MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR QUALITY DIVISION

November 15, 2005

PERMIT TO INSTALL
41-02A

ISSUED TO
Hospital Network Healthcare Services, LLC

LOCATED AT
6212 American Avenue
Portage, Michigan

IN THE COUNTY OF
Kalamazoo

STATE REGISTRATION NUMBER
N7127

The Air Quality Division has approved this Permit to Install, pursuant to the delegation of authority from the Michigan Department of Environmental Quality. This permit is hereby issued in accordance with and subject to Section 5505(1) of Article II, Chapter I, Part 55, Air Pollution Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Pursuant to Air Pollution Control Rule 336.1201(1), this permit constitutes the permittee's authority to install the identified emission unit(s) in accordance with all administrative rules of the Department and the attached conditions. Operation of the emission unit(s) identified in this Permit to Install is allowed pursuant to Rule 336.1201(6).

DATE OF RECEIPT OF ALL INFORMATION REQUIRED BY RULE 203: **November 9, 2005**	
DATE PERMIT TO INSTALL APPROVED: **November 15, 2005**	SIGNATURE:
DATE PERMIT VOIDED:	SIGNATURE:
DATE PERMIT REVOKED:	SIGNATURE:

PERMIT TO INSTALL

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Common Abbreviations / Acronyms

Common Acronyms		Pollutant/Measurement Abbreviations	
AQD	Air Quality Division	Btu	British Thermal Unit
ANSI	American National Standards Institute	°C	Degrees Celsius
BACT	Best Available Control Technology	CO	Carbon Monoxide
CAA	Clean Air Act	dscf	Dry standard cubic foot
CEM	Continuous Emission Monitoring	dscm	Dry standard cubic meter
CFR	Code of Federal Regulations	°F	Degrees Fahrenheit
COM	Continuous Opacity Monitoring	gr	Grains
EPA	Environmental Protection Agency	Hg	Mercury
EU	Emission Unit	hr	Hour
FG	Flexible Group	H_2S	Hydrogen Sulfide
GACS	Gallon of Applied Coating Solids	hp	Horsepower
GC	General Condition	lb	Pound
HAP	Hazardous Air Pollutant	m	Meter
HVLP	High Volume Low Pressure *	mg	Milligram
ID	Identification	mm	Millimeter
LAER	Lowest Achievable Emission Rate	MM	Million
MACT	Maximum Achievable Control Technology	MW	Megawatts
MAERS	Michigan Air Emissions Reporting System	ng	Nanogram
MAP	Malfunction Abatement Plan	NOx	Oxides of Nitrogen
MDEQ	Michigan Department of Environmental Quality	PM	Particulate Matter
MIOSHA	Michigan Occupational Safety & Health Administration	PM-10	Particulate Matter less than 10 microns diameter
MSDS	Material Safety Data Sheet	pph	Pound per hour
NESHAP	National Emission Standard for Hazardous Air Pollutants	ppm	Parts per million
NSPS	New Source Performance Standards	ppmv	Parts per million by volume
NSR	New Source Review	ppmw	Parts per million by weight
PS	Performance Specification	psia	Pounds per square inch absolute
PSD	Prevention of Significant Deterioration	psig	Pounds per square inch gauge
PTE	Permanent Total Enclosure	scf	Standard cubic feet
PTI	Permit to Install	sec	Seconds
RACT	Reasonable Available Control Technology	SO_2	Sulfur Dioxide
ROP	Renewable Operating Permit	THC	Total Hydrocarbons
SC	Special Condition Number	tpy	Tons per year
SCR	Selective Catalytic Reduction	µg	Microgram
SRN	State Registration Number	VOC	Volatile Organic Compounds
TAC	Toxic Air Contaminant	yr	Year
TEQ	Toxic Equivalent		
VE	Visible Emissions		

* For High Volume Low Pressure (HVLP) applicators, the pressure measured at the HVLP gun air cap shall not exceed ten (10) pounds per square inch gauge (psig).

GENERAL CONDITIONS

1. The process or process equipment covered by this permit shall not be reconstructed, relocated, or modified, unless a Permit to Install authorizing such action is issued by the Department, except to the extent such action is exempt from the Permit to Install requirements by any applicable rule. **[R336.1201(1)]**

2. If the installation, construction, reconstruction, relocation, or modification of the equipment for which this permit has been approved has not commenced within 18 months, or has been interrupted for 18 months, this permit shall become void unless otherwise authorized by the Department. Furthermore, the permittee or the designated authorized agent shall notify the Department via the Supervisor, Permit Section, Air Quality Division, Michigan Department of Environmental Quality, P.O. Box 30260, Lansing, Michigan 48909, if it is decided not to pursue the installation, construction, reconstruction, relocation, or modification of the equipment allowed by this Permit to Install. **[R336.1201(4)]**

3. If this Permit to Install is issued for a process or process equipment located at a stationary source that is not subject to the Renewable Operating Permit program requirements pursuant to R336.1210, operation of the process or process equipment is allowed by this permit if the equipment performs in accordance with the terms and conditions of this Permit to Install. **[R336.1201(6)(b)]**

4. The Department may, after notice and opportunity for a hearing, revoke this Permit to Install if evidence indicates the process or process equipment is not performing in accordance with the terms and conditions of this permit or is violating the Department's rules or the Clean Air Act. **[R336.1201(8), Section 5510 of Act 451, PA 1994]**

5. The AQD District Supervisor shall be notified, in writing, of a change in ownership or operational control of the stationary source or emission unit(s) authorized by this Permit to Install pursuant to R336.1219. The notification shall include all of the information required by R336.1219(1)(a) and (b). In addition, a new owner or operator must submit a written statement pursuant to R336.1219(1)(c), agreeing to and accepting the terms and conditions of this Permit to Install, and shall notify the AQD District Supervisor of any change in the contact person for this Pemit to Install. **[R336.1219]**

6. Operation of this equipment shall not result in the emission of an air contaminant which causes injurious effects to human health or safety, animal life, plant life of significant economic value, or property, or which causes unreasonable interference with the comfortable enjoyment of life and property. **[R336.1901]**

7. The permittee shall provide notice of an abnormal condition, start-up, shutdown, or malfunction that results in emissions of a hazardous or toxic air pollutant which continue for more than one hour in excess of any applicable standard or limitation, or emissions of any air contaminant continuing for more than two hours in excess of an applicable standard or limitation, as required in Rule 912, to the Department. The notice shall be provided not later than two business days after start-up, shutdown, or discovery of the abnormal condition or malfunction. Written reports, if required, must be filed with the Department within 10 days after the start-up or shutdown occurred, within 10 days after the abnormal conditions or malfunction has been corrected, or within 30 days of discovery of the abnormal condition or malfunction, whichever is first. The written reports shall include all of the information required in Rule 912(5). **[R336.1912]**

8. Approval of this permit does not exempt the permittee from complying with any future applicable requirements which may be promulgated under Part 55 of 1994 PA 451, as amended or the Federal Clean Air Act.

9. Approval of this permit does not obviate the necessity of obtaining such permits or approvals from other units of government as required by law.

10. Operation of this equipment may be subject to other requirements of Part 55 of 1994 PA 451, as amended and the rules promulgated thereunder.

11. Except as provided in subrules (2) and (3) or unless the special conditions of the Permit to Install include an alternate opacity limit established pursuant to subrule (4) of R336.1301, the permittee shall not cause or permit to be discharged into the outer air from a process or process equipment a visible emission of density greater than the most stringent of the following. The grading of visible emissions shall be determined in accordance with R336.1303. **[R336.1301]**

    a) A six-minute average of 20 percent opacity, except for one six-minute average per hour of not more than 27 percent opacity.

    b) A visible emission limit specified by an applicable federal new source performance standard.

    c) A visible emission limit specified as a condition of this permit to install.

12. Collected air contaminants shall be removed as necessary to maintain the equipment at the required operating efficiency. The collection and disposal of air contaminants shall be performed in a manner so as to minimize the introduction of contaminants to the outer air. Transport of collected air contaminants in Priority I and II areas requires the use of material handling methods specified in R336.1370(2). **[R336.1370]**

13. The Department may require the permittee to conduct acceptable performance tests, at the permittee's expense, in accordance with R336.2001 and R336.2003, under any of the conditions listed in R336.2001. **[R336.2001]**

SPECIAL CONDITIONS

Emission Unit Identification

Emission Unit ID	Emission Unit Description	Stack Identification
EUMICROWAVE1	Sanitec HG-A 250S Microwave Medical Waste Disinfection System Mercury Filtration System	N/A - Exhausted Inside
EUMICROWAVE2	Sanitec HG-A 250S Microwave Medical Waste Disinfection System Mercury Filtration System	N/A- Exhausted Inside
Changes to the equipment described in this table are subject to the requirements of R336.1201, except as allowed by R336.1278 to R336.1290.		

Flexible Group Identification

Flexible Group ID	Emission Units Included in Flexible Group	Stack Identification
FGMICROWAVES	EUMICROWAVE1 and EUMICROWAVE2	N/A

The following conditions apply to: FGMICROWAVES

Emission Limits

	Pollutant	Limit	Time Period	Testing/ Monitoring Method	Applicable Requirement
1.1	Mercury	7 ug/m3	Test Protocol	SC 1.10	R336.1224, R336.1901

Visible Emission Limits

1.2 There shall be no visible emissions from FGMICROWAVES. **[R336.1901, R336.1910]**

Material Usage Limits

1.3 The permittee shall not charge any radioactive, chemical laboratory, dental, or mercury containing waste materials in FGMICROWAVES. **[R336.1201(3), R336.1901]**

Process/Operational Limits

1.4 The permittee shall not operate FGMICROWAVES unless the Waste Acceptance Protocol specified in Appendix A, or an alternate plan approved by the AQD District Supervisor, is implemented and maintained. **[R336.1201(3), R336.1901]**

1.5 The pressure drop across the HEPA filter for FGMICROWAVES shall not exceed a maximum of 3.0 Inches of H_2O (0.75 kilopascals). **[R336.1901, R336.1910]**

1.6 The disposal of spent filters shall be performed in a manner which minimizes the introduction of air contaminants to the outer air. **[R336.1901]**

Equipment

1.7 The permittee shall not operate FGMICROWAVES unless the HEPA filter is installed, maintained, and operated in a satisfactory manner. **[R336.1901, R336.1910]**

1.8 The permittee shall not operate FGMICROWAVES unless the prefilter is installed, maintained, and operated in a satisfactory manner. **[R336.1901, R336.1910]**

1.9 The permittee shall not operate FGMICROWAVES unless each mercury filtration system is installed, maintained, and operated in a satisfactory manner. **[R336.1224, R336.1901, R336.1910]**

Testing

1.10 The permittee shall test, in a satisfactory manner, the FGMICROWAVES for Hg emissions, on a quarterly basis, by use of a hand-held testing instrument or an equivalent testing method capable of detecting concentrations at the emission levels identified in SC 1.1. The test plan must be submitted to the AQD District Supervisor for approval 60 days prior to any quarterly testing. Test results shall be kept on file for a period of at least five years and made available to the Department upon request. Any request for a change in the testing frequency shall be submitted to the AQD District Supervisor for review and approval. **[R336.1224, R336.1901]**

Monitoring

1.11 The permittee shall install, calibrate, maintain and operate in a satisfactory manner a device to continuously monitor and record all data as specified in the following table. **[R336.1901, R336.1910]**

	Parameter
1.12a	Treatment Time
1.12b	Treatment Temperature – MWS Entry
1.12c	Treatment Temperature – THS Exit
1.12d	Screw Rotation Indicator

1.13 The permittee shall install, calibrate, maintain and operate in a satisfactory manner a device to monitor the pressure drop across the HEPA filter. **[R336.1901, R336.1910]**

Recordkeeping/Reporting/Notification

1.14 The permittee shall keep, in a satisfactory manner, treatment time, treatment temperature, pressure drop across the HEPA filter, and screw rotation data for FGMICROWAVES. All records shall be kept on file for a period of at least five years and made available to the Department upon request. **[R336.1901, R336.1910]**

1.15 The permittee shall keep, in a satisfactory manner, carbon filter change out records for the mercury filtration system. Include the date of filter change, date of disposal, and disposal destination. All records shall be kept on file for a period of at least five years and made available to the Department upon request. **[R336.1901, R336.1910]**

APPENDIX A

WASTE ACCEPTANCE PROTOCOL

Hospital Network Healthcare Services (HNHS)
Waste Acceptance Protocol

This form must be signed and returned to HNHS

The U.S. Department of Transportation, MIOSHA, the Michigan Medical Waste Regulatory Act, and all other applicable federal, state, and local laws and regulations must be adhered to in order to ensure compliance on behalf of Hospital Network Healthcare Services and our customers.

The USDOT holds the generators (our customers) responsible to ensure that all waste collected by HNHS is properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to applicable regulations.

Under no circumstances can HNHS accept, transport, treat or dispose of any waste or containers not meeting the specifications outlined in this waste acceptance protocol.

Please read the attached waste acceptance protocol. If you have any questions contact your HNHS representative immediately for clarification. Sign this page and return this page only to HNHS and retain the waste acceptance protocol for your files. This is a regulatory requirement and HNHS will be unable to schedule your first pick-up prior to receipt of this form and a signed Medical Waste Service Agreement.

Customer Facility:
Address:
City:
Name: _____
Title: _____
Signature: _____
Date: _____

Note: person signing this form acknowledges he/she fully understands the waste acceptance protocol and is the authorized facility representative

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Definitions

Regulated Medical Waste

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that could release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological waste
- Trace chemotherapy waste

Note: regulated medical waste may also be referred to as potentially infectious waste, biohazardous waste, medical waste, or red bag waste.

Note: **regulated medical waste does *not* include hazardous waste. Hazardous waste must be disposed of by a licensed hazardous waste hauler. HNHS will *not* accept any hazardous waste.**

Other potentially infectious materials (OPIM)

- Per OSHA's Bloodborne Pathogen Standard, OPIM includes the following fluids:
    - Semen
    - Vaginal Secretions
    - Cerebrospinal fluid
    - Synovial fluid
    - Pleural fluid
    - Pericardial fluid
    - Peritoneal fluid
    - Amniotic fluid
    - Saliva in dental procedures
    - Any body fluid visibly contaminated with blood or impossible to differentiate between fluids

Cultures and Stocks

- Infectious agents and associated biologicals
- Biological production waste
- Discarded live and attenuated vaccines
- Culture dishes and related devices

Pathological waste

- Human organs
- Human tissues
- Human body parts other than teeth
- Products of conception

Sharps

- Includes but is not limited to:
    - Blades
    - Broken glass contaminated with blood/body fluid (i.e. slides, pipettes, etc)
    - Burs
    - Capillary tubes, used
    - Carpules
    - Dilators, vessel
    - Endodontic files, broaches, reamers

- Guidewires
- Introducers
- IV tubing with a needle attached
- Lancets
- Needles
- Ortho wire
- Scalpels
- Scissors
- Sharp instruments, disposable
- Staples
- Stylet
- Syringes
- Tine test

Decontamination

- Rendering regulated medical waste safe for routine handling as solid waste

Secondary containers

- Container provided by HNHS to transport regulated medical waste
  - Red plastic tub for all waste treated at the Sanitec Facility
  - Fiberboard boxes for all waste requiring incineration
- Secondary containers must be lined with a HNHS provided properly marked biohazardous bag, impervious to moisture, and of sufficient strength to preclude ripping, tearing or bursting under normal waste handling conditions. Bags must be tied using the "single knot" technique to prevent leakage or expulsion of contents.
- 28-gallon Rubbermaid tubs must be properly secured by snapping the lid into place tightly.
- Boxes must be secured by folding flaps side by side and using a standard shipping tape. No other tape is acceptable.

Laws, Regulations and Policies

- MIOSHA's Bloodborne Pathogen Standard
  - Regulates the handling, containment, labeling and storage of regulated medical waste.
  - The standard requires utilization of universal precautions in managing all blood, certain fluids, and contaminated materials as potentially infectious.
  - It includes specific requirements pertaining to:
    - Personal protective equipment (PPE)
    - Housekeeping,
    - Work practice controls,
    - Engineering controls,
    - Recordkeeping,
    - Signs and labels, training,
    - HBV vaccination, and
    - Exposure follow-up,
    - All which must be documented in an on-site Exposure Control Plan.
  - HNHS is regulated by the "Bloodborne Pathogen Standard", as are all healthcare providers and certain other employers with the potential for exposure to blood and body fluids in the work place. HNHS maintains compliance with the standard under a comprehensive "Exposure Control Plan" and training program developed specifically for our medical waste drivers, medical waste handlers and equipment operators.
- Michigan Medical Waste Regulatory Act

- Intends to regulate the management of medical waste to ensure that the public health and the environment are adequately protected
- Mandates how producing facilities (generators of RMW) must handle regulated medical waste from the point of generation to the point of its ultimate disposal.
- HNHS will conduct business in a manner that meets or exceeds the various requirements of the Michigan Medical Waste Regulatory Act.
- HNHS will provide *each* customer a copy of the Act

- United States Department of Transportation (USDOT)
  - USDOT regulates the transportation of medical waste in both interstate and intrastate commerce
  - USDOT is responsible for the protection of public safety and regulates the following:
    - Proper packaging
    - Proper labeling
    - Shipping papers
    - Proper training
  - DOT holds all parties to the transportation process responsible including the healthcare facility in which the waste was generated
  - HNHS is a contract carrier under USDOT regulations and is responsible for the following:
    - Reporting incidents that occur during transport
    - Proper handling of broken or leaking containers
    - Correctly processing shipping papers
    - Assuring that only authorized packaging is used in transport
    - Creating and maintaining an emergency response system
    - Assuring the correct labeling of packaging
    - Training its own HazMat employees
    - Displaying the correct vehicle markings
    - Proper loading and unloading of vehicles
    - Compliance with the Federal Motor Carrier Safety Standards
    - Reject containers that are not properly packaged or labeled
  - HNHS is also a distributor of some of the packaging and containers for regulated medical waste and cultures and stocks and is responsible for:
    - Meeting the requirements and specifications for non-bulk containers and liners
    - Testing non –bulk containers and liners
    - Inspection, testing, retesting, maintenance and repair of reusable non-bulk containers
    - Meeting the requirements of bulk transportation containers
    - Maintaining the exemption status of the bulk containers

Waste Accepted by HNHS

HNHS's waste acceptance practices and policies are based upon federal, state, and local laws defined for regulated medical waste. For the purpose of this document regulated medical waste also means biohazardous waste, biomedical, potentially infectious, infectious waste, and red bag waste.

- Regulated medical wastes that are generated in the diagnosis, treatment, and immunization of humans and animals or related research, in the production and testing of biologicals, and in the preparation and administration of antineoplastic/cytoxic agents.
  - Laboratory waste includes but is not limited to:
    - Human or animal specimen cultures from medical and pathology laboratories
    - Cultures and stocks of infectious agents from clinical research and industrial laboratories (CDC Biohazard Levels I, II, III)

        - Waste from production of bacteria, viruses, spores, discarded vaccines and biologicals from healthcare or research, and dishes or devices used to transfer, inoculate, and mix cultures
    - Human surgical specimens, tissues, organs, placentas, and limbs. This type of waste must be properly packaged and labeled “pathological waste--incinerate only”. All preservatives must be decanted.
    - Liquid or semi liquid blood or body fluids
    - Medical waste grossly contaminated with blood or body fluids in a manner that blood or body fluid could release in a liquid or semi-liquid state if compressed
    - Items caked with blood or body fluid that is capable of releasing during handling
    - Sharps waste includes but is not limited to (see definitions for broader listing):
        - Needles, syringes, scalpels, blades, dental wires, guide wires
        - Laboratory glassware such as slides, pipettes, blood tubes, vials, bottles, contaminated broken glass
        - Contaminated unbroken glass articles which could be broken during transport thus rendering them sharps waste
    - Trace Chemotherapy waste including sharps, syringes, IV tubing, empty vials/bottles, and other discarded items generated in the preparation and administration of cytotoxic/antineoplastic drugs. Only empty bags/containers are acceptable. Chemotherapy wastes with greater than trace amounts constitute a hazardous waste by RCRA regulations and criteria and must be handled by a hazardous waste hauler. Secondary containers used to ship trace chemotherapy waste must be labeled “chemotherapy waste-incinerate only” HNHS will provide proper labels. Yellow color coded chemotherapy containers will also be acceptable.

Waste Not Accepted by HNHS

- Hazardous waste including but not limited to:
    - Mercury or mercury containing devices or reagents. Some examples include:
        - Thermometers
        - Sphygmomanometers
        - Bougie dilators
        - GI tubes
        - Florescent light bulbs
        - Miller Abbot tubes
        - Dilators
        - B5/Zenkers stains (laboratory)
    - Solvents, paints, paint thinners
    - Batteries of any kind
    - Chemicals such as (but not limited to)
        - Formaldehyde
        - Formalin
        - Ova-parasite
        - Fixative
        - Acids
        - Alcohol
        - Acetone
        - Waste oil
        - Thimerosal
        - Bulk chemotherapy waste
    - RCRA listed hazardous pharmaceuticals
    - Radioactive waste
    - Any item listed as a hazardous waste by local, state, or federal regulations
    - Any item listed as hazardous on its material safety data sheet

- Compressed gas cylinders, canisters, inhalers, and aerosol cans
- Items too large to be placed into a USDOT certified container for transport
- Large or heavy objects incapable of shredding such as sheet plates or prosthetic pieces.
- Dental waste

Proper segregation of waste

- Soft regulated medical waste
  - All soft, non sharps regulated medical waste must be packaged at point of origin and placed into at least one properly marked biohazardous bag, impervious to moisture, and of sufficient strength to preclude ripping, tearing or bursting under normal waste handling conditions. Bags must be tied using the "single knot" technique to prevent leakage or expulsion of contents.
  - Waste must be placed by generator into HNHS provided plastic tubs or fiberboard boxes for transport off-site. Incinerate only waste must be placed in fiberboard boxes and labeled "incinerate only waste" by the generator. Tubs must be properly secured by tightly snapping the lid into place and boxes must be secured using a shipping tape.

- Sharps waste
  - All sharps waste must be segregated at the point of origin and placed in properly labeled, rigid, puncture resistant containers which, when sealed, are leak resistant and cannot be easily opened.
  - Sharps containers can be placed inside plastic tubs or fiberboard boxes with other regulated medical waste. Sharps containers should be locked and placed into the plastic tub/box in the upright position.
  - Do not overfill sharps containers in order to avoid associated hazards

- Waste requiring incineration
  - Trace chemotherapy waste must be placed into fiberboard boxes or placed into generator supplied yellow color-coded trace chemotherapy waste containers.
    - In order to ensure safe handling, treatment by incineration, and proper clean-up techniques in the event of a spill, as required by OSHA, trace chemotherapy waste must be segregated from other regulated medical waste and properly labeled.
    - Container must be labeled "chemotherapy waste-incinerate only"
  - Pathological waste must be placed into HNHS provided fiberboard boxes.
    - Boxes must be labeled "pathological waste—incinerate only"
    - Preservative agents must be decanted and separated (by the generator) prior to being packaged for HNHS collection and treatment and the preservative liquids regarded as hazardous waste.

Types of containers

- Reusable plastic tubs and lids
  - Containers and lids are decontaminated by exposure to a tub washing process utilizing approved disinfectants and hot water at the HNHS treatment facility before being returned to customers
  - Reusable tubs will be used for waste treated by the Sanitec system.
- Disposable fiberboard boxes

    - These containers are designed to be destroyed with the contents and are reserved for incinerate only waste
- Disposable sharps containers
    - Container and their contents are treated by the Sanitec system or incinerated. Treatment is dictated by the type of waste, i.e., chemotherapy sharps waste is incinerated.

Proper labeling and marking of containers and bags

- Biohazard bags must be red in color and/or labeled with the word “Biohazard” and the international biohazard symbol
- Sharps containers must be labeled with the words “Sharps Waste” or with the word “Biohazard” and the international biohazard symbol
- Secondary containers provided by HNHS will be labeled in accordance with all applicable federal, state, and local regulations, with the word “Biohazard”, the international biohazard symbol, and the words “Regulated Medical Waste, UN 3291”. In addition, generators are required to use appropriate containers for chemotherapy waste, pathological waste, cultures and stocks.
- HNHS will provide PGII certified containers for collection of cultures and stocks properly labeled with the UN string from the manufacturer imprinted on the container.
- Generators of the waste will place a bar code label identifying the generator. This sticker will include name of generator, address, and phone number. This bar code will also assist HNHS in tracking the waste thru final disposal.
- Non-conforming containers *CANNOT* be accepted, transported, or treated by HNHS regardless of the contents. Non-conforming containers may include but is not limited to any container that bears a label with the words or symbols reflecting:
    - Hazardous Chemicals
    - Hazardous Drugs
    - Hazardous Waste
    - Radioactive Materials
    - Radioactive Waste

Incident reporting

- When a reportable incident occurs, USDOT requires the transporter discovering the incident to report it to the USDOT in Washington, DC. The reporting system is two part:
    - An immediate telephone report for serious accidents creating public safety concerns
    - A detailed written report, using form 5800.1, as a follow up to a telephone report or as a stand alone report for incidents that do not create immediate emergency situations.
    - If there is a release of infectious substances, HNHS must also contact the Center of Disease Control
- Details of the written report include:
    - Generators name and address
    - Transporters name and address
    - The name and telephone number of the individual reporting the incident
    - Type of packaging involved
    - The cause of packaging failure or release of contents
    - The result of the failure (spill, leakage, packaging damage, etc)
- Generators role in incident reporting

    - Transporter is obligated to report generators name, and address as the offeror, or shipper of the waste.
    - Failures such as overloading/overfilling, incompatible materials or punctured boxes can be avoided if the generators follows proper packaging procedures

Note: HNHS will provide generators with an initial USDOT training. After the initial training it is the generating facilities responsibilities to USDOT HazMat train those individuals preparing containers for transport and retrain all individuals every three years.

Storage of regulated medical waste by generator

- A central storage area must be dedicated by the generator for waste to be collected by HNHS. This area must meet the following requirements:
    - Secured to deny access by unauthorized persons, animals, rodents, insects, and natural elements
    - Warning signs should be posted to prevent unauthorized access such as "caution-biohazrdous waste storage area—unauthorized persons keep out"
- Waste to be transported off-site shall not be subjected to trash chutes, compaction, or grinding prior to collection/treatment by HNHS
- If regulated medical waste is stored outside, it must be placed in an enclosed, locked structure weighing at least 500 pounds and properly labeled.
- Regulated medical waste *CANNOT* be stored for more than 90-days.

Tracking documents

- Shipping papers
    - All waste transported from the generating facility for treatment will be accompanied by a tracking document.
    - Tracking documents will include, but are not limited to the following information:
        - Name, address, and telephone number of transporter
        - Name, address and telephone number of generator
        - Type and quantity of waste transported
        - The words "Regulated Medical Waste, 6.2 UN3291. PGII"
    - Name and signature of an authorized representative of the healthcare facility. By signing the shipping papers certification statement this individual is certifying the following:
        - Named materials are properly classified, described, packaged, marked, and labeled
        - Named materials are in proper condition for transportation according to the applicable regulations of the Department of Transportation
        - In agreement to volumes transported
    - HNHS's driver must also sign the shipping papers and leave a copy with the generator at the time of waste collection. Under no circumstance can a driver accept waste without an authorized signature from the facility
    - The shipping papers will be in the custody of the HNHS driver hauling the regulated medical waste to its treatment destination at all times
    - The name, address, telephone number, and the signature of an authorized representative of the permitted treatment facility receiving the waste
    - The date the regulated medical waste is collected from the generator's facility, the date the waste is received by the transfer station (if applicable) and the date the waste is received by the treatment facility.

- The original copy of the shipping paper will be mailed back to the generator by HNHS on a monthly basis detailing receipt and treatment of regulated medical waste collected.
- HNHS will keep signed copies of all shipping papers as required by federal, state, and local regulations
- HNHS will have a 24-hour emergency response number located on each shipping paper

Transportation of regulated medical waste

- Permitted Vehicles
  - HNHS operates all vehicles with permits required for regulated medical waste transport to the treatment facility.
- Driver Authority
  - HNHS drivers are trained and responsible for the collection and tracking of all waste containers generated on their assigned routes on any given day. This responsibility includes:
    - Monitoring the proper containment, closure, and labeling of each tub, box, or sharps container prior to pick up
    - Properly scanning bar codes into the automated tracking system
    - Properly filling out the shipping papers and leaving a copy with the generator
  - HNHS drivers are authorized to reject containers which do not meet specifications. Some cause for rejection include but is not limited to
    - Odor
    - Leakage
    - Damaged containers
    - Improper packaging
    - Incorrect labels
    - Non-conforming waste
    - Improper segregation
  - Emergency spill response
    - HNHS permitted vehicles are equipped with emergency spill kits, and drivers are trained in emergency response spill procedures as required the by USDOT regulations. Written emergency response spill and hazardous material procedures are available in the cab of each vehicle
    - HNHS maintains an Emergency spill response telephone number 24-hours a day.
  - All policies and practices for transportation of regulated medical waste provided by HNHS are in full compliance with applicable USDOT, federal, state, and local laws and regulations.

Treatment of waste

- All regulated medical waste transported and collected by HNHS will be treated using the Sanitec system with the exception of those wastes required to be incinerated by federal, state, or local regulations (i.e. trace chemotherapy and pathological)
- HNHS will contract with a commercial company for treatment of all incinerate only waste
- HNHS will have a back up contract with a commercial company to transfer all regulated medical waste if the Sanitec system is shut down for maintenance for an extended period of time
- HNHS's waste treatment facility is operated in accordance with all applicable federal, state, and local laws/regulations and maintains all required permits and licenses.