



**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

(800) 442-2283

FACILITY NAME CAL STATE UNIVERSITY				DATE 7/14/2014	SIGNATURE	
LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407				REINSPECTION DATE 7/14/2015	PERMIT EXPIRATION 3/31/2015	
MAILING ADDRESS 5500 UNIVERSITY PKWY, SAN BERNARDINO CA 92407				REHS Grizelda Reisinger		
FA # FA0006523	PR # PR0010282	SR # Not Specified	CO # Not Specified	PE 4866	PROGRAM IDENTIFIER: None	
TIME IN 9:15 AM	TIME OUT 10:50 AM	CONTACT Not Captured			SERVICE: 001 - INSPECTION - ROUTINE	
				RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP REQ		
				ACTION: 01 - NO FURTHER ACTION REQUIRED		

MEDICAL WASTE - LQG - Onsite Med Waste Treatment

48K022 Treatment - Steam Sterilization Requirements

Compliance Date: Not Specified

Not In Compliance

Violation Reference - HSC - 118215(a)(2) A-E

Inspector Comments: No paperwork for the autoclave was available for review during this inspection. REPEAT VIOLATION. An Autoclave Log was observed onsite indicating run date, run time and max temp. Log indicated a last run date of 7/10. Unable to determine the year. Provide a copy of the SOP for autoclave use as required. Proof that thermometers are being calibrated/ serviced at least annually. Proof that heat sensitive tape or other device to indicate each load is being properly sterilized. Proof of monthly spore testing. Provide records indicating that Bacillus stearothermophilus is being run with a load at least monthly. Observed expired Bacillus stearothermophilus vials in refrigerator. The above mentioned MUST be maintained available for review during inspections for a period of not less than 3 years.

Violation Description: Steam sterilization at a permitted medical waste treatment facility or by other sterilization, in accordance with all of the following operating procedures for steam sterilizers or other sterilization: (A) Standard written operating procedures shall be established for biological indicators, or for other indicators of adequate sterilization approved by the department, for each steam sterilizer, including time, temperature, pressure, type of waste, type of container, closure on container, pattern of loading, water content, and maximum load quantity. (B) Recording or indicating thermometers shall be checked during each complete cycle to ensure the attainment of 121* Centigrade (250* Fahrenheit) for at least one-half hour, depending on the quantity and density of the load, to achieve sterilization of the entire load. Thermometers shall be checked for calibration annually. Records of the calibration checks shall be maintained as part of the facility's files and records for a period of three years or for the period specified in the regulations. (C) Heat-sensitive tape, or another method acceptable to the enforcement agency, shall be used on each biohazard bag or sharps container that is processed onsite to indicate the attainment of adequate sterilization conditions. (D) The biological indicator Bacillus stearothermophilus, or other indicator of adequate sterilization as approved by the department, shall be placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions. (E) Records of the procedures specified in subparagraphs (A), (B), and (D) shall be maintained for a period of not less than three years.

Overall Inspection Comments

An annual routine inspection was conducted on this date. Medical Waste Management Plan on record from 2012 is still current. No update necessary.

Autoclave is used to treat biowaste produced in lab classes for microbiology and other classes. Once treated, the treated bags are collected by the approved hauler, TCI. Three years of tracking documents were available for review.

All of the requirements for Steam Sterilization were found missing during this inspection. This is a repeat violation.

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, Medical Waste Program at 800-442-2283 should you have any questions.



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Photo Attachments:

No Photo Attachments