

CHECKLIST FOR INFECTIOUS WASTE MANAGEMENT PLAN REVIEW

A. SPILL PLAN EQUIPMENT & PROCEDURES

disinfectant ____
absorbent ____
shovel ____
gloves ____
public protection ____
bags and boxes ____
notification ____
protective clothing ____

B. CONTINGENCY PLANS

alternate treatment site ____
other storage sites ____

C. HANDLING & STORAGE

handling ____
protective gear ____
packaging ____
package transfer ____
locked vehicles ____
vehicle disinfection ____

D. RADIOLOGICAL MONITORING

Check all boxes at pick-up point for presence of radioactivity with radiation survey instrument ____

E. HEALTH & SAFETY TRAINING

risks associated with infectious waste ____
spill plan procedures ____
protective gear ____
schedule of training ____
proof of training ____

E. PROOF OF FINANCIAL RESPONSIBILITY

\$1,000,000.00 per occurrence ____
\$500.00 processing ____