

HEALTHCARE FACILITY CHECKLIST

This checklist is to be used for all healthcare facilities that are above VSQG limits for both hazardous waste pharmaceuticals and non-pharmaceutical hazardous waste or if the facility has opted into Part 266, Subpart P.

VSQG: ≤100Kg. (Approximately 25-30 gallons) of waste in a calendar month or < 1 Kg. of acutely hazardous waste.

NOTE: To convert from gallons to pounds: Amount in gallons x Specific Gravity x 8.345 = Amounts in pounds.

Safety Equipment Used:

GENERAL REQUIREMENTS

1.	<p>Has the healthcare facility notified EPA using Ohio EPA form EPA 9029 that the facility is a healthcare facility? [3745-266-502(A)]</p> <p>Note: The notification needs to be submitted by December 4, 2020 or within 60 days of the healthcare facility becoming subject to the rule. If a healthcare facility is an LQG, the notification can be submitted as part of the next biennial report due 3/1/2022. The notification needs to be kept of file as long as the healthcare facility is subject to the rule.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2.	<p>Has the healthcare facility disposed of hazardous waste on-site without a permit [ORC 3734.02 (E) and (F)]</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3.	<p>Has the healthcare facility transported or caused hazardous waste to be transported to a facility NOT authorized to manage the hazardous waste? [ORC 3734.02(F). (OAC rule 3745-52-10(A)(3) must also be cited)]</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.	<p>Has the healthcare facility discharged hazardous waste pharmaceuticals to a sewer system that passes through to a publicly owned treatment works? [3745-266-505]</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5.	<p>Has the healthcare facility sent hazardous waste other than potentially creditable hazardous waste pharmaceuticals to a reverse distributor? [3745-266-503(C)] [ORC 3734.02 (F)] [3745-266-508(A)(2)]</p> <p>Note: Shipping non-creditable hazardous waste pharmaceuticals requires the use of a manifest. It may be necessary to fill out a separate generator checklist if the hazardous waste sent off-site was non-pharmaceutical hazardous waste. The facility would be in violation of ORC 3734.02 (F) and possibly 3745-52-20(A) for failure to use a hazardous waste manifest, depending on the facility's generator category.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.	<p>Have test results, waste analyses, or other determinations made to support the healthcare facility's hazardous waste determinations been retained for at least three years? [3745-266-502(J)(3)]</p> <p>Note: Individual determinations are not required if managing all pharmaceuticals as hazardous</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

MANAGEMENT OF NON-CREDITABLE HAZARDOUS WASTE PHARMACEUTICALS (NC HWP_s)

7.	<p>Does the healthcare facility ensure that all personnel managing NC HWP_s are thoroughly familiar with proper waste handling and emergency procedures relevant to the personnel's responsibilities during normal facility operations and emergencies? [3745-266-502(B)]</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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8.	<p>Has the healthcare facility determined whether a non-creditable pharmaceutical is a hazardous waste pharmaceutical (i.e., the waste exhibits a characteristic identified in rules 3745-51-20 to 3745-51-24 of the Administrative Code or is listed in rules 3745-51-30 to 3745-51-35 of the Administrative Code)? [3745-266-502(C)]</p> <p>Note: Individual determinations are not required if managing all waste pharmaceuticals as NC HWP.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
CONTAINER STANDARDS for NC HWPs		
9.	<p>Are NC HWPs placed in containers that are structurally sound, compatible with the contents, and that lack evidence of leakage, spillage, or damage that could cause leakage under reasonably foreseeable conditions? [3745-266-502(D)(1)]</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	<p>Are containers that hold ignitable or reactive NC HWPs, or that mix or commingle incompatible NC HWPs managed so that the containers do not have the potential to do any of the following:</p>	
	<p>a. Generate extreme heat or pressure, fire or explosion, or violent reaction? [3745-266-502(D)(2)(a)]</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	<p>b. Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health? [3745-266-502(D)(2)(b)]</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	<p>c. Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? [3745-266-502(D)(2)(c)]</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	<p>d. Damage the structural integrity of the container? [3745-266-502(D)(2)(d)]</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11.	<p>Are containers of NC HWPs closed and secured in a manner that prevents unauthorized access to the contents? [3745-266-502(D)(3)]</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12.	<p>Are NC HWPs prohibited from being combusted because of the dilution prohibition of paragraph (C) of 3745-270-03 stored in a separate container and labeled with all applicable hazardous waste numbers? [3745-266-502(D)(4)]</p> <p>Note: NC HWPs and non-hazardous NC waste pharmaceuticals may be accumulated in the same container.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13.	<p>Are containers labeled or clearly marked with the phrase "Hazardous Waste Pharmaceuticals?" [3745-266-502(E)]</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
14.	<p>Are containers accumulated on-site for one year or less? [3745-266-502(F)(1)]</p> <p>Note: Storage beyond one year requires a hazardous waste permit and would be a violation of ORC 3734.02 (E) & (F)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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15.	<p>Has the healthcare facility demonstrated the length of time that the NC HWP's have been accumulating, starting from the date the NC HWP first becomes a waste?</p> <p>This demonstration can be made by any of the following methods: (a) Marking or labeling the container of NC HWP's with the date that it became a waste. (b) Maintaining an inventory system that identifies the date the NC HWP's being accumulated first became a waste. (c) Placing the NC HWP's in a specific area and identifying the earliest date that any of them in the area became a waste. [3745-266-502(F)(2)(a)-(c)]</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
MANIFEST REQUIREMENTS for NC HWP's				
16.	Are all NC HWP's shipped off-site accompanied by a manifest (U.S. EPA Form 8700-22)? [3745-266-508(A)(2)] [3745-52-20(A)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
17.	Have the manifest requirements in 3745-52-20 through 3745-52-27 been complied with? [3745-266-508(A)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Note: Waste codes do not need to be identified, only PHARMS or PHRM				
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18.	Does each manifest designate at least one facility which is permitted to handle the waste? [3745-52-20(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
19.	If the transporter was unable to deliver a shipment of hazardous waste to the designated facility did the generator designate another facility or instruct the transporter to return the waste? [3745-52-20(D)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
20.	Have the manifests been signed by the generator and initial transporter? [3745-52-23(A)(1)&(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
21.	Are signed copies of manifests being retained for at least three years? [3745-266-502(J)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
22.	Has the healthcare facility complied with land disposal restriction requirements in accordance with 3745-270-07(A)? (hazardous waste numbers do not need to be identified) [3745-266-502(G)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
23.	Did the healthcare facility receive a rejected load? If so, did it do all the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	a. Sign either item 18c of the original manifest or item 20 of the new manifest? [3745-266-502(H)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	b. Provide the transporter a copy of the manifest? [3745-266-502(H)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	c. Within thirty days after receipt of the rejected shipment, send a copy of the manifest to the designated facility that returned the shipment? [3745-266-502(H)(3)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	d. Within ninety days after receipt of the rejected shipment, transport or offer for transport the returned shipment in accordance with the shipping standards of 3745-266-508 (A)? [3745-266-502(H)(4)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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24.	If the healthcare facility did not receive a copy of the manifest with the signature of the owner or operator of the designated facility within 60 days after being accepted by the transporter, did the healthcare facility submit the following: [3745-266-502(l)(2)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. A legible copy of the original manifest, indicating that the healthcare facility has not received confirmation of delivery, to the director?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. A handwritten or typed note on the manifest or on an attached sheet of paper, stating that the return copy was not received and explaining the efforts taken to locate and the results of those efforts?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.	For shipments rejected by the designated facility and shipped to an alternate facility, if a healthcare facility does not receive a copy of the manifest for a rejected shipment of the non-creditable hazardous waste pharmaceuticals that is forwarded by the designated facility to an alternate facility, with the signature of the owner or operator of the alternate facility, within sixty days after the date the non-creditable hazardous waste was accepted by the initial transporter forwarding the shipment of non-creditable hazardous waste pharmaceuticals from the designated facility to the alternate facility, did the healthcare facility submit all of the following: [3745-266-502(l)(2)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. A legible copy of the original manifest, indicating that the healthcare facility has not received confirmation of delivery, to the director?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. A handwritten or typed note on the manifest or on an attached sheet of paper, stating that the return copy was not received and explaining the efforts taken to locate the non-creditable hazardous waste pharmaceuticals, and the results of those efforts?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
26.	Are signed copies of exception reports being maintained for at least three years? [3745-266-502(J)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
MISCELLANEOUS REQUIREMENTS for NC HWP's		
27.	Has the healthcare facility immediately contained all spills of NC HWP's and manage the spill clean-up materials as NC HWP's? [3745-266-502(K)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
28.	Has the healthcare facility accepted NC HWP's from an off-site healthcare facility that is a VSQG? If so, are the following conditions met?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Is the receiving healthcare facility under control of the same "person" as the VSQG or have a contractual or other documented business relationship whereby the receiving healthcare facility supplies pharmaceuticals to the very small quantity generator healthcare facility? [3745-266-502(L)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Is the receiving healthcare facility operating under rules 3745-266-500 to 3745-266-510 for the management of NC HWP's? [3745-266-502(L)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c. Does the healthcare facility manage NC HWP's it receives from off-site in compliance with rules 3745-266-500 to 3745-266-510? [3745-266-502(L)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d. Does the receiving healthcare facility keep records of shipments it receives from off-site for three years? [3745-266-502(L)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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PRE-TRANSPORT REQUIREMENTS for NC HWP's		
29.	Does the healthcare facility package, label, and mark its hazardous waste in accordance with all applicable DOT regulations? [3745-266-508(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
30.	Does the healthcare facility mark each container of one hundred-nineteen gallons or less used in such transportation with the following words and information? "HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency. Healthcare Facility's or Reverse distributor's Name and Address _____. Healthcare Facility's or Reverse distributor's EPA Identification Number _____. Manifest Tracking Number _____. " [3745-266-508(A)(1)(c)(ii)] Note: See federal rule §266.508 for a container marking example.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
31.	Are lab packs that will be incinerated marked with EPA hazardous waste numbers, D004, D005, D006, D007, D008, D010, and D011, where applicable? Note: A nationally recognized electronic system may be used [3745-266-508(A)(1)(c)(iii)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
32.	Before off-site transportation, does the healthcare facility placard or offer the appropriate DOT placards to the initial transporter? [3745-266-508(A)(1)(d)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Note: A healthcare facility or reverse distributor that exports non-creditable hazardous waste pharmaceuticals or evaluated hazardous waste pharmaceuticals is subject to 40 C.F.R. Part 262 subpart H. Any person who imports non-creditable hazardous waste pharmaceuticals or evaluated hazardous waste pharmaceuticals is subject to 40 C.F.R. Part 262 subpart H. A healthcare facility or reverse distributor may not accept imported non-creditable hazardous waste pharmaceuticals or evaluated hazardous waste pharmaceuticals unless the healthcare facility or reverse distributor has an Ohio hazardous waste permit or interim standards that allows the healthcare facility or reverse distributor to accept hazardous waste from off-site. [3745-266-508 (B) and (C)]		
MANAGEMENT OF POTENTIALLY CREDITABLE HAZARDOUS WASTE PHARMACEUTICALS (PC HWP's)		
33.	Has the healthcare facility accepted PC HWP's from an off-site healthcare facility that is a VSQG? If so, are the following conditions met?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Is the receiving healthcare facility under control of the same "person" as the VSQG or have a contractual or other documented business relationship whereby the receiving healthcare facility supplies pharmaceuticals to the very small quantity generator healthcare facility? [3745-266-503(B)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Is the receiving healthcare facility operating under rules 3745-266-500 to 3745-266-510 for the management PC HWP's? [3745-266-503(B)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Does the healthcare facility manage the PC HWP's it receives from off-site in compliance with rules 3745-266-500 to 3745-266-510? [3745-266-503(B)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Does the healthcare facility keep records of shipments it receives from off-site for three years? [3745-266-503(B)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
34.	Has the healthcare facility retained copies of shipping papers and confirmation of deliveries for all shipments of PC HWP's for at least three years? [3745-266-503(E)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
35.	Did the healthcare facility comply with DOT regulations for any PC HWP's that meets the definition of "hazardous material?" [3745-266-509(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

36.	If delivery confirmation is not received within thirty-five calendar days after the date that the shipment of PC HWPs was sent, did the healthcare facility contact the carrier and the reverse distributor to report delivery confirmation was not received and to determine the status of the PC HWPs? [3745-266-509(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
37.	Has the healthcare facility immediately contained all spills of potentially creditable hazardous waste pharmaceuticals and manage the spill clean-up materials as non-creditable hazardous waste pharmaceuticals? [3745-266-503(F)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Note: A healthcare facility that sends potentially creditable hazardous waste pharmaceuticals to a foreign destination shall comply with the applicable sections of 40 C.F.R. Part 262 subpart H, except the manifesting requirement of 40 C.F.R. 262.83(c), in addition to paragraphs (A) to (C) of this rule. Any person that imports potentially creditable hazardous waste pharmaceuticals into Ohio is subject to paragraphs (A) to (C) of this rule in lieu of 40 C.F.R. Part 262 subpart H. Immediately after the potentially creditable hazardous waste pharmaceuticals enter Ohio, the hazardous waste pharmaceuticals are subject to all applicable requirements of rules 3745-266-500 to 3745-266-510. [\[3745-266-509 \(D\) and \(E\)\]](#)

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Abbreviation Key:

- Hazardous Waste Pharmaceuticals- HWPs
- Non-Creditable- NC
- Potentially Creditable- PC

In General.:

- Reactives must be segregated from Ignitables
- Acids must be segregated from Caustics
- Corrosives should be segregated from Flammables
- Oxidizers should be segregated from EVERYTHING.
- Many corrosives are water reactive.
- Most reactive organics must be segregated from inorganic reactive (metals).

INCOMPATIBLE WASTES - Some Deadly Combinations -

- Acids + Oil or Grease = FIRE
- Acids + Caustics = HEAT/SPATTERING
- Caustics + Epoxies = EXTREME HEAT
- Chlorine Gas + Acetylene = EXPLOSION
- Flammable Liquids + Hydrogen Peroxide = FIRE/EXPLOSION
- Aluminum Powder + Ammonium Nitrate = EXPLOSION