

**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