

HWB PHOTO SHEET



Facility: ABQ Health Partners

Photo #: 1

Date/Time: 10/28/11 @ 1147 hours.

Location: Biohazard room.

Description: Photo showing the biohazard room used to store medical waste such as blood-soaked cloths, sharps, etc.

Violation(s): NONE.



Facility: ABQ Health Partners

Photo #: 2

Date/Time: 10/28/11 @ 1159 hours.

Location: Oxygen room.

Description: Photo showing the oxygen room where oxygen tanks are stored. Also the refrigerators are used for sample storage.

Violation(s): NONE.

RCRA COMPLIANCE EVALUATION INSPECTION CHECKLIST CESQG CHECKLIST

Section A - EPA Identification Number

- N/A Yes No 1. Does Generator have EPA ID No.?
If yes, EPA ID No. NM 7866 8197
- N/A Yes No 2. Has the generator offered its hazardous waste to a facility that has received an EPA ID number?
Explain where waste is managed.
No waste on site though.

Section B - Hazardous Waste Determination

- Yes No 1. Has the generator completed a hazardous waste determination for each solid waste generated?
- Yes No 2. Does generator generate hazardous waste (s) listed in Subpart D? (§261.30 - 261.33)
- a. If yes, list wastes and quantities on attachment (Include EPA Waste code and description).
- Yes No 3. Does generator generate solid waste (s) that exhibit hazardous characteristics? (§ 261.20 - 261.24)
- Spent bulbs*
- a. If yes, list waste (s) on attachment (include EPA Waste code and description).
- b. Does generator determine characteristics by testing or by knowledge of process?
 KOP Testing Both
- N/A Yes No c. If determined by testing, did they use Part 261, Subpart C methods (or equivalent).
- N/A Yes No d. Are equivalent test methods used?
(Attach copy of equivalent test method used.)

CESQG CHECKLIST

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Yes No

Medical Waste

4. Are there any other solid wastes deemed non-hazardous generated? (e.g., process streams, collected matter from air pollution control equipment, water treatment sludge, etc.)

a. If yes, did generator determine non-hazardous characteristics by testing or knowledge of process?
 KOP Testing Both

N/A Yes No

b. If determined by testing, did generator use Part 261, Subpart C test methods (or equivalent)?

N/A Yes No

c. Are equivalent test methods used (attach copy of equivalent test methods used)?

d. List wastes and quantities deemed non-hazardous or processes from which non-hazardous wastes were produced (use narrative attachment sheet if needed).

Yes No

5. Are any wastes recycled, reused or reclaimed on site?

Yes No

6. Are any wastes shipped off-site for reclamation? If yes, use narrative to describe the type and quantity of the waste and its destination. Also give a description of the storage prior to shipment.

N/A Yes No

7. If facility is a CESQG, has it exceeded 1000 kgs of storage? If yes, complete SQG Checklist.

SIGN HERE IF A FACILITY QUALIFIES AS A CESQG.

INSPECTOR'S SIGNATURE

