



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"/> Complaint	<input type="checkbox"/> Re-inspection
<input type="checkbox"/> Focused	<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 small generators of infectious waste.

Y	N	N/A		Y	N	N/A	
			3745-27-30 Standards for generators				(5) Quantity and record waste generation rate
			(A)(1) Segregate IW at the point of generation				(6) Registration application submitted (if necessary)
			(3) Place sharps in proper containers				(C)(7) Hazardous waste/infectious waste mixture
			(3) Cultures treated or shipped to treatment facility				(8) Radioactive waste/infectious waste mixture

Comments:

Print Name of Inspector Completing Form	Signature	Date
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