



# Needham Public Health Division

178 Rosemary Street, Needham, MA 02494  
www.needhamma.gov/health

781-455-7940 ext.504  
781-455-7922 (fax)



## Disposal of Sharps Permit Application –

This is (please check one)

a new application       a renewal application

**Fee**  
Make check payable to  
Town of Needham/  
Health Department

Name of establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Acupuncturist(s): \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Emer. Phone: \_\_\_\_\_

Number of treatment rooms = \_\_\_\_\_

Are restrooms available on site? If yes, how many? \_\_\_\_\_ Please list their locations:

\_\_\_\_\_

Are linens cleaned on site? Y N. If not, where are they cleaned? \_\_\_\_\_

Where are the clean and dirty linens kept on site?

\_\_\_\_\_  
\_\_\_\_\_

List current procedures used to handle medical waste and disposal of sharps, etc. Also describe storage of medical waste on site, where located, etc. (bags of waste, sharps containers, etc.) -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company contracted to pick-up medical waste: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current pick-up schedule (# days/week): \_\_\_\_\_ *(Please submit a copy of a recent pick-up receipt)*

List current State License # and Provider's Name for your establishment. *(Please provide copies of each acupuncturists' certification licenses/cards):* \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ (sign) Date: \_\_\_\_\_  
\_\_\_\_\_ (print)