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|----------------------------|------|
| Facility/Location Name | |
| Address | |
| Date | Time |
| Inspection Representatives | |
| Facility | |
| Health District | |
| Ohio EPA | |
| Other | |

| Inspection Type | Reason for Inspection | |
|--|--|--|
| <input type="checkbox"/> Comprehensive | <input type="checkbox"/> Required | <input type="checkbox"/> Re-inspection |
| <input type="checkbox"/> Focused | <input type="checkbox"/> Re-Inspection | <input type="checkbox"/> Other: |

Is the above site being operated in compliance with the following regulations? Please mark the box in the appropriate column to denote compliance status. Marking the box in the NO column indicates that a violation has been noted. Please mark the N/A box if not applicable to this location. This checklist is not all inclusive of regulations applicable to infectious waste treatment facilities.

| Y | N | N/A | | Y | N | N/A | |
|---|---|-----|---|---|---|-----|---|
| | | | 3745-37-01 License (Commercial Facilities Only) | | | | 3745-27-33(C) Disposal papers |
| | | | (B) Valid license | | | | (2) Complete and legible |
| | | | 3745-27-32(I) General facility requirements | | | | (3) Kept on file for 3 years |
| | | | (1) Record retention for 3 years | | | | 3745-27-33 Standards for handling IW |
| | | | (2) Complete facility management plan | | | | (A)(1) Maintain integrity of container |
| | | | (3) Trained operators | | | | (2) Lock outside storage areas |
| | | | (4) Daily logs | | | | (3) Lock or visibly label storage areas |
| | | | (5) Operating procedures available | | | | (B)(1) Maintain waste in a nonputrescent state |
| | | | (7) Construction & operation in accordance with authorizing documents | | | | (2) Immediately refrigerate or freeze - treat and dispose of putrescent waste |
| | | | (8) Construction/maintenance of access roads | | | | (3) Protect from animals and insects |
| | | | (9) Proper floors | | | | (C) Treatment facility requirements |
| | | | (10) Waste not compacted or punctured | | | | (1) 14 day maximum storage |
| | | | (11) Sheltered loading | | | | (2) Not more than 7x daily stored throughput |
| | | | (12) Proper disposal of wastewater | | | | (3) Contingency plan maintained as part of the facility management plan |
| | | | (13) Proper slopes and drainage | | | | |
| | | | (14) Restricted access | | | | Tissue Digestor™ Approval |
| | | | (15) Shall not treat radioactive waste | | | | (1) Only treat approved waste |
| | | | (16) Shall not treat hazardous waste | | | | (2) Wastes not contaminated |
| | | | (20) Handling treated waste | | | | (3) Non-prion cycles - 275°F, 30 psi |

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|------------------------|------|
| Facility/Location Name | Date |
|------------------------|------|

| Y | N | N/A | | Y | N | N/A | |
|---|---|-----|---|---|---|-----|--|
| | | | (4) Prion cycles - 302°F, 65 psi | | | | (8) Rinsed with H ₂ O prior to next cycle |
| | | | (5) For every 100 lbs - 7.5 lbs of NaOH, 9 lbs KOH | | | | (9) Monthly QA spore testing |
| | | | (6) Liquid effluent cooled to 140°F prior to draining | | | | (a) Performed as prescribed in attachment A |
| | | | (7) Effluent neutralized with CO ₂ | | | | (b) Kept on files for 3 years |

Comments:

| | | |
|---|-----------|------|
| Print Name of Inspector Completing Form | Signature | Date |
|---|-----------|------|