IW Treatment Facility - Incinerator Inspection Checklist

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

Inspection Type	Reason for Inspection	
☐ Comprehensive	☐ Required	☐ Other
☐ Focused	☐ 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	
			3745-37-01 License (Commercial Facilities Only)
			(B) Valid license
			3745-27-32(I) General facility requirements
			(1) Record retention for 3 years
			(2) Complete facility management plan
			(3) Trained operators
			(4) Daily logs
			(5) Operating procedures available
			(7) Construction & operation in accordance with authorizing documents
			(8) Construction/maintenance of access roads
			(9) Proper floors
			(10) Waste not compacted or punctured
			(11) Sheltered loading
			(12) Proper disposal of wastewater
			(13) Proper slopes and drainage
			(14) Restricted access
			(15) Shall not treat radioactive waste
			(16) Shall not treat hazardous waste
			(20) Handling treated waste

Y	N	N/A	
			3745-27-33(A) Disposal papers
			(2) Complete and legible
			(3) Kept on file for 3 years
			3745-27-35 Standards for handling IW
			(A)(1) Maintain integrity of container
			(2) Lock outside storage areas
			(3) Lock or visibly label storage areas
			(B)(1) Maintain waste in a nonputrescent state
			(2) Immediately refrigerate or freeze - treat and dispose of putrescent waste
			(3) Protect from animals and insects
			(C) Treatment facility requirements
			(1) 14 day maximum storage
			(2) Not more than 7x daily stored throughput
			(3) Contingency plan maintained as part of the facility management plan
			3745-27-32(C) Incineration
			(1)(a) Multi-chamber, complete combustion
			(1)(b) Minimum 1200ºF in primary chamber
			(1)(b) Minimum 1600ºF in secondary chamber

Updated: 4/2013

Facility Name	Date

Y	N	N/A	
			(1)(c) Mechanical process to charge infectious waste
			(1)(d) Auxiliary burners
			(1)(e) Not charged beyond max hourly capacity
			(1)(f) Handle partially combusted waste as IW
			(2) Specific operation criteria
			(a) Store all ash in leakproof closed container free from liquids
			(c)(i)(a) Separately test fly and bottom ash

Y	N	N/A	
			(c)(i)(b) Obtain representative samples
			(ii) Dispose of ash appropriately
			(3) Quality assurance
			(a) Produce and maintain permanent temperature records
			(b) Calibrate/replace recording devices
			(c) Validation testing (if required)

Comments:

Print Name of Inspector Completing Form	Signature	Date

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