



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 12:57 PM	TIME OUT 1:40 PM	FACILITY ID FA0006523	RELATED ID PR0011819	PE 4810	SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE 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.

48K050 Storage - Bags Tied

Compliance Date: Not Specified

Not In Compliance

Reference - HSC - 118280 (a)

Inspector Comments: Observed two (2) improperly tied biohazardous bags inside a biohazardous container ready for disposal at the designated accumulation area located outside the Student Health Center.

Ensure biohazardous bags are properly tied with single-knot style (goose-neck) in a manner that prevents leaking or expulsion of biohazardous waste.

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.

Overall Inspection Comments



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A routine annual inspection was conducted on this date. Pharmaceutical containers meant for incineration only were installed since the last routine annual inspection. Thermal Combustion Innovators, Inc used as medical waste hauler. Weekly pick-ups at the designated accumulation area located at the Student Health Center.

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.

One (1) deficiency was 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.
- 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