

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

No. _____

Fee _____

INFECTIOUS WASTE GENERATOR APPLICATION

Name of Facility/Professional _____

Address _____

Name of Owner/Manager _____

Address _____ Tel.No. _____

Town/City _____ State _____ Zip _____

Type of Infectious Waste to be Disposed _____

Method of Disposal: Incineration _____ Disinfection _____

Do you have a Type IV Incinerator? _____ Yes _____ No _____

If yes - has it be approved by the Department of Environmental Protection? _____ Yes _____ No _____

Do you disinfect on-site? Yes _____ No _____

Method _____

Name and Address of Solid Waste Disposal Contractor. Applicable only if disinfected on-site.

Name _____

Address _____ Tel.No. _____

Town/City _____ State _____ Zip _____

Name of Infectious Waste Transporter/Carrier?

Name _____

Address _____ Tel.No. _____

Town/City _____ State _____ Zip _____

Request manifest from Transporter/Carrier. Manifests are to be maintained by generator and are Subject to inspection by Franklin Board of Health and/or Massachusetts Department of Public Health Inspectors.