

Medical Waste Site-Inspection Checklist

INSTRUCTIONS: This checklist should be completed within 30 days of completing/updating your [Medical Waste Management Plan](#). The checklist should be completed at least annually thereafter and as needed by the clinic's Medical Waste Champion or other designated knowledgeable person. Name the document "**Medical Waste Site-Inspection Checklist_MM-YYYY**" & save an electronic copy in your "**Medical Waste Management**" folder for future reference (create this folder if you have not done so already).

Visit the **Medical Waste Management Program website** for additional tools & resources: <http://fpg.uclahealth.org/body.cfm?id=221>

Clinic Name: _____ **Address:** _____

Date of Inspection: _____ **Inspector:** _____ **Title:** _____

Location(s) Surveyed: (check all that apply)

Exam/Procedure Room Indoor Accumulation Area Outdoor Accumulation Area Other: _____

Medical Waste Vendor(s): Stericycle Daniels Inc. Other: _____

Medical Waste Generated: (check all that apply)

Sharps Biohazardous (Red Biohazard Bag) Non-Hazardous Pharmaceutical Trace Chemo

Pathology RCRA Hazardous Other Waste: _____

Medical Waste Generator Status: Small QTY (>20 lbs. per month) Small QTY (≥20 lbs. < 200 lbs. per month)

(Refer to your monthly receipts, if applicable) Large QTY (≥ 200 lbs. per month) Unknown

#	Observation	Yes	No	N/A	Comments/ Corrective action
1	Does the clinic have a site specific Medical Waste Management Plan that is readily accessible? (e.g. Kept in a Medical Waste 'binder' and/or electronically)				
2	Is the clinic's Medical Waste Management Plan reviewed at least <u>annually</u> to ensure information is current?				
3	Does the clinic have a designated Medical Waste Management Champion ? (refer to the Medical Waste Management Plan for details)				
4	Is the clinic registered with your local enforcement agency as a Medical Waste Generator , if applicable? (refer to the Medical Waste Services Guide and Medical Waste Management Plan) NOTE: Enforcement agencies vary by county: Los Angeles County CDPH, Ventura County Env. Health Division, Orange County Env. Health Division.				
5	Per question #4, if registered with the local enforcement agency, is the Medical Waste Generator Permit/Registration readily accessible? (e.g. Kept in a Medical Waste 'binder' and/or electronically in the Medical Waste Management folder)				
6	Does this clinic have a method for providing and documenting Medical Waste Awareness Training for applicable employees? (e.g. available through Stericycle for account holders; or upon request from the UCLA Ambulatory Safety Division)				
7	Is the person signing the Medical Waste Tracking Documents trained and certified in accordance with the Dept. of Transportation 49 CFR 172.700-704, if applicable?				
8	Are Medical Waste Tracking Documents kept in chronologic order and readily accessible, if applicable? (e.g. Kept in a Medical Waste 'binder')				
9	Is the clinic's Stericycle account signed up to receive online reports , if applicable? Stericycle website to sign up: https://ebpp.documentdna.com/stericycle/				
10	Is the volume of Medical Waste Generated reviewed on a monthly basis, if applicable? Check monthly reports for unusual volumes which may affect the clinic's Generator Status. Small QTY Generator <200 lbs per month; Large QTY Generator ≥ 200 lbs per month				
11	Are the Biohazard Bag waste containers lined with a Red Biohazard Bag that meets the ASTM-D1922 & ASTM D1709 standards and is pre-marked with the biohazard symbol and the word "BIOHAZARD"?				
12	Are the Red Biohazard Bag waste containers rigid with a tight fitting lid? (e.g. step pedal containers preferred, NO swing tops)				
13	Are the Red Biohazard Bag waste containers labeled with the biohazard symbol and the word "BIOHAZARD" on the lid and on the sides so as to be visible from any lateral direction?				

#	Observation	Yes	No	N/A	Comments/ Corrective action
14	Are the clinic's reusable Red Biohazard Bag waste containers in exam/procedure and lab areas disinfected routinely (inside and outside)? (e.g. disinfected with Clorox HealthCare Bleach wipes or equivalent)				
15	Are the Red Biohazard Bag waste containers in exam/procedure and lab areas emptied regularly to prevent overflowing? (e.g. end of each day or procedure)				
16	Is the Waste found in the Red Biohazard Bag waste containers appropriate? (e.g. bloody items, sealed urine samples, other potentially infectious materials) NO chemicals, NO pharmaceuticals, NO sharps NO regular trash				
17	When full, are the Red Biohazard Bags twisted and securely tied to prevent leakage or expulsion of its contents prior to being transported to the storage/accumulation area? (e.g. soiled utility room etc.)				
18	Is Red Biohazard Bag waste picked up at least weekly for offsite treatment and disposal? (required unless generating < 20 lbs. per month)				
19	Are the Biohazardous Sharps waste containers secured in such a way so as not to fall; get knocked over; or pose a hazard to patients and are they stored away from clean items? (e.g. wall mounted)				
20	Do the Red Biohazardous Sharps containers only contain sharps waste? NO chemicals, NO medications, NO paper, NO gloves, NO intact empty vials				
21	When $\frac{3}{4}$ full, are the sharps containers sealed and moved to the dedicated storage/accumulation area and replaced with an empty container?				
22	Have you properly classified your pharmaceuticals as either Hazardous or Non-Hazardous in accordance with local, state and federal regulations prior to disposal? Refer to the Medical Waste Management Program website and use the Pharmaceutical Classification Tool				
23	Is full/partial non-hazardous medication/pharmaceutical waste placed in an approved non-Hazardous Pharmaceutical waste container; or returned to your supplier for proper disposal if authorized? (e.g. blue/white–Stericycle; or purple top–Daniels) <i>NOTE: Purple Top Daniels brand containers are ok for both non-hazardous medication & sharps waste. NOT for RCRA Hazardous Waste or regular trash.</i>				
24	Are the non-hazardous Pharmaceutical waste containers secured so as to prevent unauthorized access? (e.g. theft, falling, knocking over etc.)				
25	When full, are non-hazardous Pharmaceutical waste containers segregated from all other waste in the accumulation area? (e.g. kept <u>next</u> to biohazardous waste barrels, NOT inside biohazardous waste barrels)				
26	Are single use non-hazardous Pharmaceutical waste containers additionally labeled with the phrase "PHARMACEUTICAL WASTE - HIGH HEAT or INCINERATION ONLY" on the lid and each lateral side? Refer to the Medical Waste Management Program website for label template. NOTE: labeling does <u>not</u> apply to <i>Purple Top Daniels brand reusable containers</i>				
27	Is Trace Chemo segregated from "Bulk" Chemo waste at point of generation? (refer to the Medical Waste Management Plan)				
28	Is Trace Chemo waste placed in an approved waste container? (e.g. yellow container pre-marked Chemotherapy-Incineration Only)				
29	Are Trace Chemo waste containers additionally labeled with the phrase "TRACE CHEMOTHERAPY WASTE - INCINERATION ONLY" on the lid and each lateral side? Refer to the Medical Waste Management Program website for label template.				
30	When full, are Trace Chemo waste containers segregated from all other waste in the accumulation area? (e.g. kept <u>next to</u> biohazardous waste barrels, NOT inside biohazardous waste barrels)				
31	Is the medical waste storage/accumulation area checked regularly to ensure waste is properly segregated, contained and picked up by the vendor?				
32	Are Chemo Spill Kits present & have staff been trained on spill procedures?				
33	Are biohazardous spills kits present & have staff been trained on spill procedures? (e.g. solidifying agent and Clorox HealthCare Bleach wipes for blood, vomit etc.)				

Questions? Contact: Carolyn Genovese, Senior Safety Specialist at: cgenovese@mednet.ucla.edu

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