385 N Arrowhead Ave, San Bernardino, CA 92415 | Phone: 800.442.2283 Fax: 909.387.4323
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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

MEDICAL WASTE - OFFICIAL INSPECTION REPORT

FACILITY NAME				REINSPECTION DATE	INSPECTOR	DATE
CAL STATE UNIVERSITY				Next Routine	Grizelda Reisinger	1/24/2017
LOCATION				PERMIT EXPIRATION	IDENTIFIER: None	
5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407				3/31/2017	SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE	RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE	
10:05 AM	11:30 AM	FA0006523	PR0011819	4810	ACTION: 01 - NO FURTHER ACTION REQUIRED	

MEDICAL WASTE - LQG - Community Clinic

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, Schedule of Fees.

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.

48K252 Storage - Consolidate

Compliance Date: Not Specified

Not In Compliance

Reference - HSC - 118275 (h)

Inspector Comments: Numerous liquid pharmaceutical vials were found in sharps containers. When consolidating sharps and pharmaceuticals ensure proper label is placed on container. The container shall be labeled with the biohazardous waste symbol and the words ""HIGH HEAT ONLY"", ""INCINERATION"", so as to be visible from any lateral direction, to ensure treatment.

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

An annual inspection was conducted on this date. One violation was noted on this date. Properly correct the noted violation.

Note: In room 106, the foot pedal on the biohazard container was found broken. Replace the container with a fully functional container.

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

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

NAME:
TITLE:

Total # of Images: 0