

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

BIOMEDICAL WASTE PERMIT REQUIREMENTS

This sheet must be completed for all new facilities. If this is a change of ownership or location, you must also complete this form. Biomedical Waste permits are non-transferable. An inspection must be performed prior to opening of the facility.

DATE: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

BILLING ADDRESS: _____

PERSON TO CONTACT: _____ PHONE #: _____

EMAIL ADDRESS: _____

Part I

_____ Total amount due is \$223.00 (\$53.00 for the initial plan review and \$170.00 for the permit).

_____ Utility bill showing sewer charges or letter of sewer connection provided. If facility is on septic, please answer next line.

_____ Facility is on septic. Must fill out Existing System Verification or modify existing annual operating permit if applicable. (Additional fees will apply for septic)

_____ Floor plans of facility provided and drawn to scale. Scale must be shown on the floor plan.

_____ Is facility on city water or well? (Please circle one) If on well, please supply permit.

_____ Complete biomedical waste application (A permit fee will apply. If on septic or well, please do not submit biomedical waste application at this time. You will be notified once septic or well has been approved).

Part II The following are required at the time of inspection:

_____ Red bags and sharps container in every room that handles sharps and non-sharp biomedical waste.

_____ Biomedical Waste Operating Plan and list of Biomedical Waste Transporter Companies

_____ Provide documentation of training of employees on biomedical waste

_____ 64E-16 Florida Administrative Code (F.A.C.)

_____ Service Agreement from Biomedical Waste transporter

Signature, Owner / Owner's Representative

Date

Updated: October 2022