



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				Demolizer™ Approval
			(15) Shall not treat radioactive waste				(1) Min. temp - 350°F and min. time - 90 minutes
			(16) Shall not treat hazardous waste				(2) Onsite validation prior to use
			(20) Handling treated waste				(3) Quality assurance testing - semi-annually

Facility/Location Name	Date
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Y	N	N/A	
			(4) QA record/ daily logs kept on-site for 3 years
			(7) Daily log
			(8) Preventative maintenance and service

Y	N	N/A	
			(10) Use appropriate containers
			(11) Restricted wastes

Comments:

Print Name of Inspector Completing Form	Signature	Date
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