

APPLICATION FOR REGISTRATION OF EQUIPMENT/DEVICES USED TO TREAT SHARPS, PATHOLOGICAL AND INFECTIOUS WASTES

New Application **Renewal**

I. Applicant Description

Name of Applicant Company: _____

Address: _____

Name and Address of Manufacturer: _____

Email Address: _____ Tel. No.: _____ Telefax No.: _____

LTO No.: _____

Name of Chief Executive Officer (CEO): _____

Name of Company Representative: _____

Position/Designation: _____

II. Business Activity Description

Manufacturer / Distributor / Importer Service Provider with TSD Facility

Healthcare Waste Generator (Hospital, clinic, birthing homes, infirmaries, laboratories)

Capital Investment:

Capitalization (Total Cost of Equipment): _____

Total Number of Employees: _____

No. of Hours of operation / day: _____

III. Product Description

Type of Treatment Technology

Autoclave Hydroclave Microwave Pyrolysis Chemical Disinfection Others

BRAND

PRODUCT

CLAIMS

Capacity of the Equipment / Device (in kg/day): _____

Type of healthcare waste treated (sharps, infectious, pathological etc): _____

Weight of the waste treated per batch (kg): _____

Weight of waste treated per day (kg): _____

Type of Disposal: Sanitary Landfill Private Dumpsite Controlled Dumpsite Others

Address of Disposal Facility: _____

Address where the Equipment / Device is installed: _____

I hereby certify that all the information given above and all other data in connection with this application are true and correct. I understand that any misrepresentation or false information will be ground for outright rejection of my application for registration of equipment/devices used to treat sharps, pathological and infectious wastes. I am also authorizing representatives from CDRRHR-PRSDD to conduct verification of all the documents attached herewith and inspection of the above-stated products as may be deemed necessary. Furthermore, I understand that my application will not be processed until after I have completely submitted all the requirements enumerated in this application form.

Signature of Company Representative over Printed Name

Date