

# TOWN OF FRANKLIN

## BOARD OF HEALTH

Bruce J. Hunchard, Member  
Paul Cheli, Member  
Donald Ranieri Jr., Member  
David McKearney, RS, Health Director  
Emily C. Coyne, Assistant Agent  
Virginia McNeil, Administrative Assistant

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.