

Biomedical Waste Management Plan Checklist

Each biomedical waste generator or biomedical waste storage/treatment operator should place this checklist on top of their biomedical waste management plan. This cover sheet will help you prepare a complete biomedical waste management plan and allow any Public Health Seattle & King County inspectors to easily find all the plan components. All of the following items must be included according to King County Board of Health Code Chapter 10.07, "Biomedical Waste."

Name of Business:		Phone:			
Facility Site Address:		City:	Zip		
Contact Person (Person-in-Charge or Operator) Names:		Phone:			
Mailing Address:		City:	State: Zip:		
Contact Person email:		For City of Seattle Only – SDCI Project Number (if already assigned)			
<input checked="" type="checkbox"/>	Item Number	Item	Description	Page Sheet/Number	Office Use Only
<input type="checkbox"/>	1	Infection control staff/committee members	Please include member(s) names and contact information.		
<input type="checkbox"/>	2	Phone number(s) of responsible individual(s)	Phone numbers for those responsible for ensuring biomedical waste is handled properly at the facility		
	3	Definition of wastes handled by the system	Outlining what types of biomedical wastes are handled by the facility		
<input type="checkbox"/>	4	Department and individual responsibilities	Which departments and staff are responsible for implementing the plan?		
	5	Waste handling procedures	Identify procedures for waste identification, segregation, containment, transport, treatment, treatment monitoring, and disposal.		
<input type="checkbox"/>	6	Contingency planning	Provide alternatives for handling biomedical waste if there is a unexpected change in your waste handling procedures or capacity		
	7	Staff/ housekeeping training for biomedical waste identification	What trainings are provided to staff to ensure biomedical waste is handled safely and will not be accidentally mixed with solid waste?		
<input type="checkbox"/>	8	Compliance with bio-medical waste regulations	Identify compliance with all applicable state and federal regulations other than the Board of Health Chapter 10.07.		
<input type="checkbox"/>	9	CEO's endorsement letter	Please have the chief executive officer (CEO) provide a letter endorsing the plan .		
<input type="checkbox"/>	10	Process for internal annual review	Include how the plan will be reviewed annually by infection control staff/committee members and responsible individuals.		
OFFICE USE ONLY					
			Date:		
Reviewed by:	Date:	Time:	Activity min:		

Alternative formats available upon request