

MEDICAL WASTE - OFFICIAL PLAN REVIEW REPORT

FACILITY NAME CAL STATE UNIV	ERSITY		Next Routine	INSPECTOR Yong Aday	9/24/2015	
LOCATION 5500 UNIVERSITY	Y PKWY, SAN BERI	NARDINO, CA 92407	PERMIT EXPIRATION 3/31/2016	IDENTIFIER: None SERVICE: 001 - INSPECTION - ROUTINE		
9:35 AM	12:15 PM	FA0006523	PR0011819	PE 4810		ACTION / NO FOLLOW UP RE ACTION REQUIRED

MEDICAL WASTE - LQG - Community Clinic

48K048 Storage - Pharmaceutical Waste

Compliance Date: Not Specified Not In Compliance

Reference - HSC - 118275 (g)

Inspector Comments: In a minor procedure room at the Health Center and in the Psychology lab, vials and syringes were observed in sharps containers. The inspector was not able to verify whether or not the vials and syringes contained medication. If sharps and pharmaceutical waste are consolidated in sharps containers, the containers shall be labeled with "Incineration Only".

Description: Biohazardous waste, which meets the conditions specified in subdivision (g) of Section 117635, shall be segregated for storage and, when placed in a container or secondary container, that container shall be labeled with the words "INCINERATION ONLY" 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 Section 118222.

48K062 Storage - Sharps Containers

Compliance Date: Not Specified

Not In Compliance

Reference - HSC - 118285

Inspector Comments: In the storage room behind the Physical Education lab, three containers of sharps waste that were transported from another location were sitting on a cardboard box; and one of the containers' lid could be easily lifted open. Tape close or tightly lid sharp containers ready for disposal to preclude loss of content.

Note: The room was not a designated storage room for medical waste, so above three containers of sharps waste shall be stored in a secured area with proper signage.

In the Physical Education lab, multiple sharps containers were overfilled, which prevent proper lock the containers. Ensure sharps waste is not filled above the fill line indicated on the containers.

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".

48K250 Storage - Biohazardous Containers, Lids, Label

Compliance Date: Not Specified

Not In Compliance

Reference - HSC - 118280 (b)

Inspector Comments: Observed inadequately labeled biohazardous containers at several locations including biology labs, physical education, and designated storage area: the words "Biohazardous Waste" or the word "BIOHAZARD" with international biohazardous symbol was missing on containers' lids or was not visible from some lateral directions on the sides.

Description: Biohazardous waste, except biohazardous waste as defined in subdivision (g) of Section 17635, shall be bagged in accordance with subdivision (b) of Section 118275 and placed for storage, handling, or transport in a rigid container which may be disposable, reusable, or recyclable. Containers shall be leak resistant, have tight-fitting covers, and be kept clean and in good repair. Containers may be recycled with the approval of the enforcement agency. Containers may be of any color and shall be labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and on the sides so as to be visible from any lateral direction. Containers meeting the requirements specified in Section 66840 of Title 22 of the California Code of Regulations, as it read on December 31, 1990, may also be used until the replacement of the containers is necessary or existing stock has been depleted.

Overall Inspection Comments

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LOCATION 5500 UNIVERSITY PKWY, S	SAN BERNARDIN	D. CA 92407	inspector Yong Aday
An annual routine inspectio	on was conducted	on this date. TCI picks up the medical waste on v. Medical Waste Management Plan was current	ce a week. Three years of
Submit this Certificate of Co from receipt of this notice.	ompliance and Co	orrective Action Plan to Environmental Health Se	rvices (EHS) within 30 days
CERTIFICATE OF COMPL	IANCE		
Facility Number: FA000652	23		
I have attached the Corrected.	ctive Action Plan	to this Certificate of Compliance to indicate the v	riolations have been
The Corrective Action Plan	in states the actio	ns taken by this facility to correct the noted viola	tion(s).
Signature	Date		
Print/ Type Name	Title		
Contact the LEA, Medical V	Waste Program at	800-442-2283 if you have any questions.	
Signature(s) of Acknow	wledgement		
NAME: TITLE: Total # of Images: 0			

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