

Auditing Regulated Medical Waste Collection Sites

Is there a responsible person packaging the waste? Yes No

Is there a responsible for signing the waste manifests? Yes No

Do personnel have current DOT training? Yes No

Is the waste stored in a secure location? Yes No

Is waste stored to limit exposure from unauthorized individuals? Yes No

Door signs present and appropriate? Yes No

Is pest control procedures in place? Yes No

Is there appropriate PPE present? Yes No

Is there spill control materials available? Yes No

Are the waste containers labeled with "BIOHAZARD/biohazard symbol"? Yes No

Are materials stored in rigid leak proof containers? Yes No

Is the waste stored less than 90 days? Yes No

Are sharps segregated from other lab waste? Yes No

Is the waste stored to prevent putrefying? Yes No

Are sharps segregated and contained in appropriate containers? Yes No

Is the waste double red bagged for transport? Yes No

Are the bags tagged to identify the lab where the waste was generated? Yes No

Is the waste container properly tagged for transport by Stericycle? Yes No

Notes:

Location: _____

Responsible Person: _____

Auditor: _____

Date: _____