



**Potentially Infectious  
Waste Storage Area  
Inspection Form**  
*Environmental Health and Safety*

Facility Details			
Building Name:			
Address:			
Room Number:			
Containers & Labels	Yes	No	NA
1. Are all containers in good condition, non-leaking, and sealed/closed tightly?			
2. Are red bags labeled with the International Biohazard Symbol and the word "biohazard" used inside containers?			
3. Are containers of sufficient strength and managed to prevent ripping, bursting, rupturing or other damage? (Ensure weights are not excessive, and do not exceed container's strength capabilities.)			
4. Are all containers marked on two opposite sides of the outer package with the International Biohazard Symbol and the word "biohazard"?			
5. Are all sharps stored in rigid, puncture-proof and leak-proof containers, with "sharps" identified on the container?			
6. Is the generator's name, address, and phone number marked on a water resistant label or tag securely attached to outer package prior to shipment?			
7. Is there an infectious/biohazard spill kit in area?			
Storage	Yes	No	NA
8. Is storage area protected and free of pests such as insects and animals?			
9. Is storage area protected from weather conditions?			
10. Is access to the storage area restricted to authorized personnel?			
11. Are biohazard signs posted on access doors to storage area?			
12. If floor drains are present, are they protected from potential spills and/or discharge to the local sanitary sewer system?			
13. Is waste maintained in a non-putrescent state, using refrigeration when necessary?			
Manifests/Training	Yes	No	NA
15. Are manifests being sent to the appropriate central office for recordkeeping purposes?			
16. Is required training complete and current for staff signing manifests?			

**Deficiencies Observed**

- ☐ No compliance deficiencies were observed at the time of the inspection.
- ☐ Compliance deficiencies were noted and corrected at the time of the inspection.
- ☐ Compliance deficiencies were noted and could **NOT** be corrected at the time of the inspection.  
How many compliance deficiencies could not be corrected at the time of the inspection? \_\_\_\_\_

**Corrective Action(s) Required**

Comments:

Due Date:

Inspector Name:

Signature:

Date:

Site Representative Name:

Signature:

Date: