



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 SOLID WASTE MANAGEMENT PROGRAM
**INFECTIOUS WASTE PROCESSING FACILITY-
 STEAM STERILIZATION INSPECTION CHECKLIST**

REGIONAL OFFICE

I. GENERAL INFORMATION				
DATE OF INSPECTION	ARRIVAL AND DEPARTURE TIMES /	DAYS AND HOURS OPEN	COUNTY	PERMIT NUMBER
FACILITY NAME			TEMPERATURE/WEATHER	TELEPHONE NUMBER WITH AREA CODE
FACILITY MAILING ADDRESS				
OWNER NAME AND MAILING ADDRESS				TELEPHONE NUMBER WITH AREA CODE
OPERATOR NAME AND MAILING ADDRESS (IF DIFFERENT THAN OWNER)				TELEPHONE NUMBER WITH AREA CODE
AREAS SERVED; COUNTIES, CITIES, AND TOWNS			ESTIMATED QUANTITY OF WASTE PROCESSED PER MONTH <input type="checkbox"/> CUBIC YARDS/ <input type="checkbox"/> TONS (CHECK ONE)	
FACILITY REPRESENTATIVE			FACILITY TRANSFERS OTHER WASTES FROM THIS LOCATION? <input type="checkbox"/> Y <input type="checkbox"/> N	

PROCESSED SOLID WASTE DISPOSED OF AT:	
FACILITY NAME OR DISPOSAL AREA AND CITY/STATE	TELEPHONE NUMBER WITH AREA CODE

II. INSPECTION CHECKLIST-Check All Sections-S=Satisfactory-U=Unsatisfactory N=Not Applicable/Observed/Inspected					
	S	U	N	10 CSR 80-2.020	PERMIT ISSUANCE, CONSTRUCTION PERMITS, OPERATION PERMITS, EMERGENCY PERMITS, AND EXEMPTIONS
1.	<input type="checkbox"/>	<input type="checkbox"/>		(1)(F)	Site constructed and operated per permit
				10 CSR 80-2.080	TONNAGE FEES
2.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(A)	Adequate records of all solid waste subject to tonnage fees available and maintained on-site for at least three years
3.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(B)2	Daily Solid Waste Records maintained on-site
				10 CSR 80-5.010	PROCESSING FACILITY DESIGN AND OPERATION;
SOLID WASTE ACCEPTED					
4.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(C)2	Personnel thoroughly trained in handling acceptable and unacceptable waste
5.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(C)3	Unloading of solid waste supervised to exclude unacceptable wastes
6.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(C)4	List of all acceptable solid wastes posted at entrance
WATER QUALITY					
7.	<input type="checkbox"/>	<input type="checkbox"/>		(5)(C)1	Waters discharged from facility monitored and in compliance with water quality standards
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)2	Water Pollution Control Branch immediately notified in the event of an accidental wastewater spill
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)3	Accidental wastewater spills contained and cleaned up in accordance with approved plans
AIR QUALITY					
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(C)	Emissions from the facility are monitored to meet the applicable air quality requirements
VECTORS					
11.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)1A	Unloading and loading areas cleaned as spillage occurs
12.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)1B	Putrescible waste placed in containers at end of working day unless otherwise approved
13.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)1B	Putrescible waste stored no longer than 24 hours on-site
14.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)1C	Remainder of facility interior routinely cleaned
15.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)2	Vectors controlled and control program implemented as necessary
AESTHETICS					
16.	<input type="checkbox"/>	<input type="checkbox"/>		(8)(C)1	All litter collected and facility exterior cleaned daily to present neat and clean appearance
17.	<input type="checkbox"/>	<input type="checkbox"/>		(8)(C)3	Odors, dust, and excess noise controlled to prevent a nuisance
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)(C)4	Solid waste not accepted if available storage capacity is full or facility is expected to be out of operation for more than 24 hours
RESIDUE AND PROCESSED SOLID WASTE					
19.	<input type="checkbox"/>	<input type="checkbox"/>		(9)(C)1	Residue or other processed solid waste disposed of in a permitted solid waste disposal area
20.	<input type="checkbox"/>	<input type="checkbox"/>		(9)(C)3	Waste and residue transported from the facility in a manner to prevent sifting, falling, leaking or blowing from vehicle
SAFETY					
21.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)1	Personal safety devices utilized, where needed, by all person on premises
22.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)2	Safety devices and controls in the design plans maintained in good operating condition and replaced when needed
23.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)4	Access to facility controlled to periods of time when responsible operating personnel are on duty
24.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)5	Fire extinguishers provided on all solid waste handling equipment
RECORDS					
25.	<input type="checkbox"/>	<input type="checkbox"/>		(11)(C)1	Records maintained of actual or estimated quantity of solid waste received each day
26.	<input type="checkbox"/>	<input type="checkbox"/>		(11)(C)2	Records maintained of major operation problems, complaints, and difficulties
27.	<input type="checkbox"/>	<input type="checkbox"/>		(11)(C)3	Records maintained of vector, odor, dust and litter control efforts

10 CSR 80-7.010		INFECTIOUS WASTE MANAGEMENT;		
APPLICABILITY				
28.	<input type="checkbox"/>	<input type="checkbox"/>	(1)(B)1 Certification document for treated waste provided to landfill and hauler	
29.	<input type="checkbox"/>	<input type="checkbox"/>	(1)(B)2 Certification document contains minimum information specified in rule	
TRACKING DOCUMENTS				
30.	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)1 Infectious waste not accepted unless accompanied by completed tracking document	
31.	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)2A Tracking document signed, dated by facility upon receipt of waste. Name of signer printed or typed	
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)2B Significant discrepancies in tracking document noted by facility on each copy of document
33.	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)3 Facility notes on tracking document if generator is over a 300 mile radius	
34.	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)4 Treatment date recorded on tracking document	
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)5 If facility also operates as a transfer station, records on tracking document the date untreated waste is transported for further processing
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)6 Copy of completed tracking document sent to generator within 35 days of date that waste was accepted by transporter
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(C)7 If facility also operates as a transfer station, initiates tracking document as generator prior to transporting infectious waste for further processing and complies with generator packaging requirements
PERMITTED INFECTIOUS WASTE PROCESSING FACILITY – STEAM STERILIZATION				
38.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(A)2 Continuous time and temperature recording charts used on each unit during operation.	
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(A)2 Each unit operated according to the manufacturer's recommendations.
40.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(A)2B Each sterilizer tested weekly. If failure, sterilizer not used until corrective action taken, sterilizer re-tested, and results verified. Testing results and corrective actions noted in log	
41.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(A)2C Amount, by weight, of waste treated each load recorded in log	
42.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(A)2D Sterilized sharps packaged in rigid, leak-resistant and puncture resistant containers and sealed prior to disposal	
43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(A)2H Trained technician on site during operation. Evidence of training maintained on site
PERMITTED INFECTIOUS WASTE PROCESSING FACILITY - STORAGE				
44.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C) Infectious waste placed upon receipt in storage area or in processing area as approved by the department	
45.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)1 No infectious waste in processing area - if facility is not operational; at the end of the operational day; more than 24 hours if facility operates continuously	
46.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)1B Processing area floor impervious to liquids and sloped to drains connected to sewer or collection device	
47.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)1C Processing area clearly posted INFECTIOUS WASTE PROCESSING AREA or BIOHAZARD WASTE PROCESSING AREA or BIOHAZARD, AUTHORIZED PERSONNEL ONLY and biohazard symbol displayed	
48.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)1C Access to processing area restricted to authorized personnel
49.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)2A Storage area locked, vermin free, dry and not used for any other purpose
50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)2C Storage area floor impervious to liquids, has a perimeter curb, and is sloped to drains connected to sewer or collection device capable of containing any spills
51.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)2D Storage areas clearly posted INFECTIOUS WASTE STORAGE AREA or BIOHAZARD WASTE STORAGE AREA or BIOHAZARD, AUTHORIZED PERSONNEL ONLY and biohazard symbol displayed
52.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)2D Access to storage area(s) restricted to authorized personnel
PERMITTED INFECTIOUS WASTE PROCESSING FACILITY – FEES				
53.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(D) Fee collected except from small quantity generators or Missouri Hospitals	
54.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(D)2 Additional (10%) fee collected for infectious waste transported more than 300 miles	
55.	<input type="checkbox"/>	<input type="checkbox"/>	(5)(D)3 Fees transmitted quarterly to the department within 30 days of end of each calendar quarter with a quarterly report.	
RECORD KEEPING				
56.	<input type="checkbox"/>	<input type="checkbox"/>	(6) Records kept for at least three years and made available upon request:	
57.	<input type="checkbox"/>	<input type="checkbox"/>	(6) Tracking documents	
58.	<input type="checkbox"/>	<input type="checkbox"/>	(6) Operating logs	
59.	<input type="checkbox"/>	<input type="checkbox"/>	(6) Quarterly fee reports	
60.	<input type="checkbox"/>	<input type="checkbox"/>	(6) Operational test results	
61.	<input type="checkbox"/>	<input type="checkbox"/>	(6) Training records	
62.	<input type="checkbox"/>	<input type="checkbox"/>	(6) Process monitoring records	
COMMENTS – ALL BOXES MARKED U OR N REQUIRE A WRITTEN EXPLANATION				
SIGNATURE OF INSPECTOR			DATE	

		<p>Photo: #1 Date Taken: By: Description:</p>
		<p>Photo: #2 Date Taken: By: Description:</p>
		<p>Photo: #3 Date Taken: By: Description:</p>

		Photo: #4 Date Taken: By: Description: