**Biohazardous Waste Storage Rooms Audit**

Date Audit Done\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Write “PATH” on all boxes containing pathology waste

Sales Rep Chris Dreckmann – 248-397-8020 x104 or 800-736-2466

Driver is usually Steve Walters – 586-242-89874

PPE Needed: Eye protection, Nitrile Gloves

**Building Name/Location**

Lab Door Sign Present/Correct\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Area Kept Locked/Secured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of items present\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Medical Waste Tracking Form on Each Closed Box\_\_\_\_\_\_\_\_\_\_

Types of waste present\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper Biohazard Labels on Boxes and Storage Units\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper Packaging\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence of Leaks?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biohazardous waste stored < 90 days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence of insects/rodents/pests?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_