



Medical Waste Management Program



MEDICAL WASTE TRANSPORTERS DATA SUBMISSION PROTOCOL

California Health and Safety Code, Section 118029, requires medical waste transporters to submit to the California Department of Public Health (CDPH) a quarterly report (list) of all medical waste generators that they service. Because of the large amount of data that must be compiled, CDPH is requesting transporters to file this information with the Medical Waste Management Program in an electronic format. Quarterly reports are required within 10 days of the close of the calendar quarters ending March 31, June 30, September 30, and December 31.

The data submitted must meet the following specifications:

- ❖ Preferred method of data submission is as an attachment via email.
- ❖ Data files must be accessible from Windows-compatible computers.
- ❖ Preferred format is in a Microsoft Excel spreadsheet and/or a Microsoft Access Table or another format that may be imported into Excel or Access such as a tab or comma delimited text file.
- ❖ The data file submitted must contain a record for each medical waste generator facility* serviced during each quarter. Each record shall include separate data fields or columns for the business name, business address, mailing address, telephone number, and contact name of the generators and the waste types and quantities collected, in pounds.
- ❖ *Generator facility = all large or small generators including those while contracted with another hauler; Trauma Scene Waste Practitioners; Transfer Stations and Treatment Facilities transferring waste for treatment at another offsite location.
- ❖ Each record must contain all the required informational fields and defined exactly as listed. If the information is not available, please leave the field blank. Please find attached an example spreadsheet in the requested format.

Please email the data to: MedWasteTransporter@cdph.ca.gov

**Medical Waste Transporters Data Submission
Example Spreadsheet**

Hauler Name:
Hauler DTSC Registration #:
Quarter and Year _____

(A) Contact Person	(B) Business Name	(C) Complete Business Address *	(D) City	(E) ZIP Code	(F) County	(G) Phone	(H) Biohazardous (Sharps & Red Bag Waste)**	(I) Chemo**	(J) Path**	(K) Pharm**	(L) Trauma** Scene Waste

Calculate the individual totals and overall totals of (H thru K) at the bottom of your worksheet.

NOTES:

* Including street and suite numbers.
 **The amounts must be reported in pounds (estimated weights are acceptable using the “<” or “>” symbols). If records kept at your company are by container count or volume, please show an estimate using “<” or “>” symbols—e.g., <50 lbs. or <10 lbs.