



Needham Public Health Division

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

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



Hospice/Disposal of Sharps Permit Application

Name of establishment: _____

Address: _____

Phone: _____ Fax: _____

Residence Manager(s): _____ Email: _____

Phone: _____ Emer. Phone: _____

Number of current residents (# beds occupied) = _____

Are all rooms handicap accessible? Y N If no, how many are? _____ Please list their locations:

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: _____

(Please supply a copy of your most recent receipt for service from this company for our records.)

Current pick-up schedule (# days/week): _____

List current State License # and Provider's Name for your establishment: _____

Address: _____ Phone: _____

Pursuant to MGL Ch 62C, sec 49A, I certify under penalties that, to my best knowledge and belief, I have filed all state tax returns and have paid all state taxes required by law.

Applicant's Name: _____ (sign) Date: _____
_____ (print)