



MEDICAL WASTE PROGRAM TEMPORARY OFFSITE EVENT NOTIFICATION FORM

TEMPORARY OFFSITE EVENT INFORMATION	
Event Name: _____	
Address: _____ City: _____ State: _____ Zip Code: _____	
Phone: _____	Email Address: _____
Contact Person: _____ <div style="display: flex; justify-content: flex-end; gap: 20px;"> <input type="checkbox"/> Event Organizer <input type="checkbox"/> MW Generator </div>	
Event Type: <input type="checkbox"/> Vaccination Clinic <input type="checkbox"/> Blood Drive <input type="checkbox"/> Stand Down Event <input type="checkbox"/> Health Fair <input type="checkbox"/> Other: _____ (Check all that apply) Specify if Other: _____	
Event Date(s): _____	
PARTICIPATING MEDICAL WASTE (MW) GENERATOR FACILITY INFORMATION (NOTE: If greater than one facility, please use a separate form for each MW generator)	
FA# _____	PR# _____
MW Generator 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). NOTE: Applications and payments received less than 5 business days before the event will be charged a 50% penalty fee.	
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. **Applications and payments received less than 5 business days before the event will be charged a 50% penalty fee.**
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, but are required to submit the Temporary Offsite Event Notification Form.
- 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.