



Medical Waste Closure Plan Form

Facility/Contact Information:

Facility Name: _____

Address: _____

Suite(s) or Unit(s): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Primary Contact: _____ Title: _____ Telephone: _____

Email: _____

Secondary Contact: _____ Title: _____ Telephone: _____

Email: _____

Type of Closure:

Complete facility Partial facility Biohazardous process area Common storage facility

Onsite treatment unit; If so type: _____

Other: (Describe) _____

Scope of Work (Brief description): _____

Proposed Schedule:

Proposed start date: _____ Duration of closure: _____

Proposed move out date: _____ NA

Types of Medical Waste Generated: (Check all that apply)

Biohazardous (Red bag) Sharps Pathology Chemotherapeutic wastes Waste medicines

What are the primary infectious agents you will be decontaminating for? _____

Does this closure involve a vivarium or animal care facility? Yes No

This closure includes laboratories: BSL1 BSL2 BSL3 BSL4 NA



Decontamination Process:

What sanitizing agent will you be utilizing?

- Hypochlorite solution (500 ppm available chlorine) Phenolic solution (500 ppm active agent) Iodoform solution (100 ppm available iodine) Quaternary ammonium solution (400 ppm active agent) Other: (describe)

What areas or location will be decontaminated? (Attach a map)

Personnel:

Who will be performing the decontamination and closure activities?

- Facility staff Contractor Other list:

What training has the closure personnel received that qualifies them?

Decontamination Methodology:

How will the decontamination activities be carried out (method)?

Health & Safety:

Do you have a written health & safety plan for this closure?: Yes No NA

Disposal:

How will the closure activity wastes be disposed of?

You must provide copies of any medical waste shipping documents to the County.

I hereby certify that the submitted information is true, accurate, and complete. I understand that before any changes are made to the plan I must notify the County.

Signature of Owner/Agent or Representative: Date:

County Use Only

Date Received: Approved Approved with Changes:

Additional requirements:

Inspector signature: