

Name of Facility _____

PTI Application # _____

PTI REVIEW CHECKLIST

INFECTIOUS WASTE INCENERATOR

PLAN/NARRATIVE INFORMATION AND APPROVAL CRITERIA(*)

OAC 3745-27-37 Paragraph	Information/Criteria	Meets	Doesn't Meets	See Attached
-----------------------------	----------------------	-------	------------------	-----------------

DETAIL ENGINEERING PLAN COVER SHEET

(B)(1)(a)	Name of the infectious waste treatment facility	_____	_____	_____
(B)(1)(b)	Precise geographic location, boundaries, etc.	_____	_____	_____
(B)(1)(c)	Name and address of the applicant and the operator	_____	_____	_____
(B)(1)(d)	Name and address of the treatment facility owner(s)	_____	_____	_____
(B)(1)(e)	Name and address of the person who prepared the plans	_____	_____	_____

PLAN DRAWINGS

(B)(2)(a)	Property lines of all land owned or leased for the facility	_____	_____	_____
(B)(2)(b)	All public roads, railroads, and dummies	_____	_____	_____
(B)(2)(c)	Existing zoning, property owners, political subdivisions, etc.	_____	_____	_____
(B)(2)(d)	The north arrow	_____	_____	_____
(B)(2)(e)	All bodies of water	_____	_____	_____

(B)(3)(a)	All existing or proposed treatment and storage areas, etc.	_____	_____	_____
(B)(3)(b)	Location of fencing, gates, and natural or other screening	_____	_____	_____
(B)(3)(c)	Location of loading and unloading zones	_____	_____	_____
(B)(3)(d)	Location of storage areas	_____	_____	_____
(B)(3)(e)	Location of the decontamination area	_____	_____	_____
(B)(3)(f)	Location of the ash storage area, if applicable	_____	_____	_____
(B)(3)(g)	Location of the treated waste storage area	_____	_____	_____
(B)(3)(h)	Location of the drainage structures	_____	_____	_____
(B)(3)(i)	Location of the spill containment and clean-up kits	_____	_____	_____
(B)(3)(j)	Location of communication equipment	_____	_____	_____
(B)(3)(k)	Location of fire extinguishers and other fire response equipment	_____	_____	_____

(B)(4)	Detailed engineering plans for the infectious waste treatment unit	_____	_____	_____
--------	--	-------	-------	-------

NARRATIVE DESCRIPTION/INFORMATION

Summary

(C)(l)	Summary of compliance with operational and permit requirements	_____	_____	_____
--------	--	-------	-------	-------

Discussion of construction Information in detail plans

(C)(2)(a)	Treatment method	_____	_____	_____
(C)(2)(b)	Utilization of existing or proposed buildings	_____	_____	_____
(C)(2)(c)	Utilization of fencing, gates, and other screening	_____	_____	_____
(C)(2)(d)	Location and utilization of loading and unloading zones	_____	_____	_____
(C)(2)(e)	Location and utilization of storage areas	_____	_____	_____
(C)(2)(f)	Location, utilization, and drainage of decontamination areas	_____	_____	_____
(C)(2)(g)	Location and utilization of ash storage area, if applicable	_____	_____	_____
(C)(2)(h)	Location and utilization of treated waste area, if applicable	_____	_____	_____

OAC 3745-27-37
Paragraph

Information/Criteria

Meets Doesn't
Meets Meets See
 Attached

Discussion of the operational requirements

(C)(2)(i)	The facility's operating hours	_____	_____	_____
(C)(2)(j)	Staff functions, qualifications, and training or certification	_____	_____	_____
(C)(2)(k)	Operating log, include operational and maintenance procedures, etc	_____	_____	_____
(C)(2)(l)	Water cooling and collection system for ash	_____	_____	_____
(C)(2)(m)	Particulates captured by the air pollution control system	_____	_____	_____
(C)(2)(n)	Method to distinguish hazardous waste	_____	_____	_____
(C)(2)(o)	Method to distinguish radioactive waste	_____	_____	_____
(C)(2)(p)	Quality control measures specified in (C) of rule 3745-27-32	_____	_____	_____
(C)(2)(q)	Name and address of any contracted third party for quality control	_____	_____	_____
(C)(2)(r)	Accident or spill containment procedures	_____	_____	_____
(C)(2)(s)	Contingency plans	_____	_____	_____
(C)(2)(t)	Coordination with local officials such as fire department, etc.	_____	_____	_____
	Anticipated average daily waste receipt	_____	_____	_____