



IW Treatment Facility - Autoclave Inspection Checklist

Facility Name	
Address	
Date	Time
Inspection Representatives	
Facility	
Health District	
Ohio EPA	
Other	

Inspection Type	Reason for Inspection	
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Required	<input type="checkbox"/> Other
<input type="checkbox"/> Focused	<input type="checkbox"/> Re-Inspection	

Is the above site being operated in compliance with the following regulations? Please mark the box in the appropriate column to denote compliance status. Marking the box in the NO column indicates that a violation has been noted. Please mark the N/A box if not applicable to this location. This checklist is not all inclusive of regulations applicable to infectious waste treatment facilities.

Y	N	N/A		Y	N	N/A	
			3745-37-01 License (Commercial Facilities Only)				3745-27-33(A) Disposal papers
			(B) Valid license				(2) Complete and legible
			3745-27-32(I) General facility requirements				(3) Kept on file for 3 years
			(1) Record retention for 3 years				3745-27-35 Standards for handling IW
			(2) Complete facility management plan				(A)(1) Maintain integrity of container
			(3) Trained operators				(2) Lock outside storage areas
			(4) Daily logs				(3) Lock or visibly label storage areas
			(5) Operating procedures available				(B)(1) Maintain waste in a nonputrescent state
			(7) Construction & operation in accordance with authorizing documents				(2) Immediately refrigerate or freeze - treat and dispose of putrescent waste
			(8) Construction/maintenance of access roads				(3) Protect from animals and insects
			(9) Proper floors				(C) Treatment facility requirements
			(10) Waste not compacted or punctured				(1) 14 day maximum storage
			(11) Sheltered loading				(2) Not more than 7x daily stored throughput
			(12) Proper disposal of wastewater				(3) Contingency plan maintained as part of the facility management plan
			(13) Proper slopes and drainage				3745-27-32(D) Autoclaving
			(14) Restricted access				(1)(a) Minimum 121°C, 15 psi, 60 minutes
			(15) Shall not treat radioactive waste				(1)(b) Other time/temperature with validation
			(16) Shall not treat hazardous waste				(1)(e) Do not load beyond maximum treatable
			(20) Handling treated waste				

Facility Name	Date
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Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(f) No pathological wastes and gross anatomicals, unless validated
			(2) Specific operational criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Produce and maintain permanent temperature records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Temperature/pressure correspondence

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Independent company calibration/repair
			(3) Quality assurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Monthly quality assurance spore testing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Quality assurance log
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Validation testing (if required)

Comments:

Print Name of Inspector Completing Form	Signature	Date
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