

MEDICAL WASTE PRODUCING FACILITY INSPECTION REPORT

Issued under authority of 1978 PA 368, as amended.

Local Health Department Pilot Program

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| Facility Name | Registration # |
| Street Address | Inspection Date |
| City or Township | LHD Representative |
| Facility Representative | Facility Telephone Number |
| Inspection Type (Circle One) INITIAL POTENTIAL FOLLOW-UP COMPLAINT | Generator Status (Circle One) LARGE VOLUME SMALL VOLUME |
| KEY: ✓ = Compliance X= Noncompliance N= Not Applicable | |
| Facility Type | Types of Waste Produced: |
| <input type="checkbox"/> 1. Private Practice < 4 licensees (MD, DVM, DDS, etc.) <input type="checkbox"/> 1. Private Practice >= 4 licensees (MD, DVM, DDS, etc.) <input type="checkbox"/> 2. Hospice or Nursing Home <input type="checkbox"/> 3. Laboratory <input type="checkbox"/> 4. Hospital <input type="checkbox"/> 5. Other: Please identify in remarks Does facility type match registration? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 16. Cultures & stocks <input type="checkbox"/> 17. Blood and body fluids <input type="checkbox"/> 18. Pathological waste <input type="checkbox"/> 19. Sharps <input type="checkbox"/> 20. Infectious animal waste |
| Packaging, Storage, and Labeling | Medical Waste Management Plan |
| <input type="checkbox"/> 6. Packaging and storage prevents release [13809(a), 13811, 13821(b)]. <input type="checkbox"/> 7. Medical waste properly separated and placed in appropriately labeled containers [13809(b), 13809(e), 13810(a)-(c)]. <input type="checkbox"/> 8. Storage containers properly labeled [13809(c)]. <input type="checkbox"/> 9. Medical waste not mixed with other waste [13809(d)]. <input type="checkbox"/> 10. Storage methods prevent putrefaction and infectious agents from coming into contact with individuals and air [13809(f)]. <input type="checkbox"/> 11. Outdoor storage in secured area or container [13809(g)]. <input type="checkbox"/> 12. Storage does not exceed 90 days [13809(h),13810(d)]. | <input type="checkbox"/> 21. Plan available [13813(1)]. <input type="checkbox"/> 22. Type(s) of medical waste produced.* <input type="checkbox"/> 23. Segregation, packaging, labeling, and collection procedures used.* <input type="checkbox"/> 24. Use and methods of on-site or off-site storage.* <input type="checkbox"/> 25. Use and methods of on-site or off-site decontamination. * <input type="checkbox"/> 26. Use of on-site or off-site incineration.* <input type="checkbox"/> 27. Name and address of solid waste hauler who collects and transports medical waste for the facility *. <input type="checkbox"/> 28. Use of sanitary landfills, cemeteries, and other final disposal sites.* <input type="checkbox"/> 29. Measures to minimize exposure of the facility's employees to infectious agents throughout the process of handling and disposing of the medical waste.* |
| Records | |
| <input type="checkbox"/> 13. Employee training records [Rule 7] <input type="checkbox"/> 14. Shipping/disposal records document proper method for waste type(s) and does not exceed 90 day storage rule <input type="checkbox"/> 15. If decontamination or sanitization done onsite, testing data and results demonstrating effectiveness [Rule 4] | *Plan contents [13817] |
| Remarks: | |
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| *For additional information, please refer to the program Web site at www.michigan.gov/eglemedwaste . | |