



IW Treatment Facility - Incinerator Inspection Checklist

Facility 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(C) Incineration
			(15) Shall not treat radioactive waste				(1)(a) Multi-chamber, complete combustion
			(16) Shall not treat hazardous waste				(1)(b) Minimum 1200°F in primary chamber
			(18) Handling treated waste				(1)(b) Minimum 1600°F in secondary chamber

Facility Name	Date
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Y	N	N/A		Y	N	N/A	
			(1)(c) Mechanical process to charge infectious waste				(c)(i)(b) Obtain representative samples
			(1)(d) Auxiliary burners				(ii) Dispose of ash appropriately
			(1)(e) Not charged beyond max hourly capacity				(3) Quality assurance
			(1)(f) Handle partially combusted waste as IW				(a) Produce and maintain permanent temperature records
			(2) Specific operation criteria				(b) Calibrate/replace recording devices
			(a) Store all ash in leakproof closed container free from liquids				(c) Validation testing (if required)
			(c)(i)(a) Separately test fly and bottom ash				

Comments:

Print Name of Inspector Completing Form	Signature	Date
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