

**Checklist for Healthcare Environmental Success – Ohio Edition**  
**An environmental compliance and pollution prevention tool**  
***DRAFT 04-05-2012***

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**Introduction and instructions for use**

Development of the original checklist was funded by United States Environmental Protection Agency Region 7 in an effort to provide Kansas healthcare facilities with a tool which helps them identify environmental compliance concerns and related pollution prevention (P2) opportunities that may reduce compliance burdens.

Editing of this document for use in the State of Ohio was coordinated by the Environmental Leadership Council of the Ohio Hospital Association. Many thanks to the incredible collaboration with the Ohio Environmental Protection Agency in preparing the detailed environmental codes references and reviewing the document for revisions.

While this tool strives to be comprehensive, its main purpose is to identify the most critical compliance issues and related Pollution Prevention or P2 opportunities. If you answer no (N) or don't know (DK), then this is a topic area you may want to investigate further. The Ohio EPA Office of Compliance Assistance and Pollution Prevention (OCAPP) can provide free, confidential, environmental compliance and pollution prevention assistance. Contact OCAPP at 800-329-7518 with questions.

**Section I: General Facility**

- 1.1 Facility name: \_\_\_\_\_
- 1.2 Contact name and phone \_\_\_\_\_ E-mail \_\_\_\_\_
- 1.3 Facility address: \_\_\_\_\_ Zip code \_\_\_\_\_
- 1.4 Number of hospital beds:    \_\_\_\_\_ <75            \_\_\_\_\_ 75-200            \_\_\_\_\_ >200
- 1.5 What department(s) is responsible for environmental compliance at your hospital? (Check all that apply)  
       \_\_\_\_\_ Health and Safety            \_\_\_\_\_ Maintenance/Facility            \_\_\_\_\_ Industrial Hygiene  
       \_\_\_\_\_ Environmental            \_\_\_\_\_ Nursing            \_\_\_\_\_ Other (Specify) \_\_\_\_\_
- 1.6 Does the facility have a waste management or environmental committee? Yes \_\_\_\_\_ No \_\_\_\_\_
- 1.7 Have you ever used OCAPP services before? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section II: Compliance Self-Assessment**

1.0 Resource Conservation and Recovery Act (RCRA) (40 CFR 261, 262, 265) (OAC 3745-51, 3745-52, 3745-65)		Y	N	SOME	DK	NA
1.1	Has your facility identified all RCRA hazardous waste streams?  <i>Tip: Typical healthcare hazardous wastes may include but are not limited to waste solvents, solvent parts washers, lab chemical waste, expired pharmaceuticals, heavy metal waste solutions, solvent-contaminated rags, still bottoms, and mud trap wastes.</i>					

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1.0 Resource Conservation and Recovery Act (RCRA) (40 CFR 261, 262, 265) (OAC 3745-51, 3745-52, 3745-65)		Y	N	SOME	DK	NA
1.2	Is there a hazardous waste determination on file for all waste?  <i>Tip: As the generator of wastes, it is your responsibility to make a hazardous waste determination. Use the MSDS and knowledge of process or certified testing to make a clear determination of all waste streams. By doing this, you may discover several wastes that really do not need to be handled as RCRA hazardous wastes, potentially saving \$\$ in disposal costs.</i>					
1.3	What is your facility's generator status? (Please check) ___No hazardous waste ___CESQG <sup>1</sup> ___SQG <sup>2</sup> ___LQG <sup>3</sup> ___Don't know <i>Tip: Hazardous Waste Generator Handbook contains additional guidance at <a href="http://www.epa.ohio.gov/portals/32/pdf/gen_handbook.pdf">http://www.epa.ohio.gov/portals/32/pdf/gen_handbook.pdf</a>.</i>					
1.4	Does your hospital have an EPA hazardous waste generator (EPA ID) number? <i>Tip: SQGs do not need to have an EPA generator number.</i>					
1.5	Storage and Labeling a. Is all hazardous waste stored in either a satellite accumulation area and/or a separate hazardous waste storage area? Are there any hazardous wastes stored in tanks? (If yes, see OAC 3745-66-90 through 3745-66-100 and 3745-50-10(A)(114)). b. Are all hazardous waste containers labeled with the words "HAZARDOUS WASTE?" c. Are the containers marked with the accumulation start date? d. Are all hazardous waste storage containers in good condition? e. Are all hazardous waste containers kept closed except when filling or adding waste? f. Are weekly inspections of the hazardous waste storage areas documented and maintained for a minimum of three years?					
1.6	Is emergency response information posted by at least one phone?					
1.7	Are hazardous waste manifests, Land Disposal Restriction (LDR), inspection documents, and any other related hazardous waste documents maintained for a minimum of three years? <i>Tip: For information about LDR, refer to OAC 745-266-210 - Definitions that apply to the conditional exemption for LLMW storage and disposal rules - <a href="http://codes.ohio.gov/oac/3745-266-210">http://codes.ohio.gov/oac/3745-266-210</a></i>					

<sup>1</sup> A Conditionally Exempt Small Quantity Generator (CESQG) generates less than 100 kg/month (220 lbs/month) and never accumulates more than 1000 kg (2200lbs) or 1 kg of acute hazardous waste in a month. (Note: 100kgs is about 25 gallons.)

<sup>2</sup> A Small Quantity Generator (SQG) generates more than 100 kg/month (220 lbs/month) but less than 1000 kg/month (2200 lbs/month) of hazardous waste, and never accumulates more than 6000 kg (13,200lbs). (Note: 2200 lbs is about 300 gallons.)

<sup>3</sup> A Large Quantity Generator (LQG) generates more than 1000 kg/month (2200 lbs/month) or accumulates more than 1000 kg at any one time, or generates 1 kg (2.2 lbs) or more of an acutely hazardous waste.

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1.0 Resource Conservation and Recovery Act (RCRA) (40 CFR 261, 262, 265) (OAC 3745-51, 3745-52, 3745-65)		Y	N	SOME	DK	NA
1.8	Hazardous Waste Training a. Do employees receive hazardous waste handlers/management/emergency response training related to their job duties? b. Are training records maintained?					
1.9	Hazardous Waste Contingency Plan for LQGs ( <a href="http://epa.ohio.gov/portals/32/pdf/Contingency_Plan_and_Incident_Reporting.pdf">http://epa.ohio.gov/portals/32/pdf/Contingency_Plan_and_Incident_Reporting.pdf</a> ) a. Is there an updated RCRA Contingency Plan, including accurate phone numbers? b. Was a copy of the RCRA Contingency Plan sent to the local fire department?					
1.10	Does your hazardous waste coordinator have access to a communication device (telephone, alarm, etc.)?					
1.11	Has your facility taken steps to reduce and eliminate the toxicity and amounts of chemicals at your facility wherever possible?  <i>Tip: Want to reduce your regulatory burden? Call OCAPP to help you reduce your wastes and regulatory burden. The Practice Greenhealth site has tools to help you identify and eliminate toxics. Go to <a href="http://practicegreenhealth.org/topics/chemicals">http://practicegreenhealth.org/topics/chemicals</a></i>					
1.12	Are computer monitors and other unusable electronics recycled?  <i>Tip: All wastes must be evaluated to determine if they are considered as hazardous wastes, due to the heavy metal content in these materials electronics may fall into this category. Locate a recycling outlet near you by going to <a href="http://epa.ohio.gov/ocapp/Recycle.aspx">http://epa.ohio.gov/ocapp/Recycle.aspx</a>.</i>					
1.13	Do you use a take-back program for pharmaceutical materials/wastes? If not, you need to make a determination on whether these wastes are RCRA hazardous or not.  <i>Tip: For more information about “take-back” programs, work with your vendor or go to The Product Stewardship Institute – The Drug Take-Back Network at <a href="http://www.takebacknetwork.com/monthly_feature_09.html">http://www.takebacknetwork.com/monthly_feature_09.html</a> and Healthcare Environmental Resource Center (HERC) at <a href="http://www.hercenter.org/hazmat/hazdeterm.cfm">http://www.hercenter.org/hazmat/hazdeterm.cfm</a></i>					
1.14	Does your facility have a solid-waste minimization plan that includes any of the following: a. Cardboard, paper, or metal recycling b. Material reuse or donation programs c. Yard waste or food composting  <i>Tip: For more information about solid-waste reduction opportunities in healthcare, go to California Dept of Health – Hospital P2 Strategies at <a href="http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/HospitalP2Strategies.pdf">http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/HospitalP2Strategies.pdf</a> and OCAPP Recyclers and Environmental Services at <a href="http://epa.ohio.gov/ocapp/recycle.aspx">http://epa.ohio.gov/ocapp/recycle.aspx</a></i>					
1.15	Used Oil					

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1.0 Resource Conservation and Recovery Act (RCRA) (40 CFR 261, 262, 265) (OAC 3745-51, 3745-52, 3745-65)		Y	N	SOME	DK	NA
	a. Are used-oil containers or tanks labeled with the words “USED OIL?”					
	b. Do you ensure that hazardous waste is not added to your used oil?					
	c. Do you use a licensed used-oil transporter to remove your used oil?					
	d. Are used oil filters drained of all free liquids prior to disposal or recycling?					
	<p><i>Tip: Burning used oil on site in a space heater is an excellent energy recovery practice that can save you money. However, if your facility receives or sends used oil to or from another business, it must be tested to ensure it is “on-spec.” See these specifications at <a href="http://www.epa.ohio.gov/portals/32/oac_rules/279-11.pdf">http://www.epa.ohio.gov/portals/32/oac_rules/279-11.pdf</a>.</i></p>					

2.0 Universal Waste (40 CFR 273) (OAC 3745-273)		Y	N	DK	NA
Federal definition includes batteries (e.g., nickel cadmium), pesticides, lamps, and thermostats. In addition to these four federal wastes, the state of Ohio allows other mercury-containing devices to be handled as universal wastes.					
2.1	Does your healthcare facility handle universal waste separately from your other hazardous waste? <i>Tip: For regulated generators of hazardous waste, utilizing the universal waste rule will decrease your regulatory paperwork and possibly your generator status, while recycling the waste in an environmentally preferred manner. Refer to the OEPA Universal Waste Guidance document at <a href="http://epa.ohio.gov/portals/32/pdf/New_Universal_Waste_Guidance.pdf">http://epa.ohio.gov/portals/32/pdf/New_Universal_Waste_Guidance.pdf</a></i>				
2.2	If yes to 2.1, does your healthcare facility label its universal waste and specify type (e.g., lamps, batteries)? <i>Tip: Read more about requirements for the handling of fluorescent lamps at <a href="http://www.epa.ohio.gov/portals/32/pdf/Universal_Waste_Rules_for_Handlers_of_Lamps.pdf">http://www.epa.ohio.gov/portals/32/pdf/Universal_Waste_Rules_for_Handlers_of_Lamps.pdf</a>.</i>				
2.3	If yes to 2.1, does your healthcare facility store universal waste in appropriate containers that prevent releases to the environment?				
2.4	If yes to 2.1, does your healthcare facility have a system to document the length of time the universal waste has been accumulating to ensure the wastes are removed at least once per year?				
2.5	If yes to 2.1, does your facility train employees to respond to releases of universal wastes? <i>Tip: For more information on universal waste, visit <a href="http://www.epa.gov/epaoswer/hazwaste/id/univwast.htm">http://www.epa.gov/epaoswer/hazwaste/id/univwast.htm</a>.</i>				
2.6	Does your facility accumulate 5000 kgs (11,000 lbs) or more of universal waste? If yes, you should be registered as a large quantity handler of universal waste. <i>Tip: Go to <a href="http://epa.ohio.gov/portals/32/pdf/LQ%20UniversalWasteHandlerChecklist.pdf">http://epa.ohio.gov/portals/32/pdf/LQ%20UniversalWasteHandlerChecklist.pdf</a> for the Large Quantity Universal Waste Checklist.</i>				

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3.0 Infectious Waste (OAC 3745-27) (Commonly known as red bag waste or regulated medical wastes)		Y	N	DK	NA
	Are employees trained on what constitutes infectious waste according to OAC 3745-27-01(I)(6)?				
3.1	<b>Do you have a training program in place to minimize mixing of infectious waste and solid waste?</b> Is all infectious waste separated from non-infectious waste at the point of generation? <i>Tip: Through training and clearly defining what does and does not belong in the “red bags,” hospitals can decrease their waste disposal costs up to 50%. This can add up to hundreds, even thousands, of dollars in disposal savings. Refer to the OEPA - Division of Materials and Waste Management Infectious Waste Guidance Documents at <a href="http://www.epa.ohio.gov/dsiwm/pages/iw_docs.aspx#s">http://www.epa.ohio.gov/dsiwm/pages/iw_docs.aspx#s</a></i>				
3.2	Is bulk, bloody fluid discharged to the municipal sewer with written permission?				
3.3	Are sharps infectious waste disposed of in appropriate containers? <i>Tip: Infectious waste sharps containers shall be rigid, puncture-resistant, leak resistant, and closed tightly to prevent the loss of contents. The container shall be labeled “sharps” and be conspicuously labeled with the international biohazard symbol.</i>				
	Are all unused or non-infectious discarded hypodermic needles, syringes, and scalpel blades disposed of properly? <i>Tip: Unused or non-infectious discarded hypodermic needles, syringes, and scalpel blades shall be rigid, puncture-resistant, leak resistant, and closed tightly to prevent the loss of contents.</i>				
3.4	Are all non-sharps infectious wastes placed in bags that are red in color or conspicuously labeled with the with the international biohazard symbol?				
3.5	Are all containers labeled with the words biohazard?				
	Is bulk, bloody fluid discharged to the POTW with appropriate permission?				
	Are infectious waste containers handled in a manner and location that protects the integrity of the packaging?				
	Is all infectious waste stored in a location that is either locked or visibly labeled with a sign stating, “Warning: infectious waste” and/or the international biohazard symbol at all points of access?				
	Is all infectious waste maintained in a non-putrescent state?				
	Are employees trained on your spill containment and clean-up procedure?				
	Are all spill clean-up kits properly maintained and in the locations designated by the spill containment and clean-up procedure?				
	Is all infectious waste treated on-site to render if non-infectious or is it sent to a licensed infectious waste treatment facility?				
	Are all infectious waste shipping papers maintained for three years?				

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4.0 Spill Prevention Control Countermeasure (SPCC) Plans (40 CFR 112)		Y	N	DK	NA
<i>Tip – Refer to the US EPA 40 CFR 112 – Oil Pollution Prevention at <a href="http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;tpl=/ecfrbrowse/Title40/40cfr112_main_02.tpl">http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;tpl=/ecfrbrowse/Title40/40cfr112_main_02.tpl</a></i>					
4.1	Is oil of any kind stored above ground in containers or equipment that have a capacity of 55 gallons or greater and a total aggregate capacity of over 1,320 gallons?				
4.2	Does your healthcare facility store oil below ground in any size tank (s) with a total aggregate volume over 42,000 gallons, not including underground storage tanks regulated under 40 CFR 280 and 281? (For example: Properly regulated USTs containing heating fuels for on-site heating purposes are exempted from 40 CFR 280 and 281.)				
4.3	Does your healthcare facility have a spill prevention control countermeasure (SPCC) plan? <i>Tip: If you answered yes to 4.1 or 4.2, then you will most likely need an SPCC plan. In some instances if you are just near the 1,320-gallon threshold, you may want to consider inventory control or waste management options to decrease your regulatory burden.</i>				
4.4	If your facility has an SPCC, is it signed by a professional engineer? <i>Tip: For a sample plan or to learn more about SPCC plans, go to <a href="http://www.epa.gov/oilspill">www.epa.gov/oilspill</a>.</i>				

5.0 Underground Storage Tanks (USTs) and Aboveground Storage Tanks (ASTs) (OAC 1301:7-9 at <a href="http://codes.ohio.gov/oac/1301%3A7-9">http://codes.ohio.gov/oac/1301%3A7-9</a> and OAC 1301:7-7 at <a href="http://codes.ohio.gov/oac/1301%3A7-7">http://codes.ohio.gov/oac/1301%3A7-7</a> )		Y	N	DK	NA
5.1	Does your healthcare facility store motor fuels, heating oils, waste oils, and/or hazardous substances in USTs with a capacity greater than 110 gallons or AST with a capacity greater than 660 gallons?				
5.2	If yes to 5.1, are tanks registered with the state? <i>Tip: Read more about Ohio tank requirements at <a href="http://www.com.ohio.gov/fire/onestoptankshop.aspx">http://www.com.ohio.gov/fire/onestoptankshop.aspx</a></i>				
5.3	If yes to 5.1, is the annual permit posted in a conspicuous location?				
5.4	If yes to 5.1, is there some form of release detection in use for the UST system's tank and associated piping?				

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5.5	<p>If yes to 5.1, are there records showing one or more of the following for USTs – monthly release detection, tightness testing along with inventory control, or manual tank gauging?</p> <p><i>Tip: Use EPA’s “Basic Checklist for USTs” found at <a href="http://www.epa.gov/oust/cmplastc/cheklist.pdf">http://www.epa.gov/oust/cmplastc/cheklist.pdf</a> as a helpful, comprehensive tool to identify compliance lapses.</i></p>				
5.6	Have you evaluated the need for an SPCC plan as it relates to these materials stored in your tanks?				

6.0 Community Right to Know SARA Title III - EPCRA (Sections 302-304, 311 and 312) (OAC 3750-20, 3750-25, 3750-30)		Y	N	DK	N/A
6.1	<p>Does the healthcare facility have on site at any time during the calendar year a listed extremely hazardous substance (EHS) in an amount over the threshold reporting quantity?</p> <p><i>Tip: Find this list at <a href="http://yosemite.epa.gov/oswer/ceppoehs.nsf/EHS_Profile?openform">http://yosemite.epa.gov/oswer/ceppoehs.nsf/EHS_Profile?openform</a> (could not get to link - JWM)</i></p>				
6.2	Does the healthcare facility have on site at any time during the calendar year 10,000 lbs of any product/material requiring a material safety data sheet (MSDS)?				
6.3	<p>If yes to 6.1 or 6.2, have Tier II chemical inventory forms been filed annually with the local fire department, LEPC, and SERC?</p> <p><i>Tip: Section 311 provides for some exemptions to the reporting requirements that may apply to hospitals and other healthcare facilities. Additionally, if the EHS regulation is the only portion of the regulation that applies, simply check the 302 section of the form only. Other sections may be left blank. To read more, go to <a href="http://www.epa.ohio.gov/dapc/serc/index.aspx">http://www.epa.ohio.gov/dapc/serc/index.aspx</a>.</i></p>				

7.0 Air and Radiation/Clean Air Act (CAA) (OAC chapters 3701-39, 3745-14 to 3745-26, 3745-31, 3745-71 to 3745-80, 3745-100 to 3745-105, 3745-108, 3745-109, and 3745-112 to 3745-114)		Y	N	DK	N/A
7.1	<p>Medical facilities may operate a number of different air pollution sources including boilers, peaking generators, emergency generators and waste incinerators. Has your facility obtained the necessary air permits for all air pollutions sources at the facility?</p> <p><i>Tip: Emergency generators cannot be used in non-emergency situations or they will be re-classified and subject to additional permitting requirements.</i></p> <p><i>Tip: Permits may include a facility-wide Title V permit per OAC 3745-77-02 or Permits to Install and Operate (PTIOs) for minor sources at non-Title V facilities per OAC 3745-31-02.</i></p>				
7.2	<p><b>Chlorofluorocarbon (CFC)</b></p> <p>Does your healthcare facility use a vendor to service your refrigeration units with freon?</p>				
7.3	If no to 7.8,				

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		Y	N	DK	NA
7.0	<b>Air and Radiation/Clean Air Act (CAA)</b> (OAC chapters 3701-39, 3745-14 to 3745-26, 3745-31, 3745-71 to 3745-80, 3745-100 to 3745-105, 3745-108, 3745-109, and 3745-112 to 3745-114)				
	a. Are your in-house technicians certified? b. Is your recovery/recycling equipment registered with EPA?				
7.4	Are annual CFC leak-rate records and maintenance and repair records maintained for the refrigeration and air-conditioning system having over 50 lbs of CFC normal refrigerant charge for a period of three years? <i>Tip: If your facility still uses CFCs, read more about the benefits of a phase-out program at <a href="http://www.epa.gov/ozone/geninfo/benefits.html">http://www.epa.gov/ozone/geninfo/benefits.html</a>.</i>				
7.5	Does your healthcare facility have a solvent parts washer in the motor vehicle shop? <i>Tip – Refer to the OCAPP Fact Sheet - Auto Service and Repair Facility Pollution Prevention at <a href="http://www.epa.ohio.gov/portals/41/p2/fact110.pdf">http://www.epa.ohio.gov/portals/41/p2/fact110.pdf</a> and OCAPP Automotive Repair Facilities – Facility Wastes Overview at <a href="http://web.epa.ohio.gov/opp/fact35.html">http://web.epa.ohio.gov/opp/fact35.html</a></i>				
7.6	Is the practitioner that prescribes radioactive material authorized by Ohio Department of Health? <i>Tip: Read more about requirements at the Ohio Department of Health Radiation Protection at <a href="http://www.odh.ohio.gov/odhprograms/rp/radprot/radprot1.aspx">http://www.odh.ohio.gov/odhprograms/rp/radprot/radprot1.aspx</a> and the OAC 3701-39 – Standards for Radioactive Materials Licensees at <a href="http://www.odh.ohio.gov/rules/final/f3701-39.aspx">http://www.odh.ohio.gov/rules/final/f3701-39.aspx</a></i>				
7.6	If yes to 7.6, does the licensee or facility take responsibility for the waste management from these therapies, as specified in their license?				
7.7	Does the licensee or facility periodically monitor all waste streams for radioactivity? <i>Tip: The licensee is responsible for radiation waste management and monitoring.</i>				
7.8	<b>Ethylene oxide (EtO)</b> Does your facility use EtO as a sterilant or fumigant? <i>Tip: EtO effectively kills microorganisms but is very toxic to human health. EtO users will fall under strict new air emission standard in the near future. For a list of safer alternatives to EtO use, go to</i>				
7.9	<b>Asbestos - 40 CFR Part 61, subpart M (OAC 3745-20)</b> Has your healthcare facility undergone any demolition/renovation recently?				
7.10	Has the healthcare facility removed any asbestos from any facility components?				

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7.0 Air and Radiation/Clean Air Act (CAA) (OAC chapters 3701-39, 3745-14 to 3745-26, 3745-31, 3745-71 to 3745-80, 3745-100 to 3745-105, 3745-108, 3745-109, and 3745-112 to 3745-114)		Y	N	DK	NA
7.11	<p>If yes to either 7.8 or 7.9:</p> <p>a. Was notification for the project provided to Ohio EPA?</p> <p>b. Was a thorough inspection conducted to determine the presence of asbestos prior to commencement of the renovation/demolition activity? (NESHAP (40 CFR Part 61))</p> <p>c. Was a licensed contractor used?</p> <p><i>Tip: You are required to notify Ohio EPA if you are conducting demolition or renovation activities at a facility, see <a href="http://www.epa.ohio.gov/dapc/atu/asbestos/asbestos.aspx">http://www.epa.ohio.gov/dapc/atu/asbestos/asbestos.aspx</a> for more information. It is also important to understand that the Ohio Department of Health (ODH) requires a certified asbestos hazard evaluation specialist to identify any asbestos-containing material and determine the appropriate asbestos management plan for the site before conducting any renovation or demolition, see <a href="http://www.odh.ohio.gov/odhPrograms/dspc/asbes1/asbestos1.aspx">http://www.odh.ohio.gov/odhPrograms/dspc/asbes1/asbestos1.aspx</a>.</i></p>				
7.12	<p><b>Lead Abatement [Ohio Department of Health]</b></p> <p>a. If pre-1978 structures were remodeled, was the structure assessed for the presence of lead?</p> <p>b. If lead abatement was necessary, was a licensed lead-abatement contractor used?</p> <p><i>Tip: Lead-abatement contractors performing lead activities must be specifically trained and licensed. A facility may send their own staff to training or contract out for the services. For more information, go <a href="http://www.odh.ohio.gov/odhPrograms/dspc/lp_prev/lp_prev1.aspx">http://www.odh.ohio.gov/odhPrograms/dspc/lp_prev/lp_prev1.aspx</a>. Another helpful site may be found at <a href="http://www.epa.gov/docs/fedrgstr/EPA-TOX/1996/August/Day-29/pr-24181DIR/pr-24181.txt.html">http://www.epa.gov/docs/fedrgstr/EPA-TOX/1996/August/Day-29/pr-24181DIR/pr-24181.txt.html</a>.</i></p>				
7.21	<p><b>Other</b></p> <p>If you have a helicopter-landing site, is exhaust prevented from entering the healthcare facility?</p>				

8.0 Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) (OAC 901:5-11) Note: Pesticides include disinfectants, sterilants, germicides, algicides, virucides, swimming pool compounds, insecticides, fungicides, herbicides, etc.		Y	N	DK
8.1	Does your healthcare facility contract out for pesticide application for			
	a. Landscaping			
	b. Structural			
	c. Janitorial (grounds keeping and facility maintenance)			
	d. Cooling tower			
8.2	If any of the above pesticide applications are performed by commercial pesticide applicators, are the applicators licensed?			

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8.3	If your healthcare facility uses your own janitorial employees to apply restricted-use pesticides, are the employees certified?			
8.4	Does your healthcare facility have procedures in place to keep informed about recently banned pesticides? <i>Tip: All health facilities should be using an integrated pest management program for insect control to prevent any potential for pesticide residues being deposited (and potentially redeposited) onto inappropriate surfaces. For more information, go to <a href="http://www.epa.gov/pesticides/factsheets/ipm.htm">http://www.epa.gov/pesticides/factsheets/ipm.htm</a>.</i>			

9.0 Clean Water Act (CWA)		Y	N	DK	NA
9.1	Have all wastewater discharges been identified and evaluated to determine whether they comply (at a minimum) with the local, municipal, sewer-use ordinance requirements? <i>Tip: If the healthcare facility discharges wastewater into a municipal sewer system, you should check with the local authority or Ohio EPA for regulatory requirements. Many healthcare facilities are regulated as significant industrial users and hold discharge permits.</i> <i>Tip: Are you recovering your silver fix – the effluent from x-ray processors? If not, you are dumping money down the drain and may be out of compliance.</i>				
9.2	Does your healthcare facility have any wastewater discharges to surface waters (e.g. contact cooling waters, decontamination waters, fire-protection test wastewaters, vehicle equipment washing wastewaters, janitorial wastewaters)? <i>Tip: If your decontamination water drains to the parking lot, you need a plan to contain and properly dispose of this water. Several vendors offer systems which satisfy this need.</i>				
9.3	If yes to 9.2, does your healthcare facility have a National Pollutant Discharge Elimination System (NPDES) permit? (Discharges to groundwater are usually prohibited.) <i>Tip: For more information about NPDES, go to <a href="http://www.epa.ohio.gov/dsw/permits/permits.aspx">http://www.epa.ohio.gov/dsw/permits/permits.aspx</a>.</i>				
9.4	Does your healthcare facility contain any interior floor drains that are connected to storm drainage or subsurface drainage? <i>Tip: Flows other than storm water runoff require authorization by the governmental entity regulating the storm sewer/storm water drainage utilities. An NPDES permit is usually required by Ohio EPA. A permit can be avoided when practical alternatives are utilized, either eliminating the discharge or diverting it to the municipal sewer system. For help look at <a href="http://www.epa.ohio.gov/portals/41/sb/publications/floordrains.pdf">http://www.epa.ohio.gov/portals/41/sb/publications/floordrains.pdf</a>.</i>				
9.5	Has your facility taken steps to conserve water? <i>Tips: Conserving water can be as simple as using low-flow facets, using “flat mops,” or even monitoring the facility’s use identifying problem areas. For more information on water conservation, see the P2 section within this document or go to <a href="#">{INSERT LINK}</a></i>				

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10.0 Toxic Substances Control Act (TSCA) (40 CFR 761) - Polychlorinated Biphenyl (PCB)		Y	N	DK	NA
10.1	Does the healthcare facility have any PCB-containing electrical equipment on site? <i>Tip: If older electrical ballasts are not labeled “contains no PCBs,” then handle and dispose of the unit as if it contains PCBs. X-ray machines manufactured before 1997 may also contain PCBs</i>				
10.2	If yes to 10.1, is the PCB-containing equipment properly identified?				
10.3	If yes to 10.1, does your healthcare facility inspect PCB-containing equipment regularly for leaks and keep records of the inspections?				

**Section III: Pollution Prevention** – This section includes additional voluntary actions your facility can consider that may reduce environmental liability, waste disposal costs, and worker exposure.

*Tip: H2E or Hospitals for a Healthy Environment is national voluntary program, which has set goals for mercury toxics elimination and solid waste reductions specifically for the healthcare industry. This program provides technical support and recognition for the industry. Read more about H2E or join as an H2E partner by visiting <http://www.h2e-online.org/index.cfm>. [Insert new link here]*

2.0 Mercury		Y	S/I	N	DK
<i>Tip: Can you virtually eliminate mercury at your facility? Find out how at <a href="http://www.h2e-online.org/tools/merc-hosp.htm">http://www.h2e-online.org/tools/merc-hosp.htm</a> and look into Ohio’s Mercury Challenge handbook at <a href="http://www.epa.ohio.gov/portals/41/p2/mercury_pbt/Mercury%20Challenge_Web.pdf">http://www.epa.ohio.gov/portals/41/p2/mercury_pbt/Mercury%20Challenge_Web.pdf</a>.</i>					
1.1	Have you conducted a mercury assessment of your healthcare facility, including an inventory of all mercury devices/sources?				
1.2	a. Have you replaced mercury thermometers with non-mercury alternatives?				
	b. If yes, specify alternatives – digital ___ electronic ___				
	c. In labs?				
	d. Healthcare facility patients?				
	e. In dispensing to outpatients including newborns? – <b>Hg fever thermometer distribution for promotional purposes is prohibited in OHIO.</b>				

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1.3	a. Have you replaced mercury blood pressure units with non-mercury alternatives? b. If yes, specify alternative – mechanical, electronic, alcohol-based, or aneroid _____				
1.4	Have you replaced other mercury-containing devices (cantor tubes, dilators, etc.) with non-mercury alternatives?				
1.5	Have you identified which lab chemicals you use that contain mercury?				
1.6	Have you replaced lab chemicals containing mercury?				
1.7	Do you have a mercury spill response plan in place?				
1.8	Do you still purchase any equipment containing mercury? <i>Tip: Mercury-free replacement devices and vendors can be found at <a href="http://www.sustainablehospitals.org/cgi-bin/DB_Index.cgi">http://www.sustainablehospitals.org/cgi-bin/DB_Index.cgi</a>. Refer to Section 2.0, Universal Wastes, if you have questions about disposing of mercury sources at your facility.</i>				

**2.0 Solid Waste**—*H2E has set a goal to reduce solid wastes by 30% by 2005 and 50% by 2010*

2.1 Do you donate/compost any of the following? (Circle all that apply)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>a. Food scrap/plate waste</li> <li>b. Edible food</li> <li>c. Office equipment</li> </ul> | <ul style="list-style-type: none"> <li>d. Landscape waste</li> <li>e. Medical device/equipment</li> <li>f. Linen</li> </ul> |
|--|---|

2.2 Do you recycle any of the following materials? (Circle all that apply)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>a. Paper, white</li> <li>b. Cardboard</li> <li>c. Newspaper</li> <li>d. Batteries – all types?</li> <li>e. Lead aprons</li> <li>f. Plastics</li> <li>g. Toner cartridges</li> <li>h. Ink jet cartridges</li> <li>i. Printer ribbons</li> </ul> | <ul style="list-style-type: none"> <li>j. Computers</li> <li>k. Fluorescent lamps</li> <li>l. Scrap metal</li> <li>m. Motor oil</li> <li>n. Construction/demolition waste</li> <li>o. X-ray films</li> <li>p. Silver recovery</li> <li>q. Solvents/fixers</li> <li>r. Packaging</li> </ul> | <ul style="list-style-type: none"> <li>s. Mercury</li> <li>t. Pallets</li> <li>u. Glass</li> <li>v. Steel cans</li> <li>w. Aluminum cans</li> <li>x. Grass/leaves</li> <li>y. Other (Please specify) _____</li> </ul> |
|---|--|---|

*Tip: Hospitals report that on average they recycle 1.5 pounds of cardboard per patient per day. By taking this bulky waste out of your trash dumpsters, you can also save on trash disposal costs.*

2.3 Does your healthcare facility reuse any of the following materials? Note percent of reuse.

Dietary \_\_\_\_\_

Patient care \_\_\_\_\_

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Surgery\_\_\_\_\_

Equipment\_\_\_\_\_

2.4 How much solid waste does your healthcare facility generate per year (tons/year)? \_\_\_\_\_tons for calendar year \_\_\_\_\_

2.5 How many tons/year did your healthcare facility recycle? \_\_\_\_\_tons for calendar year \_\_\_\_\_

2.6 What percentage of your healthcare facility’s waste is medical red bag waste? \_\_\_\_\_% for calendar year\_\_\_\_\_

3.0 Purchasing – <i>Implementing many of these “green purchasing” policies help meet several JACHO standards. To read more about how P2 crosswalks with the The Joint Commission (TJC) standards, go to <a href="http://mntap.umn.edu/health/jcaho.pdf">http://mntap.umn.edu/health/jcaho.pdf</a>. (find more recent version of this document since dated 2003)</i>		Y	N	D K
3.1	Has your healthcare facility called upon vendors and your group purchasing organization (GPO) to identify and develop alternatives for harmful and/or wasteful products and materials?			
3.2	Has your healthcare facility worked with suppliers to minimize wasteful packaging?			
3.3	Does your healthcare facility receive supplies in reusable shipping containers?			
3.4	Does your healthcare facility use office paper with at least 30% recycled content?			
3.5	Has your healthcare facility evaluated alternatives to polyvinyl chloride (PVC) and DEHP-containing products?			
3.6	Does your healthcare facility have a central system in place for tracking and quantifying the amount of chemicals purchased, dispensed, and disposed of?			

4.0 Energy/Water Conservation		Y	N	D K
4.1	Have you created a baseline of energy performance for your healthcare facility using EPA's benchmarking tool? <i>Tip: To view the EnergyStar hospital benchmarking tool, visit <a href="http://208.254.22.6/index.cfm?c=eligibility.bus_portfoliomanager_eligibility_hospitals">http://208.254.22.6/index.cfm?c=eligibility.bus_portfoliomanager_eligibility_hospitals</a>.</i>			
4.2	Has your healthcare facility done an energy management review within the last three years?			
4.3	Has your healthcare facility implemented any of the following within the last three years? (Circle all that apply)			

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	<ul style="list-style-type: none"> <li>a. Heating/ventilation upgrades</li> <li>b. Air-side cooling economizer cycle</li> <li>c. Programmable thermostats</li> <li>d. Control ventilation rates to minimum requirements</li> </ul>	<ul style="list-style-type: none"> <li>e. Energy-efficient lighting upgrades</li> <li>f. Lighting occupancy sensors</li> </ul>		
4.4	<p>Does your healthcare facility purchase EnergyStar equipment? (Circle all that apply)</p> <p><i>Tip: To view EnergyStar Information for Healthcare, visit <a href="http://208.254.22.6/index.cfm?c=healthcare.bus_healthcare">http://208.254.22.6/index.cfm?c=healthcare.bus_healthcare</a>.</i></p>			
	<ul style="list-style-type: none"> <li>a. Computers</li> <li>b. Monitors</li> <li>c. Copiers</li> <li>d. Scanners</li> <li>e. Multifunction devices</li> <li>f. Fax machines</li> </ul>	<ul style="list-style-type: none"> <li>g. Printers</li> <li>h. TVs</li> <li>i. Exit signs</li> <li>j. Water coolers</li> <li>k. Roofing products</li> </ul>	<ul style="list-style-type: none"> <li>l. Transformers</li> <li>m. Dishwashers</li> <li>n. Commercial refrigerator/freezers</li> <li>o. Other (specify) _____</li> </ul>	
4.5	Have you implemented a water conservation program?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.6	<p>Does your healthcare facility use any of the following water-efficient equipment or practices? (Circle all that apply)</p>			
	<ul style="list-style-type: none"> <li>a. Low-flow toilets</li> <li>b. Low-flow faucets</li> <li>c. Automatic faucet shut-off</li> <li>d. Low-flow showerheads</li> <li>e. Flow-control mechanisms</li> <li>f. Recirculating cooling water</li> <li>g. Recirculating sterilizer water</li> </ul>	<ul style="list-style-type: none"> <li>h. Kitchen equipment</li> <li>i. Regular inspection and repair of leaks</li> <li>j. Landscaping/irrigation</li> <li>k. Low-water X-ray process</li> <li>l. Other (specify) _____</li> </ul>		

This checklist was developed using other existing templates and is not intended as a substitute for the regulations but as a guideline to help facilities with compliance, pollution prevention, and best management practices.

For more information on specific aspects within this checklist, contact one of the programs listed below:

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The Office of Compliance Assistance and Pollution Prevention (OCAPP) provides free, confidential, non-regulatory assistance to Ohio industries and businesses. Contact 1-800-329-7518.

The Ohio EPA is the regulatory authority for most of the compliance items noted on the checklist.

- Division of Air Pollution Control 614-644-2270
- Division of Materials and Waste Management 614-644-2621
- Division of Surface Water, Compliance Assistance Unit 614-644-2001

The Ohio Department of Commerce, Division of State Fire Marshall's Bureau of Underground Storage Tank Regulations (BUSTR) has regulatory authority on all tanks and may be contacted at 1-800-686-2878

EPA Region 5 has the regulatory authority for the state programs and any of the federal programs not enforced by the Ohio EPA. Contact US EPA in our region at 800-621-8431.

Practice Greenhealth's mission is to collaborate and provide education, tools and information about the best environmental practices to help healthcare organizations supercharge their operational efficiency, increase regulatory compliance, and improve the health of their communities. <http://practicegreenhealth.org/>

Notes on any questions above:

Question number	Comments
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