

REGULATED MEDICAL WASTE FACILITY INSPECTION CHECKLIST

Facility name: _____

Permit #: _____

Date of inspection: _____

ITEM	DESCRIPTION
	Circle Y or N as appropriate, or N/A for any questions that are not applicable. A "yes" answer generally denotes compliance with that requirement. Violations should be explained further in the narrative. Citations listed after each requirement are from OAC 252:515 unless otherwise specified.
1	STORMWATER MANAGEMENT
Y N N/A	1. Has the o/o established a run-on control system to prevent flow onto active portions of the facility during the peak discharge from a 24-hour, 25-year storm? [17-2(1)]
Y N N/A	2. Has the o/o established a run-off control system with sufficient capacity to collect and control all contaminated stormwater resulting from a 24-hour, 25-year storm? [17-2(2)]
Y N N/A	3. Does the o/o prevent the discharge of pollutants into waters of the US, including wetlands, that violate the federal Clean Water Act or OPDES requirements? [17-3(a)2)]
Y N N/A	4. Does the o/o prevent the discharge of a non-point source of pollution to waters of the US, including wetlands, that violate an area-wide or State-wide water quality management plan that has been approved in accordance with the federal Clean Water Act? [17-3(a)3)]
2	PROHIBITED WASTES
Y N N/A	1. Does the o/o prevent the disposal of hazardous, radioactive, asbestos, and regulated PCB waste, and NHIW? [19-31]
Y N N/A	2. Does the o/o only accept regulated medical waste? [23-31(b)]
3	PUBLIC ACCESS CONTROL
Y N N/A	1. Are artificial or natural barriers in place to discourage unauthorized traffic and uncontrolled dumping? [19-32] If no, describe deficiencies noted.
4	MEASURING WASTE
Y N N/A	1. Is all waste received at the facility measured, either by weight or volume? [19-33(c)] If yes, identify which.
Y N N/A	2. Is the amount of waste disposed recorded in the operating record? [19-33(c)]
Y N N/A	3. Are waste disposal records made available to the DEQ on request? [19-33(c)]
5	LIMITATIONS ON WASTES RECEIVED
Y N N/A	1. Does the o/o accept more than 200 tons of waste per day from locations more than 50 miles from the facility? If no, go to Item 5.2.
Y N N/A	a. Is the facility designed, constructed, and operated in full compliance with the requirements of OAC 252:515? [19-34(a)(2)] OR
Y N N/A	b. Has the DEQ approved a temporary waiver from the requirements of 4.1.a? [19-34(b)]
Y N N/A	2. Does the o/o accept more than 200 tons of waste per day from outside the State of Oklahoma? If no, go to Item 6.
Y N N/A	a. Is the facility:
Y N N/A	(1) designed, constructed, and operated in full compliance with the requirements of OAC 252:515? [19-34(c)(2) & (4)]
Y N N/A	AND
Y N N/A	(2) covered by an approved disposal plan meeting the requirements of OAC 252:515-19-34(d)? [19-34(c)(3)]
Y N N/A	b. Did the o/o reject any shipments of out-of-state waste that did not meet the requirements of the disposal plan? [19-34(e)]
6	LITTER CONTROL
	Regulated medical waste facilities are exempt from this section if all waste managed at the facility is not conducive to wind dispersal [19-35(a)]
Y N N/A	1. Is blowing litter controlled by the use of litter fences near the working face or by use of a design that prevents blowing litter? [19-35(b)(1)]
Y N N/A	2. Does the o/o ensure unloading is performed in a manner to minimize scattering of litter? [19-35(b)(2)]
Y N N/A	3. Has the o/o posted signs advising customers to adequately cover loads to prevent blowing litter? [19-35(b)(3)]
Y N N/A	4. Does the o/o ensure the entire site is cleaned at least once per week, or more often if necessary? [19-35-(b)(4)]
7	AIR QUALITY CRITERIA
Y N N/A	1. Does the o/o appear to comply with all requirements of the Oklahoma Clean Air Act and rules of the Air Quality Division of the DEQ? [19-36(a)]
Y N N/A	2. Does the o/o prohibit the burning of solid waste? [19-36(b)]
Y N N/A	3. Does the o/o prevent the discharge of any visible fugitive dust emissions beyond the property boundaries that may damage or

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	interfere with the use of adjacent properties, cause air quality standards to be exceeded, or interfere with the maintenance of air quality standards? [19-36(c)]
8 Y N N/A	DISEASE VECTOR CONTROL Regulated medical waste facilities are exempt from this section if they receive only non-putrescible waste [19-37(a)] 1. Does the o/o take measures to control disease vectors? [19-37(b)]
9 Y N N/A Y N N/A Y N N/A Y N N/A	PLACEMENT OF WASTES 1. Does the o/o prevent solid waste from being placed in waters that communicate with waters of the State located outside the permit boundary? [19-38(a)] 2. Does the o/o maintain waste-free buffer zones at least 50' in width between all waste disposal and/or handling areas and adjacent property? [19-38(b)] If no, a. Has the DEQ approved the smaller buffer zone? [19-38(b)(4)] 3. If the buffer zone or other restricted areas are used for the temporary collection and storage of source-separated, recyclable materials, is such used described in an approved recycling plan? [19-38(c)]
10 Y N N/A Y N N/A Y N N/A	SALVAGE AND RECYCLING 1. Does the o/o carry on salvage or recycling operations? If no, go to Item 11. a. Does the o/o have an approved written operational plan for the salvage/recycling operations? [19-39(a)] b. Does the o/o conduct salvage/recycling activities in an area away from the working face? [19-39(b)]
11 Y N N/A	RECORDKEEPING AND REPORTING 1. Does the o/o maintain an operating record near the facility, containing all records concerning the planning, construction, operation, closing, and post-closure monitoring of the facility? [19-40(a)]
12 Y N N/A Y N N/A Y N N/A Y N N/A Y N N/A	GENERAL 1. Does the o/o have a DEQ-approved plan for: a. excluding wastes that are not to be processed? [23-31(c)(1)] b. safely storing wastes until proper processing and disposal occurs? [23-31(c)(2)] AND c. responding to emergencies? [23-31(c)(3)] 2. Has the o/o implemented the approved plan? [23-31(c)] If no, identify deficiencies in its implementation. 3. Does the o/o provide decontamination facilities? [23-31(d)]
13 Y N N/A Y N N/A Y N N/A Y N N/A Y N N/A Y N N/A Y N N/A	RADIATION 1. Does the o/o implement a DEQ-approved procedure for screening wastes and handling radioactive wastes? [23-32(a)] 2. Are fixed radiation detection monitors installed to monitor incoming wastes? [23-32(b)] If no, go to Item 13.3. a. Are the radiation monitors capable of detecting radiation sources as small as 0.25 millicuries of Cs137? [23-32(b)] 3. Are automated waste processing units equipped with interlocks to automatically stop upon detection of radiation? [23-32(c)] 4. Are hand-held radiation detectors used to screen wastes when the fixed detectors detect radiation? [23-32(d)] 5. When detected, are radioactive wastes segregated from the remainder of the wastestream? [23-32(e)] 6. When detected, are radioactive wastes properly managed? [23-32(e)] Identify how radioactive wastes are managed.
14 Y N N/A Y N N/A	CONTINGENCY PLAN 1. Does the o/o have a DEQ-approved contingency plan addressing: a. over-packing? [23-33(1)] b. decontaminating vehicles and containers? [23-33(2)] c. safely storing improper wastes and poorly packaged wastes? [23-33(3)] d. procedures for visual inspection of containers to detect leaks or other problems in packaging? [23-33(4)] e. procedures for repackaging defective, problematic, or leaking waste containers? [23-33(5)] f. alternative management of wastes in the event of equipment malfunction, emergencies, or other unforeseen situations? [23-33(6)] g. a narrative description of the storage area, including size, location, and security? [23-33(7)] 2. Does the o/o properly implement the approved contingency plan? [23-33]
15 Y N N/A Y N N/A	EMERGENCY RESPONSE 1. Does the o/o maintain copies of emergency response agreements with applicable local agencies? [23-34] 2. Have copies of the emergency response agreements been submitted to the DEQ? [23-34]
16 Y N N/A Y N N/A	STORAGE 1. Does the o/o ensure all waste is processed within 24 hours of delivery? [23-35] If yes, go to Item 17. a. Is all waste not processed within 24 hours of delivery placed into refrigerated storage at 45°F? [23-35]

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<p>Y N N/A</p>	<p>b. Is all waste not processed within 96 hours transported to an alternate permitted site? [23-35] Identify the alternate site, type of facility, and whether it's permitted by the state in which it is located.</p>
<p>17</p> <p>Y N N/A</p>	<p>CLOSURE</p> <p>Prior to closure</p> <p>1. Has the o/o submitted a closure plan describing how compliance with Part 3 of OAC 252:515-25 will be achieved? [25-2(a)]</p> <p>2. Did the o/o submit a revised closure plan when a modification to the permit will affect closure duties or requirements? [25-2(c)]</p> <p>Required closure activities for the facility</p> <p>3. Did the o/o provide the DEQ written notice of intent to close the facility prior to beginning closure? [25-33(a)]</p> <p>4. Did the o/o begin final closure of the facility within 90 days of the final receipt of waste at the facility? [25-33(b)]</p> <p>5. Did the o/o complete closure activities within 180 days of when closure was initiated, or a longer period as approved by the DEQ? [25-33(c)(1) & (2)]</p> <p>6. Did the o/o complete closure IAW the approved closure plan [25-31]</p> <p>7. Did the o/o submit a closure certification to the DEQ? [25-34(a)] If no, go to Item 19.8.</p> <p>a. Was the certification signed by the o/o? [25-34(a)(1)]</p> <p>b. Did the certification state the facility was closed IAW the approved closure plan, the permit, and applicable rules? [25-34(a)(2)]</p> <p>c. Did the certification contain a closure report with related drawings, plans or specifications, describing how closure was performed? [25-34(a)(3)]</p> <p>d. Did the certification indicate whether elevated levels of any constituents were noted or if there was evidence of contamination related to site operations? [25-34(a)(4)]</p> <p>e. Did the certification identify any corrective measures taken to correct any of the problems identified in Item 19.7.d? [25-32(a)(4)]</p> <p>f. If the facility served a population or population equivalent of 5,000 or more, was the closure certification prepared and sealed by a PE registered in Oklahoma? [25-34(c)]</p> <p>8. Did the o/o record a notice in the county land records? [25-36(a)] If no, go to Item 20.</p> <p>a. Did the notice state that the property had been used as a landfill and has been closed? [25-36(a)]</p> <p>b. Did the notice specify the type, location, and quantity of waste disposed? [25-36(b)]</p> <p>c. Did the o/o provide the DEQ with a file stamped copy of the notification? [25-36(d)]</p>
<p>18</p> <p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p>	<p>COST ESTIMATES & FINANCIAL ASSURANCE</p> <p>1. Did the o/o adjust cost estimates no later than:</p> <p>a. April 9th of each year (for all financial assurance mechanisms except corporate test/guarantee & local government test/guarantee)? [27-34(a)]</p> <p>b. 90 days after the end of the corporate fiscal year (if using a corporate test/guarantee)? [27-34(b)]</p> <p>c. 180 days after the end of the local government fiscal year (if using a local government test/guarantee)? [27-34(c)]</p> <p>Currently approved closure cost estimate: \$ _____ Date approved: _____</p> <p>2. Has the o/o established financial assurance for closure through one or more DEQ-approved financial assurance mechanisms? [27-2(a) & 27-3] Circle the financial assurance mechanism(s) used.</p> <p>Cash/Certificate of Deposit/Trust Fund/Escrow Account/Surety Bond/Letter of Credit/Insurance/Corporate financial test/Local Government Financial Test/Corporate guarantee/Local government guarantee/State approved mechanism</p> <p>Identify the current amount of each financial assurance mechanism:</p> <p>Cash \$ _____</p> <p>Certificate of Deposit: \$ _____</p> <p>Trust Fund: \$ _____</p> <p>Escrow Account: \$ _____</p> <p>Surety Bond: \$ _____</p> <p>Letter of Credit \$ _____</p> <p>Insurance: \$ _____</p> <p>Corporate test/guarantee: \$ _____</p> <p>Local government test/guarantee: \$ _____</p> <p>Other: \$ _____</p> <p>Grand Total: \$ _____</p>

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Y N N/A	3. If more than one financial assurance mechanism is used, does the amount of financial assurance for all mechanisms total at least the approved cost estimates? [27-72(b)]
	Additional questions for financial assurance mechanisms
	Cash
Y N N/A	4. Is the amount of cash deposited with the State Treasury equal to the approved cost estimates? [27-74(a)]
Y N N/A	5. Did the o/o submit documentation to the DEQ showing the cash was deposited with the State Treasury? [27-74(c)]
	Certificate of deposit
	Identify the issuing bank(s) _____
Y N N/A	6. Is the certificate of deposit in an amount equal to the approved cost estimates? [27-75(a)]
Y N N/A	7. Did the o/o submit a copy of the CD to the DEQ? [27-75(d)]
	Trust fund/Escrow account
	Identify the trust/escrow bank _____
Y N N/A	8. Was this facility accepting waste on or before April 9, 1997?
Y N N/A	9. If yes, does the o/o make adequate payments into the trust fund/escrow account no later than April 9 th of each year to ensure the trust/escrow is fully funded by April 9, 2011 or the economic life of the facility, whichever is shorter? [27-76, 27-77]
	Identify the amount and date of last deposit: \$ _____ / _____
Y N N/A	10. If no,
Y N N/A	a. Identify the date of initial receipt of waste _____
Y N N/A	b. Does the o/o make adequate payments into the trust fund/escrow account no later than April 9 th of each year to ensure the trust/escrow is fully funded within 15 years of the initial receipt of waste, or the economic life of the facility, whichever is shorter? [27-76, 27-77]
	Identify the amount and date of last deposit: \$ _____ / _____
Y N N/A	11. Did the o/o submit a copy of the trust/escrow agreement to the DEQ? [27-76(d), 27-77(d)]
	Surety bond
	Identify the Surety company _____
Y N N/A	12. Did the o/o submit a copy of the surety bond to the DEQ? [27-78(c)]
Y N N/A	13. Is the surety company listed in Circular 570 of the U.S. Dept. of the Treasury? [27-78(d)]
	NOTE: Circular 570 may be found at http://www.fms.treas.gov/c570/c570.html .
Y N N/A	14. Is the penal sum of the bond in an amount equal to at least the approved cost estimates? [27-78(e)]
Y N N/A	15. Did the o/o establish a standby trust fund? [27-78(g)]
	Letter of credit
	Identify the bank issuing the letter of credit _____
Y N N/A	16. Did the o/o submit a copy of the LOC to the DEQ? [27-79(b)]
Y N N/A	17. Is the letter of credit in an amount equal to the approved cost estimates? [27-79(e)(2)]
	Insurance
	Identify the insurance company _____
Y N N/A	18. Did the o/o submit a copy of the insurance policy to the DEQ? [27-80(d)]
Y N N/A	19. Is the face amount on the insurance policy equal to the approved cost estimates? [27-80(e)(1)]
	Corporate test/guarantee
	Identify the corporation _____
	Identify the date the corporate fiscal year ends: _____
Y N N/A	20. Did the o/o submit the information in OAC 252:515-27-81(c) to the DEQ and place it in the operating record within 90 days of the end of the corporate fiscal year? [27-81(c)]
	Local government test/guarantee
	Identify the local government _____
	Identify the date the local government fiscal year ends: _____
Y N N/A	21. Did the o/o submit the information in OAC 252:515-27-82(h) and place it in the operating record within 180 days of the end of the local government fiscal year? [27-82(h)]
Additional medical waste incinerator standards	
19	TIME & TEMPERATURE
Y N N/A	1. Does the incinerator maintain a temperature of 1400°F (± 25°F) in the primary chamber for sufficient time to achieve microbial inactivation? [23-51(1)]
Y N N/A	2. Does the incinerator maintain a temperature of 2000°F (± 25°F) in the secondary chamber for a minimum residence time of two seconds? [23-51(2)]
20	BURNING EFFICIENCY
Y N N/A	1. Is the incinerator operated so that there is no unburned material visible in the ash? [23-52]
21	INTERLOCKS
Y N N/A	1. Is the incinerator equipped with automatic loading and protective interlocks? [23-53] If no, go to Item 24

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Y N N/A	a. Do the interlocks prevent waste from entering the secondary chamber when the temperature is below 2000°F? [23-53]
22	TESTS
Y N N/A	1. Does the incinerator have sample injection and collection ports to enable the o/o or DEQ to conduct periodic tests? [23-54(a)]
Y N N/A	2. Prior to operation, did the o/o demonstrate the incinerator was able to completely destroy a chemical requiring 2000°F for destruction under normal operating procedures? [23-54(b)]
23	MONITORING
Y N N/A	1. Does the incinerator have continuous monitoring for:
Y N N/A	a. waste feed? [23-55(a)]
Y N N/A	b. fuel and combustion gas flows? [23-55(a)]
Y N N/A	c. oxygen and carbon monoxide? [23-55(a)]
Y N N/A	d. temperature? [23-55(a)]
Y N N/A	2. Does the o/o routinely calibrate monitoring devices IAW manufacturer's recommendations? [23-55(b)] Identify when devices were last calibrated.
Y N N/A	3. Is the incinerator designed so that DEQ may connect its own monitoring or calibration test equipment? [23-55(c)]
Y N N/A	4. Does the o/o retain monitoring data for at least 2 years? [23-55(d)] Identify how long monitoring data is maintained.
Y N N/A	5. Have more than 30 excursions from operating parameters occurred within any calendar month? If no, go to Item 26.
Y N N/A	a. Identify the month(s) and number of excursions, and nature of excursions for each month.
Y N N/A	b. Did the o/o shut down operations? [23-55(e)] If no, go to Item 26.
Y N N/A	(1) Did operations remain shut down until repairs were made and documented engineering analysis showed the cause of excursions had been corrected? [23-55(e)] If no, identify how long operations were shut down and how the o/o determined operations could resume.
24	RESIDUES
Y N N/A	1. Has the o/o provided DEQ with a certification that the ash is non-hazardous? [23-56 & 31-3(a)] If no, identify how the o/o determined the ash was non-hazardous. Include any ash test results available.
Y N N/A	a. Was the certification made in accordance with Appendix G of Chapter 515 or include equivalent information? [23-56 & 31-3(b)] If no, identify deficiencies.
Y N N/A	b. Did the o/o notify the DEQ and update the certification in the event of changes to the ash generating process or other changes to the ash wastestream? [23-56 & 31-3(c)] Identify any changes to the ash generating process or wastestream which resulted, or should have resulted, in changes to the certification.