



## MEDICAL WASTE PROGRAM TEMPORARY OFFSITE EVENT NOTIFICATION FORM

TEMPORARY OFFSITE EVENT INFORMATION	
<b>Event Name:</b> _____	
<b>Address:</b> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>City:</b> _____</span> <span><b>State:</b> _____</span> <span><b>Zip Code:</b> _____</span> </div>	
<b>Phone:</b> _____	<b>Email Address:</b> _____
<b>Contact Person:</b> _____ <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Event Organizer    <input type="checkbox"/> MW Generator </div>	
<b>Event Type:</b> <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: _____ Specify if Other: _____	
<b>Event Date(s):</b> _____	
<b>PARTICIPATING MEDICAL WASTE (MW) GENERATOR FACILITY INFORMATION</b> <b>(NOTE: If greater than one facility, please use a separate form for each MW generator)</b>	
<b>FA#</b> _____	<b>PR#</b> _____
<b>MW Generator Facility Name:</b> _____	
<b>Address:</b> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>City:</b> _____</span> <span><b>State:</b> _____</span> <span><b>Zip Code:</b> _____</span> </div>	
<b>Phone:</b> _____	<b>Email Address:</b> _____
<b>Contact Person:</b> _____	
<b>Temporary Event Offsite Event Filing Fee Information</b>	
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). <b>NOTE: Applications and payments received less than 5 business days before the event will be charged a 50% penalty fee.</b>	
<b>Signature</b>	
<input type="checkbox"/> Self-Declaration: I certify that the above information is complete & correct to the best of my knowledge. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Signature: _____</span> <span>Date: _____</span> </div>	



## 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.