

## **PROCEDURE TO RENEW A PERMIT**

### **NO CHANGES IN INFECTIOUS MEDICAL WASTE MANAGEMENT PLAN**

To renew a permit when no changes to the Infectious Medical Waste Management Plan simply complete an application form and submit it with the required fee from appendix A of the Infectious Medical Waste Rule, 64CSR56.

### **WITH MINOR CHANGES TO THE MANAGEMENT PLAN**

Two copies of the Infectious Medical Waste Management Plan must be submitted with a completed application form and fee. One copy of the management plan will be returned with your permit if it is adequate when reviewed. If there is a problem with the plan, the program will correspond with you until it meets the requirements. You will operate under your old plan until the new one is compliant.

**MAJOR CHANGES MUST BE APPROVED BEFORE IMPLEMENTATION  
SEE APPLICATION FOR A MAJOR CHANGE**

West Virginia Department of Health and Human Resources  
Office of Environmental Health Services  
Infectious Medical Waste Program



**Infectious Medical Waste Management Facility Application for Permit**

Application for a \_\_\_\_\_ New \_\_\_\_\_ Renewal permit. Current IMW Permit No. \_\_\_\_\_

Owner \_\_\_\_\_ Agent \_\_\_\_\_  
(Permit is not transferable. Change of Ownership voids existing permit and requires new permit)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Facility \_\_\_\_\_ FEIN \_\_\_\_\_

Type of Facility \_\_\_\_\_ Units \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Email address \_\_\_\_\_

Does Facility Treat Infectious Medical Waste On-Site \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, what method is used? \_\_\_\_\_ Incineration \_\_\_\_\_ Autoclaving \_\_\_\_\_ Other (explain on attached sheet)

I hereby certify that I have reviewed the West Virginia Infectious Medical Waste Rule, 64CSR56, and that this facility will comply with the requirements therein. The rule is available at: <http://apps.sos.wv.gov/csr/verify.asp?TitleSeries=64-56>

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant  
( ) Owner ( ) Agent

Checks should be made payable to the **WV Bureau for Public Health**.

Applicants for new permits or those with major changes in their management plan must attach two (2) copies of the infectious medical waste management plan. Fee schedule on reverse.

Mail completed application to: Office of Environmental Health Services - Infectious Medical Waste Program  
Capitol & Washington Streets  
1Davis Square, Suite 200  
Charleston WV 25301-1798

Telephone No. (304) 558-6783, Fax No. (304) 558-1071, E-mail: [David.P.Thornton@wv.gov](mailto:David.P.Thornton@wv.gov)

*For Department Use Only*

Date application with fee received _____	Amount paid \$ _____
Date reviewed _____ by _____	Check No. _____
Date approved _____ by _____	Date of check _____
Date denied _____ by _____	Application No. _____
Date Issued _____	FEIN check _____
Date Expires _____ Permit Number _____	

**ANNUAL INFECTIOUS MEDICAL WASTE MANAGEMENT  
FACILITY PERMIT AND OPERATOR REGISTRATION FEES**

Type of Facility		Fee
A. Hospitals (Non-Commercial Treatment Facilities)		
1 to 50 Beds		\$500.00
51 to 149 Beds	1,750.00	
150 or More Beds		2,500.00
B. Commercial Infectious Medical Waste Management Facility		5,000.00
Small Commercial Infectious Medical Waste Management Facility for Sharps Only (As provided for in Section 11.19 of this rule)		150.00
C. Transportation Vehicles (Each)		250.00
D. Commercial Storage and Transfer Facility		250.00
E. Other (Generating more than 50 pounds per month)		
1. Health Care Professionals		250.00
2. Independent Dialysis Centers		250.00
3. Independent Laboratories		250.00
4. Independent Rural Clinics		250.00
5. Nursing Homes		250.00
6. Other Long Term Care Facilities		250.00
7. Outpatient Surgery Centers		250.00
F. Incinerator Operator Registration		25.00
G. Alternative treatment evaluation fee		500.00