

FACILITY NAME			REINSPECTION DATE	INSPECTOR	date	
CAL STATE UNIVERSITY				Grizelda Reisinger	1/24/2017	
LOCATION			PERMIT EXPIRATION	IDENTIFIER: None	ROUTINE	
5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407			3/31/2017	SERVICE: 001 - INSPECTION -		
TIME IN	TIME OUT	FACILITY ID	RELATED ID	<sup>ре</sup>	RESULT: 03 - CORRECTIVE	ACTION / NO FOLLOW UP RE
12:00 PM	3:10 PM	FA0006523	PR0010282	4866	ACTION: 01 - NO FURTHER	ACTION REQUIRED

## **MEDICAL WASTE - LQG - Onsite Med Waste Treatment**

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code, <u>Schedule of Fees</u>.

Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

See the following pages for the code sections and general requirements that correspond to each violation listed below.

### 48K032 Definition - Approved Biohazard Bags

Compliance Date: Not Specified	Inspector Comments: In the animal house, nursing skills lab (rm 234) and in the gym, red biohazard bags
Not In Compliance	were found without the ASTM indicator on the bags. Ensure all bags used to contain biohazardous waste are
Reference - HSC - 117630	adequate.

**Description:** "Biohazard bag" means a disposable red bag that is impervious to moisture and has strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling of the waste-filled bag. A biohazard bag shall be constructed of material of sufficient single thickness strength to pass the 165-gram dropped dart impact resistance test as prescribed by Standard D 1709-85 of the American Society for Testing and Materials and certified by the bag manufacturer.

#### 48K050 Storage - Bags Tied

Compliance Date: Not Specified	Inspector Comments: in the animal house, one bags was found untied and another was found torn. Ensure	
Not In Compliance	any torn bags are double bagged and that bags are properly tied to prevent expulsion of contents.	
Reference - HSC - 118280 (a)		

**Description:** To containerize biohazard bags, a person shall do the following: (a) The bags shall be tied to prevent leakage or expulsion of contents during all future storage, handling, or transport.

#### 48K063 Storage - Interim Storage Area

Compliance Date: Not Specified	Inspector Comments: In the skilled nursing lab, (rm 234) a full sharps waste container was found in a regular
Not In Compliance	waste container. Ensure all full containers that are ready for disposal are placed in the proper secondary
Reference - HSC - 118307	containers for proper treatment. In the skills lab (rm 257), in the interim storage area, the biohazard symbol was
	missing from the door. A biohazard sticker was placed on the door until an adequate sign is obtained.

**Description:** Medical waste that is stored in an area prior to transfer to the designated accumulation area, as defined in Section 118310, shall be stored in an area that is either locked or under direction supervision or surveillance. Intermediate storage areas shall be marked with the international biohazardous symbol or the signage described in Section 118310. These warning signs shall be readily legible from a distance of five feet.

#### **Overall Inspection Comments**



**Public Health** 

### MEDICAL WASTE - OFFICIAL INSPECTION REPORT

FACILITY NAME CAL STATE UNIVERSITY	date 1/24/2017
LOCATION	INSPECTOR
5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407	Grizelda Reisinger

An annual inspection was conducted on this date. All records were recieved according to section 118215 of the MWMA. Records reviewed for the autoclave were, SOP, PM records indicating thermometer calibration, records indication the temperature and time for each load run, observation of the heat sensitive tape in use, results of the spore testing concucted monthly and training records for employees.

The following places inspected with their respective designated accumulation areas and/or interim storage areas: Animal House Microbiology Lab (onsite treatment) Animal Care Unit (Social Behavioral Science) Kinesiolgy Nursing Skills Labs I and II Gymnasium

Some minor deficiences were noted during this inspection. Properly correct the noted deficiencies.

Please 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

• 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