

Oklahoma Department of Environmental Quality

Permit No. _____

Biomedical Waste Facility Inspection Report

County _____

This form must be used with DEQ Form #520-840P (Solid Waste Processing Facility Inspection Report)

Name of Facility _____ Owner/Operator _____ Phone _____

Facility Mailing Address _____ City _____ Zip Code _____

OAC 252:520		Item	Non-Critical	Critical	Remarks
Commercial Biomedical Waste Processing Facilities					
Permit Conditions	1-5, 3-1, & Permit	1			
Acceptable Wastes	1-6 & 19-5(a)	2			
Radiation	19-5(b)	3			
Contingency Plans	19-5(a), (c), & (d)	4			
Storage	19-5(e)	5			
Commercial Biomedical Waste Incinerator Standards					
Permit Conditions	1-5, 3-1, & Permit	1			
Multi-Chambered	19-6(a)	2			
Time & Temperature	19-6(b)	3			
Interlocks	19-6(c)	4			
Tests	19-6(d)	5			
Monitoring	19-6(e)	6			
Residue Disposal	19-6(f)	7			
Financial Assurance Requirements for Commercial Facilities					
Financial Assurance	Subch. 23 & 27A O.S. 2-10-701	1			
Shared Services Facility Incinerator Standards					
Acceptable Wastes	1-6 & 19-7(1)	1			
Contingency Plans	19-7(1), (2), & (3)	2			
Storage	19-7(4)	3			
Packaging & Transportation of Biomedical Waste					
Biomedical Waste Packaging	19-9(a)	1			
Infectious Waste Packaging	19-9(b)	2			
Chemical Waste Packaging	19-9(c)	3			
Containers	19-9(d)	4			
Transportation Vehicles	19-9(e)	5			
Bills of Lading	19-9(f)	6			
Contingency Plans	19-9(g)	7			
Biomedical Waste Generators					
Generator Responsibilities	27A 2-10-308.1 19-4(a), & 19-4(b)	1			

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| <p>Inspection Type</p> <p><input type="checkbox"/> Routine Full Compliance (All inspection form items must be inspected)</p> <p><input type="checkbox"/> Routine Limited (Circle item numbers inspected)</p> <p><input type="checkbox"/> NOV Follow-up (NOV Date _____)
(Circle item numbers inspected)</p> <p><input type="checkbox"/> Order Follow-up (Order Date _____)
(Circle item numbers inspected)</p> <p><input type="checkbox"/> Complaint Investigation (Complaint # _____)
(Circle item numbers inspected)</p> | <p>Operating Status</p> <p><input type="checkbox"/> Preoperational</p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Closed (Date _____)
(Date entered post-closure, if required _____)</p> <p><input type="checkbox"/> Idle (520-3-14(c))</p> <p><input type="checkbox"/> Suspended via Enforcement</p> | <p>Action</p> <p><input type="checkbox"/> None*</p> <p><input type="checkbox"/> Notice to Comply</p> <p><input type="checkbox"/> Refer to Legal Staff</p> <p>* Use only when no violations are present</p> |
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ECLS Inspector _____ SWCU Inspector _____ Date _____