

Regulated Medical Waste Self-Audit Tool

Regulated Medical Waste

The handling, disposal, and treatment of biomedical waste are regulated under both Department of Conservation (DEC, 6 NYCRR) and Department of Health (DOH, 10 NYCRR):

6 NYCRR [Subpart 360-10: Regulated Medical Waste Storage, Transfer, and Disposal](#)

6 NYCRR [Subpart 360-17: Regulated Medical Waste Treatment Facilities](#)

6 NYCRR [Part 364: Waste Transporter Permits](#)

[Section 364.9 Standards For The Tracking And Management of Medical Waste.](#)

10 NYCRR [Subpart 70: Regulated Medical Waste \(DOH\)](#)

Reference Materials

DEC Webpage on Regulated Medical Waste <http://www.dec.ny.gov/chemical/8789.html>

DEC Guidance for RMW Treatment, Storage, Containment and Disposal (Feb 1999)
<http://www.dec.ny.gov/regulations/8752.html>

Overview

Each generator is responsible for properly packaging and labeling RMW for off-site transport and for completing an approved Medical Waste Tracking Form (MWTF). To simplify this requirement, each generator of RMW is encouraged to identify and segregate RMW from other solid waste at the point of origin within the facility, thus keeping the total amount of RMW to a minimum. In addition, to ensure safe handling and transport within the generating facility, all employees involved with the on-site management of RMW must be trained in accordance with the requirements of the OSHA Exposure to Bloodborne Pathogens regulations in 29 CFR Part 1910.1030.

Mixed Waste:

RMW + radioactive waste → radioactive waste

RMW + hazardous Waste → hazardous waste

RMW + other solid waste → RMW

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REGULATED MEDICAL WASTE MANAGEMENT

THIS AUDIT IS FOR GENERATORS OF RMW THAT DO NOT TREAT SUCH WASTE AND DO NOT ACCEPT WASTE FROM OTHER ENTITIES

	Is the facility a large quantity generator (>50 lbs/month)?	<i>Facility is considered a Large Quantity Generator (LQG) for Regulated Medical Waste (RMW).</i>
	Is the facility a small quantity generator (<50 lbs per month)?	<i>Facility is considered a Small Quantity Generator (SQG) for RMW.</i>
	Does the facility accept waste from other generators under common ownership and control, for purposes of consolidation? Has the necessary filing been made with the DEC and DOH?	<i>This type of facility is beyond the scope of this document.</i>

IDENTIFICATION OF POINTS OF GENERATION

	If yes:	Notes/Contacts/Locations:
Is all RMW identified? [364.9(c)(1)]		
Health Center	<input type="checkbox"/>	
Athletics	<input type="checkbox"/>	
Custodial	<input type="checkbox"/>	
Residence Life	<input type="checkbox"/>	
Research Facility	<input type="checkbox"/>	
Animal Care Facilities	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

EACH POINT OF GENERATION MUST HAVE A SEPARATE AUDIT.

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POINTS OF GENERATION REVIEW			
FACILITY			
POINT OF GENERATION			
CONTACT			
ASSESSOR			
DATE OF ASSESSMENT			
	YES	NO	NOTES
Prior to transport is all RMW (non-sharps) placed in red plastic bags with the word <i>biohazard</i> or the biohazard symbol?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the bag of adequate strength to prevent tearing or bursting under normal conditions of use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are waste sharps placed in a rigid, puncture resistant, leak proof container, with the word <i>biohazard</i> or the biohazard symbol?	<input type="checkbox"/>	<input type="checkbox"/>	
Storage			
Does the area for storage provide protection from the environment and limit exposure to the public?	<input type="checkbox"/>	<input type="checkbox"/>	
Is waste maintained in a non-putrescent state?	<input type="checkbox"/>	<input type="checkbox"/>	
If the facility is a Title 28 facility, has the waste been stored for not more than 30 or 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	
If outdoors, is the area locked?	<input type="checkbox"/>	<input type="checkbox"/>	
If indoors, is access limited to only authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
Is waste stored to afford protection from animals and does not provide a breeding place or food source for insects or rodents?	<input type="checkbox"/>	<input type="checkbox"/>	
Prior to transport is the red bag placed in a secondary rigid container, that <ul style="list-style-type: none"> • is leakproof, • has tight fitting lid, and • if reusable, is kept clean and in good repair? 	<input type="checkbox"/>	<input type="checkbox"/>	
Prior to transport, are the sharps containers placed in the secondary rigid container?	<input type="checkbox"/>	<input type="checkbox"/>	

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Is RMW stored, collected, or handled in disposable or reusable pails, cartons, or portable bins? Is there an adequate disinfection protocol?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each <i>primary</i> container (e.g. red bag or sharps container) have the following information on a water resistant tag: <ul style="list-style-type: none"> • generator's name, and, • generator's address? 	<input type="checkbox"/>	<input type="checkbox"/>	
Does each <i>secondary</i> container have: <ul style="list-style-type: none"> • the generator's name and address; • transporter's name, and either address or permit number; • date of shipment; and, • identification of contents as RMW? 	<input type="checkbox"/>	<input type="checkbox"/>	
Is the RMW transported from one building or part of the campus to another? (Note that if the waste leaves the campus at any time, it must be accompanied by a MWTF.)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the waste self-transported to a treatment or disposal facility e.g., local hospital? (This option is restricted to SQGs.)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the vehicle used for self-transport owned by the generator?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a MWTF used?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the self-transporter registered with the DEC?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a written agreement with the treatment/disposal facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the waste transported by a commercial vendor to a treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the transporter have the appropriate Part 364 permit for such transportation and is it only delivered to the authorized facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the commercial transporter adequately insured?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a MWTF used?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the treatment/disposal facility appropriately permitted?	<input type="checkbox"/>	<input type="checkbox"/>	
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MWTF FILE REVIEW					
FOR EACH OF THE LAST THREE YEARS, HOW MANY SHIPMENTS WERE MADE? _____ If less than 5, examine all manifests. If 15 or fewer, pull random 5 If more than 15, pull random 33% of shipments (More than one page may be required.)					
<i>Indicate <input checked="" type="checkbox"/> for Compliance or # for Notes</i>					
DATE OF SHIPMENT					
Does a Medical Waste Tracking Form document each shipment?					
Is the MWTF complete and signed off?					
Has the generator received a signed copy of the MWTF from the destination facility within 35 days?					
If not, was an exception report made to the DEC if the signed copy was not returned to the generator by the destination facility within 45 days?					
Has the generator kept all MWTF for three (3) years?					
Is a copy of the Part 365 permit for the transporter on file?					
Is a copy of the permit for the destination facility on file?					
NOTES					
Have all persons who handle RMW received OSHA Bloodborne Pathogens training, 29 CFR 1910.1030?					
				Regulation: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS Fact Sheet: https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf	
Do all staff who handle RMW understand the necessary response for a spill?					