



IW Treatment Facility - Autoclave Inspection Checklist

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"/> Other
<input type="checkbox"/> Focused	<input type="checkbox"/> Re-Inspection	

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)				(20) QA testing
			(B) Valid license				3745-27-33(A) Disposal papers
			3745-27-32(I) General facility requirements				(2) Complete and legible
			(1) Record retention for 3 years				(3) Kept on file for 3 years
			(2) Complete facility management plan				3745-27-35 Standards for handling IW
			(3) Trained operators				(A)(1) Maintain integrity of container
			(4) Daily logs				(2) Lock outside storage areas
			(5) Operating procedures available				(3) Lock or visibly label storage areas
			(7) Construction & operation in accordance with authorizing documents				(B)(1) Maintain waste in a nonputrescent state
			(8) Construction/maintenance of access roads				(2) Immediately refrigerate or freeze - treat and dispose of putrescent waste
			(9) Proper floors				(3) Protect from animals and insects
			(10) Waste not compacted or punctured				(C) Treatment facility requirements
			(11) Sheltered loading				(1) 14 day maximum storage
			(12) Proper disposal of wastewater				(2) Not more than 7x daily stored throughput
			(13) Proper slopes and drainage				(3) Contingency plan maintained as part of the facility management plan
			(14) Restricted access				3745-27-32(D) Autoclaving
			(15) Shall not treat radioactive waste				(1) Methodology
			(16) Shall not treat hazardous waste				(a) Minimum 121°C (15 psi) for 60 minutes
			(18) Handling treated waste				

Facility/Location Name	Date
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Y	N	N/A	
			(b) Other time/temperature with validation
			(e) Do not load beyond maximum treatable
			(f) No pathological wastes and gross anatomicals, unless validated
			(2) Specific operational criteria

Y	N	N/A	
			(a) Produce and maintain permanent temperature records
			(b) Temperature/pressure correspondence
			(3) Quality assurance
			(a) Monthly quality assurance spore testing
			(4) Validation testing (if required)

Comments:

Print Name of Inspector Completing Form	Signature	Date
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