

## Medical Waste Generation Disclaimer

If you do not generate medical waste or if medical waste you generate, store, transport, treat or dispose of is covered by another program participant's application, then **complete this form and return it to: San Francisco Department of Public Health, Hazardous Materials and Waste Program, 49 South Van Ness, Suite 600, San Francisco, CA 94103.**

### 1. General Information

Name	Phone Number	Identification No. (From cover letter)	
Address	City	State	Zip Code

### 2. Qualifications for Disclaimer -- Provide a brief explanation why you are not a generator of medical waste.

- I am covered by another generator's application because:
- I am a student.
  - I am listed as a participant of another generator (generator must be a physician or dentist and must practice in the same building.)
  - I am an employee of a hospital or clinic and have no other practice in San Francisco.
  - I am an ER physician or an anesthesiologist, and have no other practice in San Francisco.
  - I am a surgeon who generates medical waste only at hospitals.

***If you checked any of the above, list the name and address of the school, hospital, or medical waste generator under which you are covered:***

- I have a private practice in San Francisco, but do not generate medical waste (please explain)
- I do not practice in San Francisco.
- I am retired.
- Other (please explain):

---

---

I declare under penalty of law that to the best of my knowledge and belief I do not generate, store or treat any Medical Wastes as defined by law, or I am covered by another generator's application operating in San Francisco. I understand that submittal of incorrect information will result in penalties and a site investigation fee.

PRINT NAME	SIGNATURE	DATE
------------	-----------	------