



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Materials Management Division

Medical Waste Producing Facility Inspection Report

Issued under authority of 1978 PA 368, as amended.

Facility Information

Facility Name: _____ Registration Number: _____

Street Address: _____ Inspection Date: _____

City/Township: _____ Representative: _____

Facility Representative: _____ Phone: _____

Facility Email: _____

Inspection Type (Check one): Initial Potential Follow Up Attached

For the below sections, check C for Compliance, NC for Noncompliance and N/A for Not Applicable.

Facility Type

- 1. Private Practice < 4 licensees (MD, DVM, DDS, etc.) C NC N/A
2. Private Practice >= 4 licensees (MD, DVM, DDS, etc.) C NC N/A
3. Hospice or Nursing Home C NC N/A
4. Hospital C NC N/A
5. Other: _____ C NC N/A

Types of Waste Produced

- 1. Cultures and stocks C NC N/A
2. Blood and body fluids C NC N/A
3. Pathological waste C NC N/A
4. Sharps C NC N/A
5. Infectious animal waste C NC N/A

Packaging, Storage, and Labeling

1. Packaging and storage prevents release [13809(a), 13811, 13821(b)].
 C NC N/A
2. Medical waste properly separated and placed in appropriately labeled containers [13809(b),13809(e), 13810(a)-(c)].
 C NC N/A
3. Storage containers properly labeled [13809(c)].
 C NC N/A
4. Medical waste not mixed with other waste [13809(d)].
 C NC N/A
5. Storage methods prevent putrefaction and infectious agents from coming into contact with individuals and air [13809(f)].
 C NC N/A
6. Outdoor storage in secured area or container [13809(g)].
 C NC N/A
7. Storage does not exceed 90 days, 18-months for $\frac{3}{4}$ full sharps containers; Must be disposed at least once every 18 months for partially filled sharps containers.
 C NC N/A

Medical Waste Management Plan

1. Plan available [13813(1)].
 C NC N/A
2. Type(s) of medical waste produced*.
 C NC N/A
3. Segregation, packaging, labeling, and collection procedures used*.
 C NC N/A
4. Use and methods of on-site or off-site storage*.
 C NC N/A
5. Use and methods of on-site or off-site decontamination*.
 C NC N/A
6. Use of on-site or off-site incineration*.
 C NC N/A

7. Name and address of solid waste hauler who collects and transports medical waste for the facility*.
- C NC N/A
8. Use of sanitary landfills, cemeteries, and other final disposal sites*.
- C NC N/A
9. Measures to minimize exposure of the facility's employees to infectious agents throughout the process of handling and disposing of the medical waste*.
- C NC N/A

*For additional information, please refer to [EGLE's Medical Waste Regulatory Information website](#).

Records

1. Employee training records [Rule 7].
- C NC N/A
2. Shipping/disposal records document proper method for waste type(s).
- C NC N/A
3. If decontamination or sanitization done onsite, testing data and results demonstrating effectiveness [Rule 4].
- C NC N/A

Comments:

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