Infectious Waste Transporter Inspection Checklist - Transporter

Facility Name: _____ ID #: _____ Date:_____ County: _____

Facility Address:_____ Facility Phone #: _____

Operator Name: _____ Operator Phone #: _____

Corporate Address: _____ Corp. Phone # (If Diff.): _____

Health District: _____Inspector(s):_____

Is this facility being operated **in compliance** with the following regulations (YES or NO)? Place an X in the appropriate column to denote compliance status. Placing an X in the NO column indicates that a violation has been noted. Write N/A on the lines that are not applicable. This checklist is not all inclusive of regulations applicable to "Transporters of Infectious Waste operations".

This is a: ☐ **Comprehensive Inspection** ☐ **Partial Inspection** ☐ **Comments on Back**

YES NO

3745-27-31 Standards for Transporters

(B) Infectious Waste Transportation

_____ (2) Waste properly packaged
_____ (3) Accompanied by shipping papers
_____ (4) Leak resistant and fully enclosed compartment
_____ (5) Refrigeration equipment >36 hours
_____ (6) Waste properly secured to prevent spillage
_____ (7) Shipments of only infectious waste
_____ (8) Untreated waste not ground or compacted
_____ (9) Deliver IW to licensed treatment facility
_____ (10)(a) 14 days - generator to treatment fac.
(b) 10 days - treatment fac. to treatment fac.
_____ (12) Disinfect spills
(13) Spill & accident reports
_____ Reports properly filed (within 48 hrs.)
_____ Reports kept on file for 3 years

(D) Spill Containment / Clean-up Kit

_____ (1) Materials designed to absorb spilled liquids
_____ (2) Approved chemical disinfectant
_____ (3) Red plastic bags or other colored properly labeled bags
_____ (4) Available protective clothing
_____ (5) Available emergency supplies (circle absent items): first-aid kit, fire extinguisher, boundary tape, lights, other equipment

Vehicle Requirements

_____ (G) Appropriate registration decal displayed on outside of driver's side of cab
_____ (H) Appropriate signs, on each side, rear, and at all access points of the vehicle
_____ (H) Window signs for transporters of <200 lbs. of waste

YES NO

3745-27-33(B) Shipping Papers

_____ (2) Complete and legible
_____ (3) Shipping papers on file for 3 years

3745-27-35 Standards for Handling Inf. Waste

(A) In-Use and Stored Containers

_____ (1) Maintain integrity of packaging
_____ (2) Outside storage areas locked
_____ (3) Lock or visibly label with signs and/or intl. biohazard symbol posted at all access points
_____ (4) Contain & clean up spills

(B) Management of Inf. Waste Within Containers

_____ (1) Maintain non putrescent state
_____ (2) Putrescent IW refrigerated / frozen & treated ASAP
_____ (3) Protect from animals & insects
_____ (4) Spill containment / clean up

3745-27-36 Registration Certificate

_____ **(B)(2) Valid registration**
_____ (5) Amended registration when applicable

Vehicle Decal #: _____

Vehicle License #: _____

Vehicle Serial #: _____

_____ _____ _____

Print Name of Inspector Completing Form *Inspector's Signature* *Date*