# Infectious Waste Management Self-Inspection Checklist

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Facility Address</td>
<td>Zip</td>
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<tr>
<td>Facility Phone Number</td>
<td>IW Permit Number</td>
</tr>
<tr>
<td>Inspection Conducted By</td>
<td>Title</td>
</tr>
<tr>
<td>Amount of Infectious Waste Generated Each Month</td>
<td>Gallons</td>
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## Instructions

The Self-Inspection Form is a tool to assist infectious waste generators in evaluating their infectious waste management plan and program. Policies and procedures should be reviewed periodically to ensure they are up-to-date, effective in maintaining a safe work environment and the safety of those handling infectious waste, and comply with applicable laws and regulations.

### Frequency

A Self-Inspection can be conducted at any time.

### Evaluation

You will need your Infectious Waste Management Plan, Policy and Procedure in order to answer the following questions.

Any question answered "No" means a correction needs to be made. **These issues should be addressed immediately. For your records, they should be listed on page 4 along with the correction made and date corrected.**

### Optional Sections

Sections marked with an asterisk (*) may not apply to all facilities.

### Health Department Review

While completing this self-inspection form, if you find that changes need to be made to your Infectious Waste Management Plan (IWMP), please submit an updated copy to the address below. If you need help to complete this questionnaire, please call (253) 798-3485.

### Submit updated Infectious Waste Management Plan to

Tacoma Pierce County Health Department  
Infectious Waste Program  
3629 South D Street, MS 1045  
Tacoma, WA 98418-6813
### Infectious Waste Management Self-Inspection Checklist

**Management Plan/Records**

1. **☐ Yes ☐ No**  **Infectious Waste Management Plan**  
   Has the facility adopted infectious waste management policies and procedures (Management Plan) for dealing with infectious waste and is the plan current and accessible to all employees? (If no, would you like to be sent a sample plan? ☐)

2. **☐ Yes ☐ No**  **Definition of Infectious Waste**  
   Does the Management Plan identify and define the types of infectious waste being generated at the facility?

3. **☐ Yes ☐ No**  **Quantity of Waste**  
   Does the Management Plan list the estimated amount of infectious waste that is generated per month?

4. **☐ Yes ☐ No**  **Responsible Personnel**  
   Does the Management Plan include a current list of the infection control committee and/or personnel responsible for compliance with infectious waste regulations?

5. **☐ Yes ☐ No**  **Training/Continuing Education**  
   Training, including reading the Management Plan, must be provided for all employees potentially involved in the handling of infectious waste, including all doctors and office managers. Training must be given upon hiring, adoption of new policies, and at least annually for existing employees. Have all employees received training regarding your infectious waste plan in the past 12 months?

6. **☐ Yes ☐ No**  **Training Logs**  
   Training logs, dated and signed by the trained employees, must be maintained for all training/continuing education. Are training logs maintained and current?

7. **☐ Yes ☐ No**  **Record Maintenance**  
   Are all infectious waste records maintained on site for a minimum period of three years?

8. **☐ Yes ☐ No**  **Container Decontamination**  
   If you utilize re-usable infectious waste containers, does your Management Plan have procedures for cleaning or decontamination of containers that become contaminated?

9. **☐ Yes ☐ No**  **Treatment Method/Disposal**  
   Does your Management Plan identify the treatment method used to treat/dispose of infectious waste? How is your infectious waste treated (does not apply to instruments)?

   **Onsite Treatment:**  
   - ☐ by autoclave/chemclave  
   - ☐ by plaster encasement  
   - ☐ by isolyzer treatment  
   - ☐ by chemical treatment

   **Offsite Disposal:**  
   - ☐ by an Approved Outside Contractor:  
     - ☐ Murrey’s  
     - ☐ Stericycle  
     - ☐ Other

10. **☐ Yes ☐ No**  **Emergency Contingency Plan**  
    Have provisions been identified for alternate treatment or disposal in the event of equipment breakdown or unavailability of the facility’s primary transporter?

11. **☐ Yes ☐ No**  **Infectious Waste Storage**  
    Are policies regarding location, conditions, and maximum time of storage of filled infectious waste containers outlined in the Management Plan?
## Segregation/Containment/Storage

### Segregation at Point of Origin
12. □ Yes □ No
Is infectious waste (i.e. sharps, blood saturated gauze) segregated from other wastes (i.e. paper towels, tissue) at the point of origin? Please list which materials you segregate. 

### Segregation of Waste With Multiple Hazards*
13. □ Yes □ No
Is infectious waste separated from other hazardous waste (eg, toxic, radioactive, etc.)?

### Protected Containment/Storage
14. □ Yes □ No
Is infectious waste contained and stored in a manner and location which affords protection from the public, animals, and the elements? Is the storage area marked with a biohazard sign?

### Sharps Containment
15. □ Yes □ No
Are sharps contained for storage, transportation, treatment and disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude content loss?

### Plastic Bag Containment
16. □ Yes □ No
Is all non-sharps infectious waste placed in approved infectious waste bags and contained in leak proof, disposable, or reusable containers which are clearly labeled with the words Infectious Waste or the biohazard symbol?

If treated on site, are the treated red bags identified with sterilizer indicator tape prior to being placed in the normal trash receptacle?

### Storage Time
17. □ Yes □ No
Are infectious waste containers removed from the facility within seven days after becoming full?

### Floors, Lights, Ventilation
18. □ Yes □ No
Is the infectious waste storage area well lighted and ventilated, and the floors constructed of an impervious material to prevent saturation of liquid or semi-liquid substances?

## Spill Management

### Spill Management
19. □ Yes □ No
Are policies and procedures for the handling and clean-up of infectious waste spills outlined in the Management Plan?

### Spill Report Form
20. □ Yes □ No
Does the facility have a form for recording the time, date, persons involved, and description of events of any infectious waste spills?

### Spill Equipment
21. □ Yes □ No
Is spill equipment provided in, or immediately available to, areas where infectious waste is handled? (This equipment must include: absorbent material, disinfectant, red or orange bags, broom/brush and dustpan, moisture resistant clothing, nose/mouth mask, and protective eyewear).
**Steam Sterilization/Autoclave***

[Complete this section only if you utilize a sterilizer or autoclave, (i.e., steam, dry heat, or chemical sterilizer) to treat infectious waste on-site.]

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>22. Operating Procedures</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Does the policy outline standard operating procedures for the sterilizer?</td>
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<tr>
<td>23. Autoclave Indicator Device</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Is an autoclave indicator device (e.g., autoclave indicator tape) included on each container of infectious waste that is sterilized to indicate that the container has been sterilized?</td>
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<tr>
<td>24. Biological Indicator (Spore Tests)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Is a biological indicator test included in the center of a load of infectious waste that is sterilized, at least once per month?</td>
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<td>25. Independent Laboratory Analysis</td>
<td>Yes</td>
<td>No</td>
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<td>Is a spore test verified by a third party, certified laboratory at least once per quarter?</td>
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<td>26. Record Maintenance</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Are all records pertaining to the sterilization process maintained for a period of not less than three years?</td>
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**Corrections Needed:**

*Any question with a “No” answer means that a correction needs to be made. Please list the question number, correction made and date corrected.*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Inspection Results/Corrective Action</th>
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