OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

Full Compliance Inspection Form: Regulated Medical Waste Processing Facility

Permit Number:	County:			I	nspection Date:
Facility Name					
Facility Location					Phone #
v · -	City	S	tate		Zip Code
Facility Contact					I
ž –	strative Code (OAC) 252:515		Non-		
	s a summary of requirements.	Item	Critical	Critical	Remarks
	be marked as non-critical or critical				
	plained in remarks.				
Stormwater Management					
Is the Facility operated to:		1			
(1) Prevent the discharge of	of contaminated stormwater unless				
	ed from the DEQ's Water Quality				
Division? [17-3(a)(1)]					
	of pollutants into waters of the U.S.,				
	olates any requirements of the federal				
	including but not limited to the				
	arge Elimination System (OPDES)				
requirements? [17-3(a)(2)]					
1 2 3 3	of a non-point source of pollution to				
	ng wetlands, that violates any				
	de of State-wide water quality				
	been approved in accordance with				
the federal CWA? [17-3(a)					
	ements of their OPDES permit and				
	DES permit in the operating record, if				
applicable? [17-3(a)(4)]	DES permit in the operating record, if				
Prohibited Wastes		_			
	isposal of hazardous, radioactive,	2			
	alated PCB waste? [19-31(a)]				
	egulated medical waste? [19-31(b)]				
If approved to accept NHI	W, please identify				
Public Access Control					
	l barriers in place to discourage	3			
	ncontrolled dumping? [19-32]				
Measuring Waste					
	ertified annually by the Oklahoma	4			
	, Food and Forestry? [19-33(a)(2)]				
	facility measured, either by weight				
	ecorded in the operating record and				
made available to DEQ up	on request? [19-33(c)]				
If yes, identify weight or v	olume (cubic yards)				
Limitations on Wastes Rece	ived				
	tons of waste per day (tpd) from	5			
-	the facility and/or does the o/o accept	Ĩ			
	State? If no, go to the next item. [19-				
34]					
	ted in full compliance with the				
	(515-19-34(a)(2) and 252:515-19-				
34(c)(2) - (4)?	$51517-5\pi(a)(2)$ and $252.515-17-$				
$J_{(2)}(2) = (1)$					
If the facility accents man					
If the facility accepts more does the facility have an at	pproved disposal plan? [19-34-(d)]				

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Litter Control		
	6	
Does the o/o ensure unloading is performed in a manner to minimize scattering of litter? [19-35(b)(2)]	0	
Does the 0/0 ensure litter is collected from the site at least	-	
once per week, or more often if necessary? [19-35-(b)(4)] Air Quality Criteria	'	
	7	
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)] Does the o/o prevent the discharge of any visible fugitive dust	-	
emissions beyond the property boundaries or cause air quality standards to be exceeded or interfere with the maintenance of		
air quality standards? [19-36(c)] Disease Vector Control	'	
Does the o/o take measures to control on-site populations of	8	
disease vectors by using techniques appropriate for the	0	
protection of human health and the environment? [19-37(b)]		
protection of numan health and the environment? [19-57(0)]		
Placement of Wastes		
Does the o/o prevent solid waste from being placed in waters	9	
that communicate with waters of the State located outside the		
permit boundary? [19-38(a)]	_	
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,		
Has the DEQ approved the smaller buffer zone? [19-38(b)(4)]		
Record Keeping and Reporting		
Does the o/o maintain an operating record near the facility,	10	
containing all records concerning the planning, construction,		
operation and closure monitoring of the facility? [19-40(a)]		
Does the o/o maintain the operating record until the post-	-	
closure monitoring period is terminated? [19-40(a)]		
Treatment Methods		
Does the o/o treat regulated medical waste by incineration in	11	
an incinerator that:	11	
(A) is designed for the destruction of regulated medical waste;		
(B) will consistently achieve microbial inactivation; and (C) is		
permitted by the DEQ's Air Quality Division and operated in		
accordance with such permit [23-4(a)(1)]		
accordance with such permit $[23-4(a)(1)]$		
Does the o/o treat regulated medical waste by microwave	-	
sterilization, or steam sterilization at a sufficient temperature		
and pressure, for a sufficient time to consistently achieve		
microbial inactivation? [23-4(a)(2)]		
Does the o/o treat regulated medical waste by chemical	-	
disinfection where contact time, concentration and quantity of the chamical disinfectant are sufficient to consistently achieve		
the chemical disinfectant are sufficient to consistently achieve		
microbial inactivation; or any other treatment method		
demonstrated to be effective in consistently achieving microbial inactivation? $[23-4(a)(3) \& (4)]$		
$\frac{1}{23} + \frac{1}{3} = 1$		
	1	
	1	

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		1	
General			
Does the o/o have a DEQ approved plan implemented for:	12		
(1) Excluding wastes that are not to be processed? [23-			
31(c)(1)]			
(2) Safely storing wastes until proper processing and disposal			
occurs? [23-31(c)(2)]			
(3) Responding to emergencies? [23-31(c)(3)]			
(5) Responding to emergencies: $[25-51(0)(5)]$			
Are decontamination facilities provided? [23-31(d)]			
Identify and deficiencies and/or deficiencies in the			
implementation of the approved plans.			
Radiation			
	12		
Does the o/o implement a DEQ-approved procedure for	13		
screening wastes and handling radioactive wastes? [23-32(a)]			
Does the o/o have fixed radiation detection monitors installed			
to monitor incoming wastes? [23-32(b)]			
a. Are the radiation monitors capable of detecting radiation			
sources as small as 0.25 millicuries of Cs137?			
Does the o/o have an automated waste processing unit			
equipped with an interlock system to automatically stop upon			
detection of radiation? [23-32(c)]			
Radiation Continued			
Does the o/o have hand-held radiation detectors used to screen	13		
wastes when the fixed detectors detect radiation? [23-32(d)]			
When detected, does the o/o segregate the radioactive wastes			
from the remainder of the waste stream? [23-32(e)]			
Contingency Plan	14		
Does the o/o have a DEQ approved contingency plan? [23-33]	17		
Emergency Response			
Does the o/o maintain copies of emergency response	15		
agreements with applicable local agencies in the operating			
record and submit the agreements to DEQ? [23-34]			
Storage			
Does the o/o ensure all waste is processed within 24 hours of	16		
delivery? [23-35]	10		
a. Is all waste not processed within 24 hours of delivery			
placed into refrigerated storage at 45°F? [23-35]			
b. Is all waste not processed within 96 hours transported to an			
alternate permitted site? [23-35]			
Exclusion of Prohibited Wastes			
Does the o/o notify DEQ by the end of the next working day	17		
of: (A) Any waste identified and rejected prior to receipt as a			
prohibited waste; or (B) Any load identified and rejected at			
the gate, during random inspections, as a prohibited waste			
[29-3(e)]			

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Closure/Post-Closure Plans							
Has the o/o submitted a closure plan and post-closure plan	18						
describing how compliance with Part 3 and Part 5 of OAC							
252:515-25 will be achieved? [25-2(a) & 25-2(b)]							
Did the o/o submit a revised closure plan when a cost estimate							
adjustment is required or whenever a modification to the							
permit will affect closure duties or requirements? [25-2(c)]							
Did the o/o submit a revised post-closure plan when a cost							
estimate adjustment is required or whenever a modification to							
the permit will affect post-closure duties or requirements? [25-							
2(c)]							
Miscellaneous							
In compliance with permit conditions, requirements of DEQ	19						
NOV(s)/Orders not identified above, other requirements of							
OAC 252:517, other DEQ rules							
Cost Estimates & Financial Assurance							
Non-compliance with any of the following is a Critical Violation.							
Did the o/o adjust cost estimates no later than:							
a. April 9 of each year (for all financial assurance mechanisms ex	cept co	rporate test/	guarantee &	k local government test/guarantee)? [27-34(a)]			
b .90 days after the end of the corporate fiscal year (if using a co	rporate t	est/guarant	ee)? [27-34	(b)]			
c. 180 days after the end of the local government fiscal year (if u	sing a lo	ocal governi	ment test/gi	uarantee)? [27-34(c)]			
	•	•	•				
Currently approved closure cost estimate:		Date appr	roved:				
Currently approved post-closure cost estimate: \$		Date appr	roved:				
Has the o/o established financial assurance for closure and post-closure through one or more DEQ-approved financial assurance mechanisms?							
[27-2(a) & 27-3] Circle the financial assurance mechanism(s) used.							
Cash/Certificate of Deposit/Trust Fund/Escrow Account/Suret							
Financial Test/Corporate guarantee/Lo	ocal gov	ernment gu	arantee/Stat	e approved mechanism			
Identify the current amount of each financial assurance mechanis	sm:						
<u>Cash: </u> \$							
Certificate of Deposit: \$							
Trust Fund: \$							
Escrow Account: \$							
Surety Bond: \$							
Letter of Credit: \$							
· · · · · · · · · · · · · · · · · · ·							
Corporate financial test/guarantee: \$							
Local Government test/guarantee: \$							
Other: \$							
Grand Total: \$							
If more than one financial assurance mechanism is used, does the	e amoun	t of financia	al assurance	for all mechanisms total at least the approved			
cost estimates? [27-72(b)]							
Is the amount of cash deposited with the State Treasury equal to the approved cost estimates? [27-74(a)]							
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)							
Is the certificate of deposit in an amount equal to the approved co	ost estin	nates? [27-7	5(a)]				
Did the o/o submit a copy of the CD to the DEQ? [27-75(d)]		-	=				

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Trust Fund/Escrow Accou	nt				
Identify the trust/escrow bar					
Was this facility accepting y	vaste on or before April 9, 199	7?			
			han April 9 th of each year to ensure	the tract / a construint	
				the trust/escrow is	
fully funded by April 9, 201	1 or the economic life of the f	acility, whichever is shorter? [2	./-/6, 2/-//]		
Identify the amount and date	e of last deposit: \$	/			
If no,	• ••• ••• ••• ••• •••	íí			
-	receipt of waste				
	-		April 9 th of each year to ensure		
				1 () [) 7 7 (
	ded within 15 years of the initi	al receipt of waste, or the econo	omic life of the facility, whichever is	s shorter? $\lfloor 2/-/6,$	
27-77]	f 1 f 1 if. f	1			
Identify the amount and date D_{i}^{i}	$s_{1} = s_{1} = s_{2}$	/ / o the DEQ? [27-76(d), 27-77(d)	<u></u>		
	the trust/escrow agreement to	DEQ : [2/-76(d), 2/-77(d)])]		
Surety Bond					
Identify the Surety company	f the surety bond to the DEQ?				
Did the o/o submit a copy o	f the surety bond to the DEQ?	[27-78(c)]			
		pt. of the Treasury? [27-78(d)]			
		the approved cost estimates? [2	27-78(e)]		
Did the o/o establish a stand	lby trust fund? [27-78(g)]				
Letter of Credit					
Identify the bank issuing the					
	f the LOC to the DEQ? [27-79				
Is the letter of credit in an ar	nount equal to the approved co	ost estimates? [27-79(e)(2)]			
Insurance					
Identify the insurance comp	any				
Did the o/o submit a copy of	f the insurance policy to the D	EQ? [27-80(d)]			
Is the face amount on the inst	surance policy equal to the app	roved cost estimates? [27-80(e)(1)]		
Corporate Test/Guarantee					
Identify the corporation					
Identify the date the corpora	te fiscal year ends:	· · · · · · · · · · · · · · · · · · ·			
Did the o/o submit the infor	mation in OAC 252:515-27-8	(c) to the DEQ and place it in	the operating record within 90 days	of the end of the	
corporate fiscal year? [27-8]					
Local Government Test/G					
Identify the local government					
Identify the date the local go	overnment fiscal year ends:				
Did the o/o submit the infor	mation in OAC 252:515-27-82	(h) and place it in the operatin	g record within 180 days of the end	of the local	
government fiscal year? [27					
ACTIVE		Operating Status			
Closed Date: Date entered Post Closure:					
Other	Identify:				
INSPECTION	Purpose of Visit				
Complaint	Complaint Number(s)	•	ACTION		
Complaint Complaint Number(s).		None None			
NOV Follow-up	Case No.:	Notice to Comply			
Order Follow-up		Data			
DEQ Inspector Sign	ature:	Date:			
Equility Depresentative Signatures					
Facility Representative Signature: Date:					