



**County of San Bernardino • Department of Public Health  
Division of Environmental Health Services  
LAND USE PROTECTION PROGRAM  
MEDICAL WASTE - OFFICIAL PLAN REVIEW REPORT**

[www.sbcounty.gov/dph/dehs](http://www.sbcounty.gov/dph/dehs)

**(800) 442-2283**

FACILITY NAME <b>CAL STATE UNIVERSITY</b>				DATE <b>7/10/2014</b>	SIGNATURE	
LOCATION <b>5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407</b>				REINSPECTION DATE <b>7/10/2015</b>	PERMIT EXPIRATION <b>3/31/2015</b>	
MAILING ADDRESS <input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT <b>5500 UNIVERSITY PKWY, SAN BERNARDINO CA 92407</b>				REHS <b>Grizelda Reisinger</b>		
FA # <b>FA0006523</b>	PR # <b>PR0011819</b>	SR # <b>Not Specified</b>	CO # <b>Not Specified</b>	PE <b>4810</b>	PROGRAM IDENTIFIER: <b>None</b>	
TIME IN <b>3:30 PM</b>	TIME OUT <b>5:30 PM</b>	CONTACT <b>Not Captured</b>			SERVICE: <b>001 - INSPECTION - ROUTINE</b>	
					RESULT: <b>03 - CORRECTIVE ACTION / NO FOLLOW UP REQ</b>	
					ACTION: <b>01 - NO FURTHER ACTION REQUIRED</b>	

**MEDICAL WASTE - LQG - Community Clinic**

**48K038 Storage - Red Biohazard Bags**

**Compliance Date:** Not Specified

**Not In Compliance**

**Violation Reference - HSC - 118275 (b)**

**Inspector Comments:** In the Nursing lab, a red biohazardous waste can was observed without the proper red bag inside. While a red bag was found inside, it did not have the proper symbol on it. Inside the can, only a candy wrapper and gloves were observed. The biohazard sticker on the can was removed. If biohazard containers are to be used in the classroom, proper red biohazard bags shall be used as stated in section 118275 (b) of the Medical Waste Management Act.

**Violation Description:** Biohazardous waste, except biohazardous waste as defined in subdivision (g) of Section 117635, shall be placed in a red biohazard bag conspicuously labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD."

**48K062 Storage - Sharps Containers**

**Compliance Date:** Not Specified

**Not In Compliance**

**Violation Reference - HSC - 118285**

**Inspector Comments:** In the Nursing lab, observed several overfilled sharps containers. One container was found so overfilled that the lid was somewhat difficult to snap shut. Ensure all students know to stop placing sharps waste in sharps containers once they are at the fill line or 3/4 full to ensure proper closure and prevent loss of contents.

**Violation Description:** To containerize sharps waste, a person shall do all of the following: (a) Place all sharps waste into a sharps container. (b) Tape closed or tightly lid full sharps containers ready for disposal to preclude loss of contents. (c) Store sharps containers ready for disposal for not more than thirty days without the written approval of the enforcement agency. (d) Label sharps containers with the words "sharps waste" or with the international biohazard symbol and the word "BIOHAZARD".

**48K252 Storage - Consolidate**

**Compliance Date:** Not Specified

**Not In Compliance**

**Violation Reference - HSC - 118275 (h)**

**Inspector Comments:** In the Health Center, sharps and pharmaceutical vials were found commingling in a sharps container. Inspector was unable to verify if vials were completely empty. If sharps and pharmaceuticals are to be consolidated in sharps containers, ensure the "incineration only" label is placed on the container for proper treatment.

**Violation Description:** A person may consolidate into a common container, which may be reusable, sharps waste, as defined in Section 117755, and pharmaceutical wastes, as defined in Section 117747, provided that the consolidated waste is treated pursuant to paragraph (1) of subdivision (a) of Section 118215 and the container meets the requirements of Section 118285. The container shall be labeled with the biohazardous waste symbol and the words ""HIGH HEAT ONLY"", ""INCINERATION"", or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to this subdivision.

**Overall Inspection Comments**



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An annual medical waste inspection was conducted on this date.

TCI is the approved hauler for this facility. Three years of tracking documents were available for review. Medical Waste Management Plan is still current. No update necessary.

Submit this Certificate of Compliance and Corrective Action Plan to Environmental Health Services (EHS) within 30 days from receipt of this notice.

**CERTIFICATE OF COMPLIANCE**

Facility Number: FA006523

- I have attached the Corrective Action Plan to this Certificate of Compliance to indicate the violations have been corrected.
- The Corrective Action Plan states the actions taken by this facility to correct the noted violation(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/ Type Name

\_\_\_\_\_  
Title

Contact Grizelda Reisinger, REHS, Medical Waste Program at 800-442-2283 if you have any questions.

**Photo Attachments:**

No Photo Attachments