



### MEDICAL WASTE - OFFICIAL INSPECTION REPORT

FACILITY NAME CAL STATE UNIVERSITY		REINSPECTION DATE Next Routine	INSPECTOR Rodney Tolosa	DATE 6/14/2018
LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407		PERMIT EXPIRATION 3/31/2019	IDENTIFIER: None	
TIME IN 9:42 AM	TIME OUT 12:57 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

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.

#### 48K022 Treatment - Steam Sterilization Requirements

Compliance Date: Not Specified  
Not In Compliance  
Reference - HSC - 118215(a)(2) A-E

**Inspector Comments:** Observed the following at the Biology Building Medical Waste Autoclave:  
1. Missing spore test results for the biology department medical waste autoclave for the following months since the last routine annual inspection - 02/17, 03/17, 04/17, 05/17, 06/17, 07/17, 08/17, 09/17, and 11/17.  
2. Missing records on annual thermometer calibration for the medical waste autoclave.  
3. Missing records on annual training for use of the medical waste autoclave.

Ensure proper record keeping is kept on-site. Monthly spore testing with records kept for at least two (2) years. Annual thermometer calibration for autoclave with records kept for at least two (2) years. Annual training for operators that operate the medical waste autoclave with records kept for at least two (2) years.

HSC Section 117967.

"(a) Large quantity generators that treat medical waste onsite using steam sterilization, incineration, microwave technology, or other department approved treatment technology to treat medical waste shall train the operators of the equipment in its use, proper protective equipment to wear, if necessary, and how to clean up spills to ensure that the equipment is being operated in a safe and effective manner.  
(b) Annual training for the operators shall be provided after the initial training has been completed.  
(c) The training shall be documented and the documentation shall be retained at the facility for a minimum of two years. Training shall comply with applicable federal Occupational Safety and Health Administration regulations, including those found in Section 1910 of Title 29 of the Code of Federal Regulations."

**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.

#### 48K050 Storage - Bags Tied

Compliance Date: Not Specified  
Not In Compliance  
Reference - HSC - 118280 (a)

**Inspector Comments:** Observed one (1) untied biohazardous bag ready for disposal in a freezer chest located at Room 36 inside the Animal House. Biohazardous bag indicates that the source originates from the biology department.

Ensure that all biohazardous bags are tied in an approved manner when ready for disposal. Biohazardous bags shall be tied single-knot style (goose neck style) in a manner that prevents leaks or expulsion of biohazardous materials to occur.

**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.



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**48K250 Storage - Biohazardous Containers, Lids, Label**

**Compliance Date:** Not Specified  
**Not In Compliance**  
**Reference - HSC - 118280 (b)**

**Inspector Comments:** Observed eight (8) fifty gallon pathological waste containers, for incineration only, without lids that were ready for disposal in the designated accumulation area at the Animal House.

Corrected on site – lids were applied to all open pathological waste containers.

Ensure that all waste ready for disposal are kept in rigid containers with tight-fitting covers.

**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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A routine annual inspection was conducted on this date.

The following areas were inspection for this permit:

1. Animal House – Pathology, sharps, and biohazardous waste – weekly medical waste pick up
2. Biology Building – Pathology, sharps, and biohazardous waste. Pathology and Sharps waste transported to Animal House Designated Accumulation Area. Biohazardous waste autoclaved using LQG – Onsite Treatment permit then transported in rigid containers to the Animal House DAA.
3. Social and Behavioral Building – Pathology, sharps, and biohazardous waste – medical waste pick up as needed (small quantity of medical waste generated at this department).
4. Kinesiology department – Sharps and biohazardous waste – medical waste transported in tightly lidded rigid containers to the Animal House DAA.
5. Nursing Skills Labs – Sharps and biohazardous waste – medical waste transported in tightly lidded rigid containers to the Animal House DAA.
6. Recreational Center – One (1) five gallon container for biohazardous waste stored in a locked and labeled room next to the indoor basketball court for emergency use. Any biohazardous waste collected at the recreational center will be transported in a tightly lidded and rigid container to the Animal House DAA.

Thermal Combustion Innovators, Inc (TCI) is used as medical waste hauler.

Biology Department – Autoclave:

- Monthly spore test results are kept. Biology department uses the biological indicator *Geobacillus stearothermophilus* to conduct spore testing on-site. Note: biological indicators were observed to be expired but testing still indicated accurate results.
- Standard Operating Procedure for autoclave kept on-site.
- Autoclave logs kept on-site and up-to-date.
- Heat sensitive tape on-site and used properly.
- No records of annual OSHA compliant training for use of autoclave were observed.
- No records of annual thermometer calibration for the autoclave were observed.

Note: Update Medical Waste Management Plan and submit revised MWMP within thirty (30) days.

- Include Estimated Monthly Medical Waste Generated for each permit.
- Include Pharmaceutical Waste as types of medical waste to include pharmaceutical waste disposal at the student health center.
- Add an Emergency Action Plan. See HSC Section 118235.

“ Each medical waste treatment facility issued a medical waste permit shall provide the enforcement agency with an emergency action plan that the facility shall follow to ensure the proper disposal of medical waste in the event of equipment breakdowns, natural disasters, or other occurrences.”

See HSC Section 117960 for all applicable requirements for both permits.

Three (3) deficiencies were noted on this date. Properly correct and send back corrective action plan.

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.



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- 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.

**Total # of Images: 0**