

Medical Waste Compliance Checklist

For Healthcare Facilities in the Midwest · OSHA · DOT · EPA · DEA · HIPAA

Section 1: Waste Identification & Segregation

■ All regulated medical waste is identified and labeled at the point of generation

Includes sharps, pathological waste, blood-soaked materials, cultures & stocks

■ Separate containers used for sharps, red bag waste, and non-regulated waste

Never mix regulated medical waste with regular trash

■ Biohazard symbol displayed on all containers and storage areas

Required under OSHA 29 CFR 1910.1030

■ Pharmaceutical waste (non-DEA) separated from other medical waste

■ DEA-controlled substances have a documented destruction plan

Must use DEA-authorized method per 21 CFR Part 1317

Section 2: Container Requirements

■ Sharps containers are puncture-resistant, leak-proof, and closeable

FDA-cleared containers required; fill no more than 3/4 full

■ Red bags are tear-resistant and at minimum 1.5 mil thickness

■ All containers properly closed/sealed before transport or pickup

■ Containers are not overfilled or left open for extended periods

OSHA violation risk if left open

■ Reusable containers are cleaned and decontaminated between uses

MedWaste Solution provides free reusable bin service

Section 3: Storage & Facility Requirements

■ Designated, secured storage area for medical waste prior to pickup

Must be inaccessible to unauthorized personnel

■ Storage area is labeled with biohazard signage

■ Storage area is free from pests and environmental hazards

■ Waste not stored longer than permitted timeframes

Large generators: 30 days max; small: 90 days max

■ Refrigeration used for pathological waste if stored >7 days

Section 4: Transportation & DOT Compliance

■ **Waste transported by a licensed, permitted medical waste hauler**

Verify current state and DOT permits

■ **Shipping papers / waste manifests completed for each pickup**

■ **Packaging meets DOT 49 CFR Part 173 requirements**

■ **Driver has current DOT hazmat training (every 3 years)**

Required under 49 CFR 172.704

■ **Vehicle placard/markings requirements met for quantity transported**

Section 5: Employee Training & OSHA

■ **Annual Bloodborne Pathogens training completed for all at-risk staff**

OSHA 29 CFR 1910.1030 requires annual refresher

■ **Exposure Control Plan updated annually and accessible to staff**

■ **PPE available and used when handling regulated waste**

Gloves, gowns, face protection as applicable

■ **Hepatitis B vaccination offered to all at-risk employees**

■ **Exposure incident procedures documented and communicated**

Section 6: Documentation & Recordkeeping

■ **Waste manifests/tracking documents retained for required period**

Typically 3 years minimum; check state requirements

■ **Training records maintained for each employee**

■ **Certificates of destruction on file for shredded documents**

HIPAA-required for PHI destruction

■ **EPA ID number current and on file if applicable**

■ **Annual/biennial RCRA reports filed if required**

Section 7: HIPAA & Document Destruction

■ **PHI-containing documents shredded by NAID-certified vendor**

OnTime Shredding — NAID Member

■ **Chain-of-custody maintained for document destruction**

■ **Certificates of destruction retained for each service**

HIPAA requires documented proof of destruction

■ **Electronic media (hard drives, devices) properly wiped or destroyed**

■ **Business Associate Agreement (BAA) in place with shredding vendor**

