THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO COUNTY

Contract Number

26-367 A-1

SAP Number
4400031743

Arrowhead Regional Medical Center

Department Contract Representative	**Andrew Goldfrach**
Telephone Number	**(909) 580-6150**
Contractor	MediWaste Disposal, LLC
Contractor Representative	Lorraine Sanchez
Telephone Number	(885) 449-6334
Contract Term	May 19, 2026 through May 18, 2027
Original Contract Amount	NTE $1,000,000
Amendment Amount	
Total Contract Amount	NTE $1,000,000
Cost Center	9184404200
Grant Number (if applicable)	

IT IS HEREBY AGREED AS FOLLOWS*:*

AMENDMENT NO. 1

WHEREAS, San Bernardino County on behalf of Arrowhead Regional Medical Center ("Customer") and MediWaste Disposal, LLC ("MediWaste") entered into an agreement for the provision of medical waste, hazardous, pharmaceutical and e-waste management disposal services ("Agreement") with an effective date of May 19, 2026; and

WHEREAS, the parties desire to amend the Agreement to add an additional service location to the Agreement; and

NOW THEREFORE, effective as August 4, 2026, the Agreement is amended as follows:

1. The following service location is added to Attachment A of the Agreement – Scope of Service, Section 14 – Locations:

Service Locations	Reusable Commingled	Tech Service Freq	Cage/Driver P/u
Mobile Medical Clinics 1930 W. Valley Blvd Colton, CA 92324	SELF SERVICE	Weekly	Weekly

2. All other terms and conditions of the Agreement remain in full force and effect.

3. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, the San Bernardino County and MediWaste have each caused this Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By

_____

Deputy

MediWaste Disposal, LLC

(Print or type name of corporation, company, contractor, etc.)

By

►

_____

(Authorized signature - sign in blue ink)

Name: Lorraine Sanchez-Hansen

(*Print or type name of person signing contract)*

Title Director of Business Development

(Print or Type)

Dated: _____

Address

_____

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Daniella Hernandez, Deputy County Counsel		Andrew Goldfrach, ARMC Chief Executive Officer
Date _____	Date _____	Date _____