date(s): _____			
Participating Facility Information			
Facility Name: _____			
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone: _____		Email Address: _____	
Contact Person: _____			
Temporary Event Offsite Event Filing Fee Information			
Please submit \$174.00 notification filing fee along with the completed Temporary Off-Site Event Notification Form to Alameda County Department of Environmental Health (DEH).			
Signature			
<input type="checkbox"/> Self-Declaration: I certify that the above information is complete & correct to the best of my knowledge. Signature: _____ Date: _____			



Instructions for the applicant:

- Complete the Medical Waste Program Temporary Offsite Event Notification Form.
- Mail or submit in person the completed form to:

Alameda County Department of Environmental Health
Office of Solid/Medical Waste Management
1131 Harbor Bay Parkway
Alameda, CA 94502

- Submit payment along with your completed application. **NOTE:** Small and Large Quantity Generators already registered and/or permitted with Alameda County DEH are not required to pay additional temporary offsite event registration and/or permit fees.
- Keep a copy of the completed notification form(s) for your records and make them available for review by regulatory personnel during your facility's inspections.
- For assistance in completing your notification form, contact a Medical Waste Program staff person at (510) 567-6890.