

MEDICAL OPERATIONS FORM

Legal Business Name: _____

Facility Name: _____

Section A: Operation Description

1. Operation description:

a) Date medical operation began operating (mo/yr): _____

b) Size of medical operation (square feet): _____

c) Average number of employees per shift: 1st _____ 2nd _____ 3rd _____

d) Shift start times: 1st _____ 2nd _____ 3rd _____

e) Days of operation Sunday Monday Tuesday Wednesday Thursday Friday Saturday

(check all that apply)

f) Hours of Operation: _____

g) Best time for inside inspections: _____

Section B: Facility Description

1. Type of facility: (check all that apply)

Hospital Laboratory Medical offices Dental offices
 Veterinary office Other _____

2. Major equipment used at this facility: (check all that apply)

X-ray processor Photo developing Laundry Floor cleaning
 Sterilizer Wastewater Pretreatment San-i-pak Autoclave
 Shredder Other _____

3. Fixtures: (check all that apply)

Scrub Sink Floor Drain Portable Sink Mop Sink
 Pre-Rinse Sink Hand Sink Other _____

Section C: Waste Management

Trash / Solid Waste Disposal

1. Type of collection receptacle(s): (check all that apply)

Cans Dumpster Compactor Other _____

2. Location of collection receptacle(s): _____

3. Frequency of pick-up: _____

4. Trash removal service (business name and address): _____

5. Do you share the use of the trash receptacle? Yes No

6. Does your facility recycle or dispose of mercury? Yes No
If yes, how is it recycled/disposed of? _____

7. Does your facility recycle or dispose of lead? Yes No
If yes, how is it recycled/disposed of? _____

8. Does your facility handle silver or x-ray film? Yes No
If yes, how is it handled? _____

Medical Waste Disposal

9. Does your facility have an incinerator? Yes No

10. Does your facility dispose of any pharmaceuticals in the sewer? Yes No

11. How are collected blood and body fluids disposed of? _____

12. Are any surgical or medical procedures conducted at the facility that result in sewer discharges?
 Yes No If yes, please specify:

Other Waste Disposal

13. Does your company have a waste management policy? Yes No

14. Are chemicals or solvents discharged into the sewer system? Yes No
If yes, please specify: _____

15. Are there any methods of water conservation and/or waste recovery programs practiced at the facility?
 Yes No

If yes, briefly describe methods: _____

16. Is any form of pretreatment practiced at the facility? Yes No If yes, check all that apply:

- Oil Separation Grease Trap Sedimentation Filtration
- Chemical Addition Recycle Biological Electrolytic/Recovery
- Ion Exchange pH adjustment/Equalization
- Other _____

17. How are medical instruments disinfected/sterilized? _____

18. Are there sewer discharges from disinfection/sterilization? Yes No

19. If dental facility, how is amalgam disposed of? _____

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Signature of Duly Authorized Representative

Printed Name

Date