



MEDICAL WASTE - OFFICIAL PLAN REVIEW REPORT

FACILITY NAME CAL STATE UNIVERSITY		REINSPECTION DATE Next Routine		INSPECTOR Yong Aday	DATE 9/24/2015
LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407				PERMIT EXPIRATION 3/31/2016	IDENTIFIER: None
TIME IN 12:15 PM	TIME OUT 12:58 PM	FACILITY ID FA0006523	RELATED ID PR0010282	PE 4866	SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE 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

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

Inspector Comments: Only a temperature log was maintained for the autoclave operation.

The following steam sterilization operation procedures shall be maintained according to code:

1. 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.

2. 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, thermocouples, or other monitoring devices identified in the facility operating plan 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 two years or for the period specified in the regulations.

3. 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 that the waste went through heat treatment. If the biohazard bags or sharps containers are placed in a large liner bag within the autoclave for treatment, heat-sensitive tape or another method acceptable to the enforcement agency only needs to be placed on the liner bag and not on every hazardous waste bag or sharps container being treated.

4. The biological indicator *Geobacillus 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.

5. Records of the procedures specified in subparagraphs (A), (B), and (D) shall be maintained for a period of not less than two years.

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



MEDICAL WASTE - OFFICIAL PLAN REVIEW REPORT

FACILITY NAME CAL STATE UNIVERSITY	DATE 9/24/2015
LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407	INSPECTOR Yong Aday

An annual routine inspection was conducted on the onsite autoclave medical waste treatment. Record keeping was inadequate. Therefore, the inspector could not verify proper operation of the autoclave. Operator stated that all medical waste treated by the autoclave would be picked up by TCI and would be treated again. Inspector suggested operator to obtain a letter form TCI stating that the autoclaved medical waste from this facility will be treated again. Such letter has not been received by the inspector at this time.

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: FA0006523

- 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 the LEA, Medical Waste Program at 800-442-2283 if you have any questions.

Signature(s) of Acknowledgement

NAME:
TITLE:

Total # of Images: 0