SOLID & MEDICAL WASTE AUDIT QUESTIONNAIRE

Facility Name:       PR#

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DEH recommends development of an Emergency Action Plan (EAP) for any potential off-site release of Medical Waste. (Leave handout regarding “Elements of an Emergency Action Plan”)

EMERGENCY CONTACT(S) IN THE EVENT OF A MEDICAL WASTE SPILL:

Name/Title/Phone: ____________________________

What company is your current Solid Waste Hauler? ____________________________

What type & size (bin(s) or compactor) of Solid Waste Container(s) are used? ____________________________

Is it shared by other businesses? ____________________________ What is the frequency of pick up? ____________________________

Who is responsible for the removal of Solid Waste to the outside container(s)? ____________________________

Is the Solid Waste area or container(s) secured? ____________________________

What company is your current Medical Waste Transporter/Hauler? ____________________________

What is the frequency of pick up? ____________________________ Who is responsible for the removal of Medical Waste to the Consolidation Area? ____________________________

(Leave Handout “Measures to Help Assist With Proper Medical Waste Disposal”)

DEH recommends regular training & monitoring regarding the various waste streams (e.g. proper identification, segregation & handling): Medical Waste (sharps, biohazardous “red bag” & pharmaceutical waste), Hazardous Waste & Solid Waste. Please list existing program(s):

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DEH recommends the development of aggressive Recycling Program(s). Existing program(s):

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