

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
350 Capitol Street, Room 313
Charleston WV 25301-3713

Telephone No. (304) 356-4328, Fax No. (304) 558-1071, E-mail: 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