



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF HOSPITAL STANDARDS  
**INFECTIOUS WASTE GENERATOR REGISTRATION**  
**APPLICATION FOR MISSOURI HOSPITALS**

P.O. BOX 570  
 JEFFERSON CITY, MO 65102

**Pursuant to the requirements of 260.203 RSMo., application is hereby made for registration as an infectious waste generator.**

NAME OF HOSPITAL (NAME TO APPEAR ON REGISTRATION)		DATE OF APPLICATION
ADDRESS (STREET AND NUMBER, CITY, ZIP CODE)		TELEPHONE NUMBER
CHIEF EXECUTIVE OFFICER (FULL NAME)	TITLE	
NEXT IN CHARGE (FULL NAME)	TITLE	

**OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)**

<b>A. GOVERNMENTAL</b> <input type="checkbox"/> DISTRICT <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> FEDERAL <input type="checkbox"/> CITY-COUNTY <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/> CITY		<b>B. NON-GOVERNMENTAL</b>  <table border="0"> <tr> <td>NON-PROFIT</td> <td>PROPRIETARY</td> </tr> <tr> <td><input type="checkbox"/> CHURCH OPERATED</td> <td><input type="checkbox"/> INDIVIDUAL</td> </tr> <tr> <td><input type="checkbox"/> CHURCH AFFILIATED</td> <td><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td><input type="checkbox"/> OTHER NON-PROFIT</td> <td><input type="checkbox"/> CORPORATION</td> </tr> </table>		NON-PROFIT	PROPRIETARY	<input type="checkbox"/> CHURCH OPERATED	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CHURCH AFFILIATED	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER NON-PROFIT	<input type="checkbox"/> CORPORATION
NON-PROFIT	PROPRIETARY										
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<input type="checkbox"/> CHURCH AFFILIATED	<input type="checkbox"/> PARTNERSHIP										
<input type="checkbox"/> OTHER NON-PROFIT	<input type="checkbox"/> CORPORATION										

NAME OF GOVERNING BODY	
CHIEF OFFICER OF GOVERNING BODY (FULL NAME)	
LEGAL NAME OF OPERATING CORPORATION	
IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM	

FISCAL YEAR	TOTAL CAPACITY OF HOSPITAL (INCLUDE STAFFED AND NON-STAFFED NURSING UNITS) <b>BEDS</b>
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**CERTIFICATION**

Having read and understood 19 CSR 30 Chapter 20, 260.200 - 260.245 RSMo. and 10 CSR 80. \_\_\_\_\_ I/we further certify that the \_\_\_\_\_ will comply with these sections and all required corrections and/or improvements deemed necessary following reviews and inspections by the Missouri Department of Health and Senior Services

HOSPITAL NAME

**SIGNATURES**

HOSPITAL CHIEF EXECUTIVE OFFICER	DIRECTOR, INFECTIOUS WASTE MANAGEMENT PROGRAM
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