

Aftermath Services LLC

Specialists in Biohazard Management

BIOHAZARDOUS MEDICAL WASTE TRANSFER AND STORAGE FACILITY OPERATION MANUAL

Aftermath Services LLC
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May 29, 2026

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BIOHAZARDOUS MEDICAL WASTE STORAGE AND TRANSFER: FACILITY MANAGEMENT PLAN

GENERAL INFORMATION

This Biohazardous Medical Waste Storage and Transfer Facility Management Plan (FMP) is written to comply with the requirements of Arizona Administrative Code (A.A.C.) R18-13-141 I.

The FMP includes the procedures used by the storage and transfer facility to minimize the exposure to employees and the general public to biohazardous medical waste throughout the process of storage, and transfer. Also, it includes the emergency procedures used by the facility for handling spills and accidents.

A copy of the FMP is kept at the storage and transfer facility. In the future, should any revisions be necessary due to change in the business plan or daily operation procedures, the revised plan will be submitted to the Arizona Department of Environmental Quality (ADEQ) for approval.

Aftermath Services LLC storage and transfer facility is located at 2341 S Friebus, Suite 19, Tucson AZ 85713. The annual volume of biomedical waste to be managed is estimated at 2,500 pounds.

All counties in Arizona are serviced.

COMPANY INFORMATION

Aftermath Services LLC ("Aftermath") was founded in 1996 (originally as Aftermath, Inc.) to provide biohazard remediation services to consumers and businesses after blood or biological material has affected a home or business. These services provided by Aftermath include the cleanup and decontamination for the following trauma and crime scenes: homicide, suicide, gross filth, unattended deaths, personal accidents, and industrial accidents. This list is not intended to be a complete list of the situations which Aftermath will respond to for cleaning and decontamination.

Aftermath is a national biohazard remediation provider with over 60 dispatch locations across the country; our national headquarters are located at 75 Executive Drive, Suite 200, Aurora, Illinois 60504. Please visit our website at www.aftermath.com for more information about Aftermath.

Aftermath Services LLC is owned by Aftermath Holdings LLC.

Below is Aftermath's contact information for facility activities:

Corporate Contact Person: Melinda Broom, Compliance and Tax Manager
75 Executive Drive, Suite 200, Aurora, IL 60504
Phone: (630) 701-3806

Arizona Operations Contact Person: Todd McWilliams, Area Manager (408) 702-0969

SCOPE

All Aftermath field personnel will be trained with the procedures for handling, storage and transfer of the biohazardous waste and will adhere to the procedures outlined in this FMP. All field employees will receive training regarding the contents of this facility management plan as well as receive bloodborne pathogen training, sharps, handling training, offered Hepatitis B approved vaccination, and will be referred to complete the OSHA respirator medical evaluation questionnaire, be approved by a medical facility and be fit-tested to wear a respirator prior to engaging in work activities involving biohazardous medical waste. Copies of the FMP and Bloodborne Pathogen Exposure Control Plan (See Appendix 8) will be kept at the storage and transfer facility used to store and transfer the biohazardous medical waste.

BIOHAZARDOUS MATERIAL MANAGED

The following types of biohazardous medical waste are appropriate for Aftermath to store and transport:

- Human blood and blood products: Discarded products and materials containing free-flowing blood or free-flowing blood components. Blood and blood products mean discarded human blood and any product derived from human blood, including but not limited to blood plasma, platelets, red or white corpuscles and other derived products
- Human pathological waste: Discarded organs and body parts removed during surgery. Human pathologic wastes do not include the head or spinal column
- Medical sharps: Discarded sharps used in animal or human patient care, medical research, or clinical laboratories. This includes hypodermic needles; syringes; pipettes; scalpel blades; blood vials; needles attached to tubing; broken and unbroken glassware; and slides and coverslips
- Animal blood and/ or bodily fluids, excluding animal pathological waste (tissue and body parts)

MEDICAL WASTE MATERIALS MANAGED

The following types of medical waste are appropriate for Aftermath to store and transfer:

- Medical waste as defined in A.S.R. § 49-70 I, means "any solid waste which is generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals, and includes discarded drugs but does not include hazardous waste as defined in A.R.S. § 49-921 other than conditionally exempt small quantity generator waste"

EXCLUDED MATERIALS

The following types of waste are not appropriate for Aftermath to collect, transport, transfer or store:

- Non-decayed radioactive waste/radioactive materials
- Hazardous Waste
- Household Waste

- Industrial and commercial process waste
- Human Remains
- Liquid chemotherapy waste

FACILITY INFORMATION

The location of the facility is 2341 S Friebus, Suite 19, Tucson AZ 85713. The mailing address of the facility is 75 Executive Drive, Suite 200, Aurora, IL 60504. The legal description is attached as Appendix 1. The county assessor' information is parcel number 130130620. The latitude is 32.2333N and the longitude is – 110.9667W

Attached as Appendix 2, is the Site Location Map. Appendix 3, is the Aerial Map, Appendix 4 is the Vicinity map showing adjacent zoning and land use, access roads, bridges and railroads and floodplains.

LOCATION RESTRICTIONS

Irrigation Grandfathered Rights: Not applicable
Floodplains: Not applicable

ADMINSTRATIVE DETERMINATIONS

This facility does not have any Land Lease Agreements. See Appendix 5 for the Certificate of Disclosure.

OTHER APPROVAL/DEMONSTRATIONS

Air Permit is not required per the PIMA County Air Quality Department. See Appendix 6.

OPERATING CRITERIA

STORAGE OF BIOHAZARDOUS MEDICAL WASTE

The biohazardous medical waste collected from a job site is double red bagged and then placed in a regulated medical waste container (Appendix 13) in the refrigeration unit until the third-party hauler picks up the waste for final disposal. The biohazardous medical waste (i.e. free-flowing blood or free-flowing blood components) picked up at the job site is absorbed by using absorbents or towels during the cleaning process, the absorbents and towels are then put into the red bags, the red bags are then put into the regulated medical waste container.

The maximum storage time that the biohazardous waste will remain at the facility is biweekly. This facility will be equipped with refrigerator to refrigerate the biohazardous medical waste. The operator of the facility will maintain the temperature of the refrigerator at 40°F or less.

The storage area is constructed of a smooth, easily cleanable non-porous material that is impervious to liquids and resistant to corrosion by disinfecting agents and hot water and protected from contact with water, precipitation, wind and animals.

PACKAGING AND STORAGE REQUIREMENTS

The facility will only accept biohazardous medical waste in the acceptable medical waste bags and container in Appendix 13. If the biohazardous medical waste container is damaged or leaking, improperly labeled, the waste will not be accepted.

CLEANING OF THE STORAGE AREA

The storage area will be cleaned daily according to Arizona Administrative Code R1 8-1 3-1 407(A)(2).

TRACKING REQUIREMENTS

The facility will properly utilize shipping paper documentation. A copy of the Tracking Document is provided in Appendix 10 to this FMP.

The tracking document must be signed by the transporter upon acceptance of the biohazardous medical waste prior to leaving the copy with the generator (i.e., the Aftermath customer). The tracking document will accompany the person or vehicle that has physical possession of the biohazardous medical waste.

Upon delivery of the medical waste to the facility, the driver will obtain a signature on the tracking document of the person at the facility accepting the biohazardous medical waste, signifying the acceptance of the biohazardous medical waste.

All tracking documents will be stored for a period of three years. Hardcopies must be stored by the generator, transporter and treatment facility. The facility must keep the tracking documents on file for one year in accordance with A.A.C.R18-13-1406(B), 1409 (M)(2), and 1412(A)(3).

The biohazardous medical waste will only be accepted if it is accompanied by the waste tracking form.

See Appendix 4 for Facility Map including access points, buildings, utilities and parking area within the facility boundaries.

DESIGN CRITERIA

See Appendix 4 for facility access and traffic routing, buildings, appurtenances, structures, parking areas, utilities, permanent fences, gates, litter control structures, and storm water management structures.

See Appendix 12 for a Floor Plan designating the areas dedicated to the handling and storage of biohazardous medical waste. The universal biohazard symbol will be prominently displayed as prescribed in RI 8-13-140 I.

EMERGENCY RESPONSE INFORMATION

The Aftermath Emergency Response contacts are the following:

1. Local Emergency Response - 911
2. Aftermath Services LLC 24-Hour Toll Free Number - (877) 872-4339
3. Aftermath Services LLC 24-Hour Emergency Response Number- (800) 366-9923

4. Todd McWilliams, Area Manager, (408) 702-0969
5. ADEQ Emergency Response Hotline, (602) 390-7894 this number is for full-fledged emergencies and to speak to someone, (602) 771-2330 or (800) 234-5677 x771-2330, these numbers are for reporting a spill

An incident report form is provided as Appendix 11 to this plan. For Incident Reporting Instructions, please see Section 7 of the Emergency Response Plan in Appendix 12. Specific emergency response procedures are provided in Appendix 12 to this plan.

APPENDIX 1
LEGAL DESCRIPTION

Property Location & Legal Description

Property located at 2341 S Friebus Avenue, Tucson, Arizona 85713, Parcel No. 130130620, situated in the South Tucson area of Pima County, Arizona, within a mixed residential and commercial district with access to nearby retail, dining, and transportation corridors.

Said property is located in Section 24, Township 12 North, Range 1 West, Gila and Salt River Meridian, Pima County, Arizona. The approximate geographic coordinates of the property are Latitude 32.2333° North and Longitude -110.9667° West (WGS 84), also identified as 32° 14' 0" North Latitude and 110° 58' 0" West Longitude. These coordinates may be used for mapping, navigation, permitting, and land survey reference purposes.

Location Details – 2341 S Friebus Ave, Tucson, AZ 85713

Neighborhood:

The property is located in the South Tucson area near the southern portion of the city. The surrounding area consists of a mix of residential and commercial properties, with convenient access to retail, dining, and major transportation routes.

Public Land Survey System (PLSS) Information:

- **Township:** 12 North (12N)
- **Range:** 1 West (1W)
- **Section:** 24
- **Principal Meridian:** Gila Principal Meridian (Gila P.M.)

Geographic Coordinates (WGS 84):

- **Latitude:** 32.2333° N
- **Longitude:** -110.9667° W

Coordinates in Degrees, Minutes, Seconds (DMS):

- **Latitude:** 32° 14' 0" N
- **Longitude:** 110° 58' 0" W

Summary:

The property located at 2341 S Friebus Ave, Tucson, Arizona 85713 is situated within Section 24, Township 12 North, Range 1 West of the Gila Principal Meridian survey system. The site is positioned in the South Tucson area and may be referenced using the GPS coordinates above for mapping, navigation, permitting, or land survey purposes.

APPENDIX 2

SITE MAP



APPENDIX 3

AERIAL MAP

EXHIBIT "B"

[ATTACH SITE PLAN(S) SHOWING PREMISES, PROJECT AND IDENTIFYING COMMON AREAS -- ALL DIMENSIONS AND AREAS TO BE BASED ON GROSS RENTABLE SQUARE FEET.]



APPENDIX 4
VICINITY MAP

APPENDIX 5

CERTIFICATE OF DISCLOSURE

May 29th, 2026

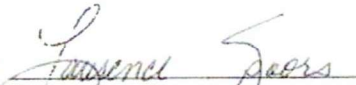
**Arizona Biohazardous Medical Waste Facility Application
Certificate of Disclosure**

To whom it may concern:

Please be advised that Aftermath Services LLC has reviewed its employee files, and to the best of knowledge, no current employee of Aftermath Services LLC has either been convicted of a felony involving laws related to solid waste, special waste, hazardous waste, water quality or air quality in any state or federal jurisdiction or for a violation of 42 United State Code section 9603 nor is person who is engaged in activity subject to regulation under this title and who is or has been subject in any civil proceeding to an injunction, decree, judgement or permanent order of any state or federal court that involved a violation of laws of that jurisdiction relating to solid waste, special waste, hazardous waste, used oil or used oil fuel, petroleum, water quality or air quality within the five year period immediately preceding execution of this certificate.

AFTERMATH SERVICES LLC

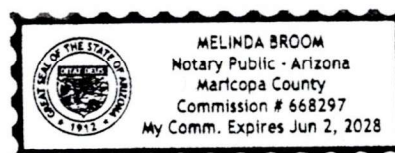
By:


Lawrence Spoor
Human Resources Manager

Subscribed and sworn before me

This 1st Day of June, 2026


Notary Public



APPENDIX 6
AIR PERMIT EMAIL

Melinda Broom

From: Melinda Broom
Sent: Monday, June 1, 2026 1:08 PM
To: scott.dibiase@pima.gov
Subject: AZ DEQ Facility Application – Air Permit Requirement Confirmation

Good Afternoon,

Aftermath Services LLC provides Crime Scene and Trauma Cleanup services throughout Arizona and nationwide. We are currently in the process of establishing a new operational shop location in Tucson, Arizona, where regulated medical waste generated from field remediation projects would be temporarily stored prior to transportation and disposal by a licensed medical waste hauler.

As part of our compliance process, we are completing the Arizona Department of Environmental Quality (ADEQ) Facility Application and would like to confirm whether an Air Quality Permit is required for a facility used solely for the temporary storage of regulated medical waste

The proposed Tucson location would not involve:

- Treatment or processing of medical waste,
- Incineration,
- Sterilization/autoclaving,
- Emissions-generating activities, or
- Any manufacturing operations.

The facility would only be utilized for the secure temporary storage and consolidation of properly packaged medical waste containers pending pickup by a licensed transporter/disposal vendor.

We would appreciate confirmation as to whether an Air Permit or any additional Air Quality authorization is required under ADEQ regulations for this type of storage operation.

Please let us know if any additional information is needed.

Thank you for your assistance.

Respectfully,



Melinda Broom
Compliance and Tax Manager
Aftermath Services LLC

UPCOMING PTO June 8th – June 12th

mbroom@aftermath.com | C. 612.940.9242

aftermath.com

Melinda Broom

From: Mark Rogers <Mark.Rogers@pima.gov>
Sent: Monday, June 1, 2026 2:23 PM
To: Melinda Broom
Cc: Melissa Hawthorne
Subject: [External] PDEQ Determination

Good afternoon, Melinda

Upon review of the email received by PDEQ on June 1, 2026, and our conversation, the scope of Aftermath's proposed activity is outside of PDEQ's jurisdictional authority. Currently Aftermath will not be required to obtain a permit from any of the programs delegated to PDEQ.

Please feel free to contact us at any time.

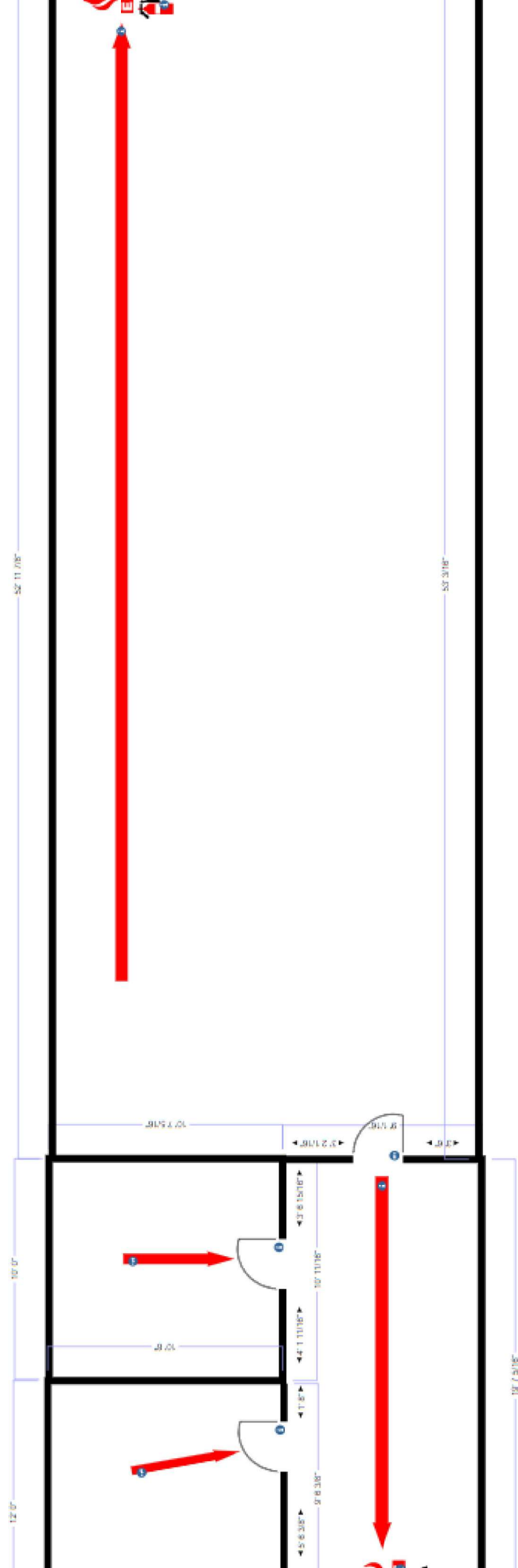
Thank you,

Mark Rogers
Engineering Assistant
Pima County Department of Environmental Quality
33 N. Stone Ave. Suite 700
Tucson, AZ 85701
520-724-7320

APPENDIX 7

FACILITY MAP





Exit the building using the most efficient route, taking into account location of fire, and gather away from the building, in the cul-de-sac .

APPENDIX 8

BLOOD BORNE PATHOGEN EXPOSURE PLAN

Purpose: This SOP establishes the exposure control framework used to prevent occupational exposure to bloodborne pathogens during AMS biohazard remediation operations.

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1.0 SCOPE

1.1 Applicability

- 1.1.1** Applies to Supervisors, Field Team Members and Shop Managers with reasonably anticipated exposure
- 1.1.2** Applies to all biohazard remediation job types including suicides, crime scenes, unattended deaths, accidents and Category 3 contamination encountered during AMS operations
- 1.1.3** Applies to the use of engineering controls, containment methods, splash-reduction practices, sharps controls and tool or equipment decontamination performed onsite

1.2 Operational Boundaries

- 1.2.1** Includes exposure prevention measures taken during arrival, assessment, containment, remediation, housekeeping and equipment cleaning
- 1.2.2** Includes high-level placement of contaminated materials into bags before Waste Control procedures begin
- 1.2.3** Includes airborne exposure controls limited to BBP spray or mist generation
- 1.2.4** Includes minimizing exposure risks associated with contaminated tools, surfaces and equipment
- 1.2.5** Includes HEPA vacuum and air-scrubber controls used to reduce airborne BBP particulate

- 1.3** Worksites, Locations and Covered Assets
 - 1.3.1** Customer properties including residential, commercial, municipal, transportation and law enforcement environments
 - 1.3.2** Company vehicles used to transport crew, equipment and supplies
 - 1.3.3** Shop areas where contaminated tools or materials may be handled before waste-control transfer steps
- 1.4** Exclusions and Limits
 - 1.4.1** Does not include Waste Control steps addressed in **SOP 02.10 Waste Control Program**
 - 1.4.2** Does not include cleaning product hazard communication steps covered in **SOP 02.30 Hazard Communications**
 - 1.4.3** Does not include PPE selection or donning and doffing which are governed by **SOP 01.01 Personal Protective Equipment (PPE)**
 - 1.4.4** Does not include respirator selection or fit testing covered in **SOP 01.60 Respiratory Protection Program**
 - 1.4.5** Does not include first aid or post-exposure medical follow-up which are governed by **SOP 12.12 Injury and Illness Reporting** and the **SOP on First Aid**
 - 1.4.6** Explicitly excludes human tissue, pathological waste, radioactive waste, chemotherapy waste, cooking oils and gasoline or oils
 - 1.4.7** Does not include vehicle interior biohazard remediation which will be addressed in a separate SOP
 - 1.4.8**
- 1.5** Parties Affected
 - 1.5.1** Shop Managers, Supervisors, Field Team Members and any team member who performs field work (even temporarily).
 - 1.5.2** All other AMS personnel are excluded because they do not have reasonably anticipated BBP exposure.

2.0 DEFINITIONS

- 2.1** Absorbent – Material such as SuperSorb used to limit liquid spread and reduce splashing
- 2.2** Airborne Bloodborne Pathogen Exposure – Potential BBP exposure created by splashing misting or aerosolizing actions during cleanup
- 2.3** BBP – Bloodborne Pathogens present in blood or OPIM capable of causing disease
- 2.4** Broken Glass – Shattered or cracked glass capable of puncturing skin and considered a sharp
- 2.5** Containment – Temporary barrier system using plastic sheeting and support poles to control contamination spread
- 2.6** Engineering Control – Physical mechanism or device which isolates or removes a hazard
- 2.7** HEPA Air Scrubber – Portable device which filters air to reduce airborne particulate associated with BBP work

- 2.8 HEPA Vacuum – Vacuum equipped with a HEPA filter used to collect fine particulate
- 2.9 OPIM – See Other Potentially Infectious Material
- 2.10 Other Potentially Infectious Material (OPIM) – Human body fluids (other than blood) and materials known or reasonably expected to be contaminated with bloodborne pathogens, including semen, vaginal secretions, cerebrospinal fluid, amniotic fluid and any unfixed human tissue or organ (as defined by OSHA 29 CFR 1910.1030).
- 2.11 Sharps – Needles, blades, razor fragments, broken glass or any object capable of puncturing skin
- 2.12 Splash Minimization – Work practice which reduces force or agitation applied to contaminated liquid during cleanup
- 2.13 Universal Precautions – Method in which all blood and body fluids are treated as potentially infectious materials

3.0 RESPONSIBILITIES

- 3.1 Director of Field Services
 - 3.1.1 Oversees exposure control expectations across all shops
 - 3.1.2 Ensures Supervisors and Field Team Members follow exposure control requirements
 - 3.1.3 Coordinates with Area Managers on deficiencies or repeated noncompliance
 - 3.1.4 Partners with Senior Manager of EHS to ensure alignment with the Health and Safety Program
- 3.2 Senior Manager of Employee Health & Safety (EHS)
 - 3.2.1 Maintains the corporate exposure control framework
 - 3.2.2 Leads exposure control audits and reviews
 - 3.2.3 Updates exposure control requirements as risks or regulations change
- 3.3 Area Manager
 - 3.3.1 Enforces exposure control practices across assigned shops
 - 3.3.2 Supports Supervisors with hazard escalations
 - 3.3.3 Addresses repeated exposure control concerns with Shop Managers
- 3.4 Project Manager
 - 3.4.1 Ensures job documentation reflects exposure control needs
 - 3.4.2 Escalates complex scene conditions which may increase exposure risks
 - 3.4.3 Supports Supervisors with scene-specific planning
- 3.5 Shop Manager
 - 3.5.1 Maintains supplies and equipment needed for exposure control
 - 3.5.2 Ensures contaminated tools or equipment are handled and staged correctly
 - 3.5.3 Supports Supervisors with onsite exposure control preparation
- 3.6 Supervisor
 - 3.6.1 Identifies exposure hazards during the Assessment phase
 - 3.6.2 Establishes containment and work practice controls following universal precautions
 - 3.6.3 Directs Field Team Members on safe cleanup methods
 - 3.6.4 Ensures sharps controls are implemented at each scene

3.6.5 Ensures tools and equipment are decontaminated before transfer

3.7 Field Team Member

3.7.1 Follows all required training and exposure control procedures

3.7.2 Uses containment and engineering controls as trained

3.7.3 Reports uncontrolled exposure hazards or contaminated tools immediately

4.0 COMPLIANCE

4.1 Federal Regulations

4.1.1 OSHA 29 CFR 1910.1030 Bloodborne Pathogens Standard

4.1.2 OSHA 29 CFR 1910.1030(d)(2)(i) Engineering and Work Practice Controls

4.1.3 OSHA 29 CFR 1910.1030(d)(4)(iii) Requirements for regulated waste and sharps containers

4.1.4 OSHA 29 CFR 1910.1030(g)(2) Training Requirements for occupational exposure

4.1.5 OSHA 29 CFR 1910.132 General Requirements for PPE and Hazard Assessment

4.1.6 OSHA 29 CFR 1910.134 Respiratory Protection Program Requirements

4.1.7 OSHA 29 CFR 1910.1200 Hazard Communication Standard

4.1.8 OSHA 29 CFR 1910.22 Walking Working Surfaces and Housekeeping Requirements

4.1.9 NIOSH Exposure Control Plan Guidance for Bloodborne Pathogens

4.1.10 CDC Sharps Injury Prevention and Sharps Handling Guidance

4.2 State Laws

4.2.1 Reserved for future state-specific bloodborne pathogen exposure requirements

4.3 Local Requirements

4.3.1 Reserved for local public health or municipal requirements with exposure control implications

4.4 Consensus, Industry Standards and Best Practices

4.4.1 ANSI/IICRC S540 Standard for Trauma and Crime Scene Cleanup

4.4.2 ISO 45001 Occupational Health and Safety Management Systems Standard

4.4.3 ANSI/ASSP Z10 Occupational Health and Safety Management Systems

4.4.4 AIHA Hierarchy of Controls White Paper

4.4.5 AIHA Bloodborne Pathogens Outside of Healthcare Settings Guidance

4.4.6 NIOSH Protect Your Employees With an Exposure Control Plan

4.4.7 CDC and HICPAC Guidelines for Environmental Infection Control in Healthcare Facilities

4.4.8 APIC and SHEA Environmental Cleaning and Infection-Prevention Guidance

4.5 Company Policies and AMS SOPs

4.5.1 **SOP 01.01 PPE Program**

4.5.2 **SOP 01.60 Respiratory Protection Program**

4.5.3 **SOP 02.01 Exposure Control Program**

4.5.4 **SOP 02.10 Waste Control Program**

- 4.5.5 SOP 02.30 Hazard Communications
- 4.5.6 SOP 12.01 SOP Development and Control
- 4.5.7 SOP 12.12 Injury and Illness Reporting
- 4.5.8 SOP 12.24 SOP Training and Implementation
- 4.5.9 SOP 12.36 SOP Recordkeeping
- 4.5.10 SOP on Spill Management & Containment
- 4.6 Enforcement and Penalties
 - 4.6.1 Failure to follow this SOP or any cited regulation may result in corrective action up to and including termination and may expose AMS and individuals to civil or criminal penalties imposed by OSHA, DOT, EPA or other authorities.

5.0 PROCEDURES

- 5.1 Scene Arrival Exposure Controls
 - 5.1.1 Initial assessment of the work area is performed from the entry point before crossing into any location with suspected or confirmed contamination.
 - 5.1.1.1 Visible blood, pooled liquids, debris and conditions which may shift during movement are identified.
 - 5.1.1.2 Slip hazards resulting from liquid contamination are noted.
 - 5.1.2 Required PPE is confirmed to be fully donned prior to entering any area where exposure is possible.
 - 5.1.2.1 Glove and suit integrity are checked for tears, gaps or improper fit.
 - 5.1.3 A safe walking path is identified and cleared as necessary to prevent incidental contact with contaminated surfaces.
 - 5.1.3.1 Objects which could force unplanned contact or restrict movement are relocated.
 - 5.1.3.2 Areas containing pooled liquid are avoided until controlled.
 - 5.1.4 Tools and exposure-control equipment are staged near the transition point into the work area.
 - 5.1.4.1 A sharps container is placed within immediate reach of the entry position.
 - 5.1.4.2 Absorbent materials and required engineering controls are prepared for deployment.
 - 5.1.5 Anticipated exposure hazards are communicated among on-scene personnel.
 - 5.1.5.1 Known or suspected BBP-related risks are reviewed.
 - 5.1.5.2 Movement restrictions and entry limitations are clarified.
 - 5.1.6 Only personnel needed to support initial zoning and control measures enter prior to containment setup.
 - 5.1.7 Contaminated materials remain undisturbed until containment or engineering controls are active.
- 5.2 Zoning and Containment Controls

- 5.2.1** The boundaries of the Control Zone are established based on visible contamination and the likely spread of biological material.
- 5.2.2** A Clear Zone is designated outside the Control Zone for staging clean tools and uncontaminated supplies.
 - 5.2.2.1** PPE, equipment and materials are organized within the Clear Zone to maintain controlled flow into the work area.
- 5.2.3** Containment barriers are installed when required to prevent cross-contamination.
 - 5.2.3.1** Openings are sized appropriately for equipment movement while maintaining control of air disturbance.
 - 5.2.3.2** Adjustments to the containment layout are made if new contamination is identified.
- 5.2.4** A single entry/exit pathway is designated for movement into and out of the Control Zone.
 - 5.2.4.1** The pathway is communicated to all personnel to maintain consistent traffic flow.
- 5.2.5** The interior of the Control Zone is arranged to prevent accidental contact with contaminated surfaces.
 - 5.2.5.1** Trip hazards or obstacles are removed or repositioned.
 - 5.2.5.2** Waste bags and staged materials are positioned to avoid obstructing footpaths.
- 5.2.6** Containment integrity is monitored and maintained throughout the operation.
 - 5.2.6.1** Loose seams or displaced sheeting are reinforced as needed.
- 5.3** Engineering Controls
 - 5.3.1** Engineering controls are deployed prior to handling contaminated materials.
 - 5.3.2** A HEPA vacuum is positioned to remove dry particulate and loose debris without disturbing sharps or fragile contaminated items.
 - 5.3.2.1** Vacuuming of standing liquids is not permitted.
 - 5.3.2.2** Dry-debris removal is conducted without disrupting contaminated structures.
 - 5.3.3** A HEPA air scrubber is positioned when airborne BBP spray potential exists.
 - 5.3.3.1** The intake is oriented toward the primary contamination area without directing airflow toward clean zones.
 - 5.3.4** Absorbent material is applied to standing liquids to limit splash potential during handling.
 - 5.3.4.1** Application begins at the outer edge of the liquid to prevent displacement.
 - 5.3.5** Absorbed material is removed using tools rather than gloved hands.
 - 5.3.5.1** Absorbent is confirmed to be fully engaged before collection.
 - 5.3.6** Engineering controls are repositioned as cleanup progresses to maintain effectiveness.
 - 5.3.6.1** HEPA equipment locations are adjusted to reflect changes in contamination footprint.

- 5.4.4.1** One-directional movement is used when space allows.
- 5.4.4.2** Work is paused if footpaths become congested or obstructed.
- 5.4.5** Periodic organization of tools and materials is conducted to maintain a safe and orderly work area.

- 5.6.1.1 Additional scans are performed when surfaces or materials shift, uncovering new areas.
 - 5.6.2 Sharps are handled exclusively with tools designed for secure retrieval.
 - 5.6.2.1 Tongs, tweezers, dustpans or rigid-edge tools are used to stabilize or lift sharps.
 - 5.6.2.2 Direct handling through gloved hands or porous materials does not occur.
 - 5.6.3 A sharps container is staged within immediate reach of personnel handling sharps and repositioned as the work area changes.
 - 5.6.4 Sharps are placed into the sharps container immediately after discovery.
 - 5.6.4.1 Sharps are not placed into waste bags at any time.
 - 5.6.4.2 Embedded or lodged sharps are not bent, broken or forcefully removed.
 - 5.6.5 Glass shards embedded in porous materials are removed prior to bagging the parent item.
 - 5.6.5.1 Items are stabilized while shards are extracted using controlled straight-line motions.
 - 5.6.5.2 Extracted shards are placed directly into the sharps container.
 - 5.6.6 Work ceases when the sharps container approaches capacity.
 - 5.6.6.1 The container is sealed within the Control Zone.
 - 5.6.6.2 The sealed container remains staged for transfer under the Waste Control Program
- 5.7 Housekeeping and Surface Controls
 - 5.7.1 Surface conditions inside the Control Zone are maintained to reduce the potential for secondary contact with biological material.
 - 5.7.1.1 Standing liquids which interfere with movement are immobilized using absorbent material.
 - 5.7.1.2 Debris or items which obstruct workflow are relocated to stable areas within the Control Zone.
 - 5.7.2 High-traffic routes are kept as clear as practical to prevent unintended contact with contaminated surfaces.
 - 5.7.2.1 Bag staging may be adjusted when accumulation begins to encroach on footpaths.
 - 5.7.3 Contact surfaces used to support tools or equipment are monitored for contamination.
 - 5.7.3.1 Wiping of these surfaces may occur when contamination becomes visible.
 - 5.7.3.2 Items used as temporary supports (e.g., furniture edges or countertop corners) are avoided when contaminated.
 - 5.7.4 Interim clean-up activities are performed when contamination builds up in ways which affect safe movement or visibility.
 - 5.7.4.1 Spot-cleaning may be performed if contamination interferes with tool handling or placement.
- 5.8 Spill and Splash Response
 - 5.8.1 Unplanned spills or splashes involving blood or OPIM are stabilized promptly to prevent expansion of the contaminated footprint.

- 5.8.1.1 Personnel in the immediate vicinity halt movement until conditions are made safe.
 - 5.8.1.2 Expansion of containment may be required when the spill extends beyond the original Control Zone boundary.
 - 5.8.2 Absorbent materials are used to suppress liquid movement prior to removal.
 - 5.8.3 Contaminated tools, PPE or equipment affected by a splash are isolated inside the Control Zone pending decontamination.
 - 5.8.3.1 PPE showing direct contact with biological material is replaced before work resumes.
 - 5.8.4 Reference **SOP on Spill Management and Containment** for full spill response, containment adjustments and cleanup sequencing.
 - 5.9 Cross-Contamination Prevention
 - 5.9.1 Movement between the Control Zone, Support Zone and Clear Zone follows the designated directional flow to limit transfer of biological material.
 - 5.9.1.1 Personnel avoid brushing against walls, doorframes or furniture when exiting the Control Zone.
 - 5.9.1.2 Items unrelated to cleanup (e.g., clipboards, electronic devices) remain outside the Control Zone unless properly protected.
 - 5.9.2 Clean and contaminated tools are segregated throughout the operation.
 - 5.9.2.1 Clean tools may be staged on elevated surfaces in the Clear Zone.
 - 5.9.2.2 Contaminated tools remain in the Control Zone pending decontamination steps.
 - 5.9.3 Transfers of waste or equipment are performed in a manner which prevents spread to unaffected areas.
 - 5.9.3.1 Waste bags are sealed before being moved toward the Support Zone.
 - 5.9.3.2 Bulk items which cannot be bagged may require temporary containment or surface wrap before relocation.
 - 5.9.4 PPE surfaces are observed for contamination buildup which may result in indirect transfer.
 - 5.9.4.1 Gloves may be replaced mid-task when contamination interferes with safe handling.
 - 5.9.4.2 Localized suit contamination may be spot-cleaned when it presents a transfer risk.
 - 5.9.5 Door handles, light switches and transitional surfaces are protected or avoided when contaminated gloves or suits are present.
 - 5.10 Equipment and Tool Decontamination
 - 5.10.1.1 Tools and equipment which contact blood or OPIM are kept inside the Control Zone until decontamination occurs.
 - 5.10.1.2 Items which cannot be safely handled in their current condition are placed on designated staging plastic for later cleaning.

- 5.10.2 Hard-surface tools are decontaminated using approved cleaning and disinfection methods appropriate for the biological load present.
 - 5.10.2.1 Tool surfaces are cleaned to remove visible debris before any disinfection step is applied.
 - 5.10.2.2 Extended-contact areas such as grips, handles and latches receive particular attention due to higher frequency of hand placement.
- 5.10.3 Equipment with removable components is disassembled to the extent necessary to access contaminated surfaces.
 - 5.10.3.1 Internal compartments exposed to contamination are inspected before reassembly.
- 5.10.4 HEPA vacuums, air scrubbers and similar devices are wiped down externally after use in the Control Zone.
 - 5.10.4.1 Filter changes follow manufacturer requirements and are performed only after surfaces are cleaned.
 - 5.10.4.2 Collected debris from filters or dust traps is treated as contaminated material until processed under Waste Control procedures.
- 5.10.5 Items which cannot be effectively decontaminated due to design or condition are disposed of according to the **SOP on Waste Control Program**.
- 5.10.6 Tools and equipment are returned to storage or vehicle staging only after decontamination is completed and surfaces are dry.
- 5.11 Transition to Waste Control Procedures
 - 5.11.1 Bagged materials, sealed containers and sharps containers remain in the Control Zone until exposure-control steps are complete and waste movement is ready to begin.
 - 5.11.2 Waste streams are verified prior to transfer to ensure alignment with the Waste Control Program.
 - 5.11.2.1 Items containing visible biological material are routed to regulated waste procedures.
 - 5.11.2.2 Materials without contamination which meet general-debris qualifications may be routed to standard waste streams.
 - 5.11.3 Waste is staged on stable surfaces while transitioning from exposure-control activities to Waste Control procedures.
 - 5.11.3.1 Staging locations should minimize handling steps and prevent bag abrasion or puncture.
 - 5.11.4 Personnel ensure gloves and outer protective layers are intact before handling staged waste.
 - 5.11.4.1 PPE replacement may occur prior to waste transfer when contamination levels warrant additional protection.
 - 5.11.5 The Control Zone boundary is maintained until all contaminated waste has been assigned to the proper disposal workflow.
 - 5.11.6 Final transfer, labeling, manifesting and container movement occur under **SOP 02.10 Waste Control Program** and are not described in this document

6.0 HEPATITIS B VACCINATION PROGRAM**6.1 Eligibility**

6.1.1 All Team Members whose roles are listed in § 3.0 RESPONSIBILITIES are offered the Hepatitis B vaccination series at no cost.

6.2 Timing

6.2.1 The vaccination series is made available within 10 days of initial assignment to duties covered by this SOP.

6.3 Declination

6.3.1 Team Members who decline the vaccination are required to sign a Hepatitis B Vaccine Declination Form. A declined offer may be accepted at any later date while the Team Member remains in an eligible role.

6.4 Post-Exposure Offer

6.4.1 Any Team Member who experiences an exposure incident is offered the Hepatitis B vaccination series as part of post-exposure follow-up, regardless of prior declination.

6.5 Administration

6.5.1 Vaccination is administered by or under the supervision of a licensed healthcare professional at a time and location that does not unreasonably burden the Team Member.

6.6 Records

6.6.1 Vaccination records are maintained in accordance with § 8.0 RECORDKEEPING and retained for the duration of employment plus 30 years per OSHA 29 CFR 1910.1030(h).

7.0 TRAINING**7.1 Audience & Timing**

7.1.1 All Team Members whose roles are listed in § 3.0 RESPONSIBILITIES receive training on this SOP.

7.1.2 Training must be completed before a Team Member assumes duties covered by this SOP.

7.1.3 Initial training must be completed within 30 days of hire or role assignment.

7.2 Core Curriculum / Objectives

7.2.1 Explain the duties of each role as outlined in § 3.0 RESPONSIBILITIES

7.2.2 Demonstrate correct completion of the procedural steps in § 5.0 PROCEDURES which apply to the learner's role

7.2.3 Reinforce safe practices and decision points directly tied to role execution

7.3 Delivery Method & Verification

7.3.1 Training delivery follows SOP 12.24 § 5.3 Training Delivery.

7.3.2 Competency verification follows SOP 12.24 § 5.4 Competency Verification.

7.3.3 Passing criteria include a minimum quiz score of 80%.

- 7.3.4 Completion records are documented in the AMS learning platform or Portal within two business days of training.
 - 7.4 Initial Training
 - 7.4.1 Required for all applicable Team Members before performing any tasks defined in this SOP.
 - 7.4.2 Completion of initial training must be confirmed and logged before independent work is authorized.
 - 7.5 Refresher / Trigger Events
 - 7.5.1 Standard refresher training is required every 36 months in accordance with **SOP 12.24 § 5.1 Training Needs Identification**.
 - 7.5.2 Refresher training occurs sooner when:
 - 7.5.2.1 This SOP is revised
 - 7.5.2.2 Regulatory or contractual requirements change
 - 7.5.2.3 An audit, incident or skills-verification gap indicates additional training is required
 - 7.6 Records & Retention
 - 7.6.1 Training record management follows **SOP 12.24 § 5.5 Training Records Management**.
 - 7.6.2 Records are retained for the period defined in **SOP 12.36 SOP Recordkeeping § 7.3 Retention Schedule**.
- 8.0 **RECORDKEEPING**
 - 8.1 Required Documents
 - 8.1.1 None applicable
 - 8.2 Custodian Responsibilities
 - 8.2.1 Roles and responsibilities for maintaining SOP records are defined in **SOP 12.36 Recordkeeping § 5.0 PROCEDURES**.
 - 8.3 Retention Schedule
 - 8.3.1 Retention requirements are defined in **SOP 12.36 Recordkeeping §§ 5.3 and 5.5**.
 - 8.4 Storage & Security
 - 8.4.1 Storage and security requirements are defined in **SOP 12.36 Recordkeeping § 5.4**.
 - 8.5 Access & Retrieval
 - 8.5.1 Access and retrieval requirements are defined in **SOP 12.36 Recordkeeping § 5.4**.
 - 8.6 Record Disposal / Destruction
 - 8.6.1 Disposal requirements are defined in **SOP 12.36 Recordkeeping § 5.0 PROCEDURES**.
 - 8.7 Audit Trail
 - 8.7.1 Audit trail requirements are defined in **SOP 12.36 Recordkeeping § 5.6**.

9.0 PROGRAM REVIEW & EVALUATION

9.1 Review Frequency & Triggers

9.1.1 This SOP is reviewed every 36 months or sooner if regulation, incident or audit warrants, per **SOP 12.01 § 5.9 Revision Process**.

9.2 Responsible Roles

9.2.1 Roles responsible for initiating, reviewing and approving revisions are defined in **SOP 12.01 § 3.0 RESPONSIBILITIES and § 5.0 PROCEDURES**.

9.3 Inputs / Metrics

9.3.1 None applicable

9.4 Revision Process & Approvals

9.4.1 All revisions to this SOP follow the revision process and approval workflow defined in **SOP 12.01 § 5.9 Revision Process and § 5.6 Vice President of Learning & Development Approval**.

9.5 Communication & Implementation

9.5.1 Communication of approved changes and implementation actions follow the requirements of **SOP 12.01 § 5.7 Finalization & Portal Posting**.

9.6 Continuous-Improvement Tracking

9.6.1 Continuous-improvement tracking is performed in accordance with **SOP 12.01 § 5.9 Revision Process**.

9.7 Document Availability

9.7.1 Document availability requirements are defined in **SOP 12.01 § 5.7 Finalization & Portal Posting**.

APPENDIX 9
INCIDENT REPORT FORM



**Biohazardous and Infectious Waste Spill
Report Form**
Rev. 0

Name of Supervisor Submitting Report: _____

Date of Spill: _____ **Time of Spill:** _____

Location of Spill: _____

Aftermath Employees Involved in Spill Incident: _____

Description of Incident: _____

Signature of Reporting Supervisor: _____

.....

CORPORATE OFFICE USE ONLY

Date/Time Supervisor Reported Spill to Corporate: _____

Date Spill Report Received by Corporate: _____

Signature/Date of Corporate Review: _____

APPENDIX 10
TRACKING DOCUMENT

* This document must remain on file for a minimum of one (1) year. *

Biohazardous Medical Waste Tracking Document – Distribution & Completion Instructions

Instructions for Distribution:

Copy 1 TSD Facility: Mail to Generator

Copy 2 TSD Facility: Mail to Initial Transporter

Copy 3 TSD Facility: Retain this copy for your records.

Copy 4 Transporter: Retain this copy for your records.

Copy 5 Generator: Retain this copy for your records.

Instructions for Completion:

1. Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address.
2. Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
3. Page 1 of ____ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
4. Containers (No. and Type) - Enter the total number of biobox containers.
5. Total Quantity – Enter the total weight in pounds of the biobox containers. (Do not use decimals or fractions).
6. Special Handling Instructions and Additional Information – Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information.
7. Generator's Certification – The Aftermath customer should read and sign by hand the certification statement. Enter the date (MM/DD/YY) the waste was collected and transported.
8. Transporter 1 Acknowledgement of Receipt of Materials – Print or type the name of the Aftermath supervisor accepting the waste on behalf of the transporter. Sign and enter the date of receipt (MM/DD/YY).
9. Transporter 2 Acknowledgement of Receipt – If applicable see Item 8.
10. Discrepancy Indication Space – The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste on the Manifest and the waste actually received.
11. Facility Owner or Operator Certification of receipt of biohazardous medical waste covered by this Manifest except as noted in Item 10 – Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt (MM/DD/YY).

NOTE: If the Alternate Facility receives the waste shipment and signs in Item 11, it should be noted in Item 10 that the signature is that of the Alternate Facility.

APPENDIX 11
EMERGENCY RESPONSE PLAN

EMERGENCY RESPONSE PLAN

1. Basic Description and Technical Name

- a) Proper U.S. DOT Shipping Name: **Regulated Medical Waste**
- b) Hazard Class or Division: **6.2**
- c) UN Identification Number: **3291**
- d) Packing Group: **II**

2. Potential Health Hazards

- a) Inhalation or contact may cause infection, disease, or death; and
- b) Runoff from fire control may cause pollution

3. Risk from Fire or Explosion

- a) The reusable containers are fire resistant: U.L. 94 HB Material High Density Polyethylene; and
- b) Some of the waste material may burn, but none ignite readily.

4. Immediate Precautions

- a) Assess the extent of the incident and/or spill;
- b) Isolate spill from unauthorized personal using yellow caution tape provided in the Spill Kit
- c) If applicable, stop continual leakage from container(s), by using absorbent, or additional liners and additional polyvinyl container as needed;
- d) Contain spill within an appropriate area, using adsorbent and supplied rags as needed; and
- e) If necessary, call the Aftermath Emergency Response Telephone Number: (800) 366-9923

5. Spill Response Procedures

- a) Biohazardous Medical Waste Spill:
 - i) Personal (Drivers)
 - (a) If a person has direct contact with untreated biohazardous medical waste, first remove any contaminated clothing and shower thoroughly or wash area with germicidal soap.
 - (b) Prior to conducting the following clean-up procedures, utilize the following personal protective equipment (PPE):
 - (1) Tyvek suit (for liquid spills only);
 - (2) Tyvek booties (for liquid spills only);
 - (3) Impermeable gloves (i.e. Latex, polyethylene, etc.); and
 - (4) Safety glasses or face shield

- ii) Surfaces Coming in Contact with the Spill
 - (a) The driver that becomes aware of the spill must inform the Safety Representative, via telephone or other communication device, as soon as possible
 - (b) The employee(s) cleaning up the spill must wear PPE as specified above.
 - (c) Place an appropriate red plastic bag, meeting ASTM D 1709-97 and 1922.94a, inside a fiberboard box or reusable container at the Packaging Group II level
 - (d) Initially, shovel the solid portion of the spilled material into the previously prepared fiberboard box or reusable container.
 - (e) Spray contaminated area with Biotic Disinfectant (EPA Reg# 1839-166-89196, BTC 885 Neutral Disinfectant Cleaner -128, made by Stepan Company, on the EPA's List D)
(<http://www.epa.gov/oppad001/chemregindex.htm>)
 - (f) Spread absorbent on contaminated area and wait at least 10 minutes
 - (g) Shovel the absorbent and any other contaminated items into the container; continue until no visible contamination remains
 - (h) Once again spray the area previously covered by the spill with the EPA approved disinfectant
 - (i) Spray any tools that may have come into contact with the biohazard medical waste during this clean-up
 - (j) Remove and place all disposable PPE and towel and rags in the fiberboard box or reusable plastic container used during this clean up. Seal the contents and mark the box or container as "Spill Cleanup."
 - (k) Ensure that the inner packaging (bag) and the outer packaging (container) are closed according to the applicable packaging specifications. Mark the container as "Spill Cleanup"
 - (l) Segregate the "Spill Cleanup" container from any other loaded waste, to avoid mixing the contents with manifested waste contents
 - (m) Load all containers onto the transportation vehicle and ensure it is properly secured
 - (n) Generate a Tracking Document for any additions or subtractions to total quantity of waste caused by the spill response activity (i.e., biohazardous medical waste from one container cleaned up and placed into two new containers)
 - (o) The Safety Representative must complete incident-reporting requirements

- iii: The following items must be disposed of as medical waste, not general debris, after each job:

Tyvek suits

Carpet runner

Latex gloves	Builders paper
Leather working gloves	Scrub pads
Respirator cartridges	Scrub brooms
Rags/Towels	Broom
ATP test swabs	Chemical resistant boot covers
Plastic sheeting	Secondary cardboard bio-boxes

6. **Immediate Methods for Handling Fires**

- (a) Small fires:
 - i) Use the ABC dry chemical fire extinguisher provided in the vehicle or the one in the dispatch shop. If at another facility, locate the closest fire extinguisher prior to an incident.
- (b) Large Fires:
 - i) Call 911; then Aftermath's Emergency Number (800) 366-9923

7. **Incident Reporting**

- (a) The incident will be reported to the employee's Supervisor as soon as possible.
- (b) Gather the relevant data and complete the Incident Report Form provided as Appendix 9 to this FMP.

APPENDIX 12

FLOOR PLAN

Emergency & Operations Map

Location: Tucson AZ
2341 S. Highway Suite 19
Tucson AZ 85713

Revision Date: 05/29/2026



Report North:

MAP KEY



Biohazardous
Storage Area



First Aid Kit



Exit Sign



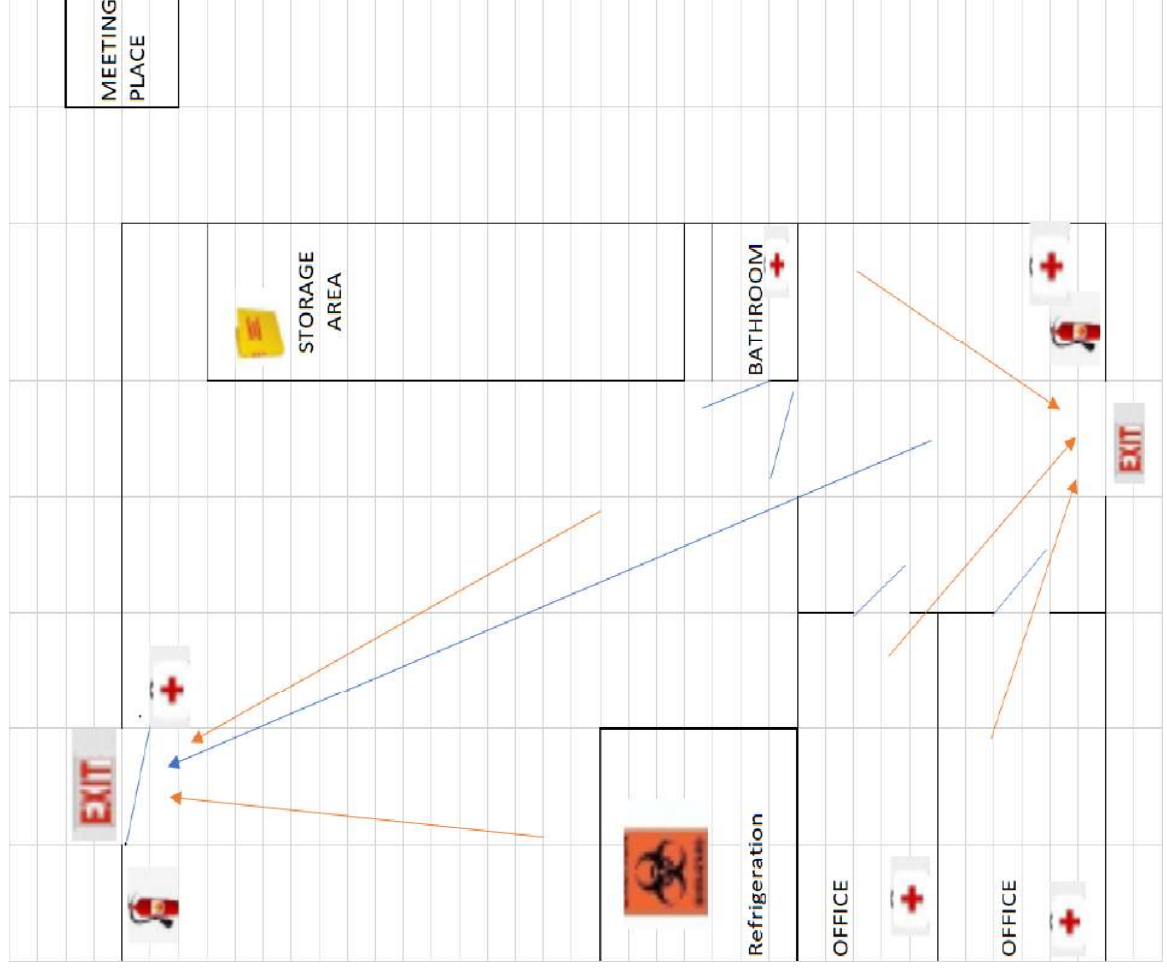
Fire Extinguisher



SDS Safety Data Sheet

→ Primary Exit

→ Secondary Exit



APPENDIX 13

BIOHAZARDOUS MEDICAL WASTE CONTAINER



APPENDIX 14

PHOTOS OF FACILITY , REFRIGERATOR

UNIT AND TRUCKS

(additional photos attached via email)

Russell RL6A066ADA Evaporator Unit Information

Model: RL6A066ADARE

Catalog Number: L6A066ADA

Serial Number: E492200150

Voltage: 115V

Phase: 1

Frequency: 60 Hz

Fan Motor: 1 ECM Motor, 35W

Motor FLA: 0.8 Amps

Minimum Circuit Ampacity: 1.5 Amps

Maximum Fuse/Breaker: 20 Amps



Based on the model from your nameplate (**Russell RL6A066ADARE / Catalog No. L6A066ADA**), here are the factory specifications and dimensions.

Manual

Russell RL Series Installation & Operations Manual

[Russell RL Series Installation & Operations Manual PDF](#)

RL6A066ADA Specifications

Item	Specification
Model	RL6A066ADA
Type	Low Profile Unit Cooler
Defrost	Air Defrost
Capacity	6,600 BTUH
Airflow	775 CFM
Voltage	115V
Phase	1
Fan Qty	1
Fan Size	12"
Liquid Line	3/8" O.D.
Suction Line	5/8" O.D.
Drain Connection	3/4" NPT
Weight	47 lbs.
Motor	Dual-Speed ECM

Dimensions

Most manufacturer listings agree on the following dimensions for the RL6A066ADA:

- **Width:** 27-1/8"
- **Depth:** 15-1/2"
- **Height:** 16-3/4" to 18-1/8" (depending on whether the drain fitting and fan guard are included in the measurement) ([Resupply Co.](#))

Installation Clearances

For service access and airflow, Russell recommends:

- Mount flush to the ceiling.
- Maintain access to the removable end panel for electrical and piping service.

- Provide adequate clearance below the unit for air circulation and drain line routing. ([HTPG Media](#))

Your Unit

From your photo:

- Model: **RL6A066ADARE**
- Serial: **E492200150**
- Manufactured by Russell / Heat Transfer Products Group.
- 115V, 1 Phase, 60 Hz.
- Single ECM fan motor (35W). ([HTPG Media](#))

If you need the **factory dimensional drawing (submittal sheet) showing mounting hole locations, refrigerant connection locations, and drain location**, I can locate that specific engineering drawing as well. It is usually a one-page PDF with front, side, and bottom views used by installers.

RL6A066ADARE (Catalog L6A066ADA). The RL6A066ADA is the **single-fan model** in the RL6A low-profile series. ([HTPG Media](#))

Factory Literature

Installation & Operation Manual
[Russell RL Series Installation Manual](#)

RL Series Product/Submittal Catalog
[Russell Next-Gen RL Series Product Data Book](#)

RL6A066ADA Dimensions

Based on the RL6A product family dimensional tables and distributor specification sheets, the RL6A066ADA dimensions are: ([HTPG Media](#))

Dimension	Size
Length	27-1/8"
Width (Front to Back)	15-1/2"
Height	16-3/4"
Weight	47 lbs
Fan Size	12"
Number of Fans	1

Refrigerant Connections

Connection	Size
Liquid Line	3/8" O.D.
Suction Line	5/8" O.D.
Drain Connection	3/4" FPT/NPT

Mounting Information

- Flush ceiling mount
- Slotted mounting holes in top panel
- Front and end panels removable for service access
- Minimum service clearance recommended at electrical end panel ([HTPG Media](#))

Manufacture Date

Your serial number **E492200150** appears to indicate a 2022 production unit (the "22" portion of the serial is consistent with Russell/HTPG serial numbering), which aligns with the Next-Gen RL series design shown in your photo. This is an estimate, not a factory-confirmed date.

If you need the **exact mounting-hole spacing and piping location drawing**, I can create a dimensional sketch from the RL6A engineering data showing:

- Mounting slot locations
- Drain location
- Liquid and suction line locations
- Overall dimensions

That is typically what contractors need for permit drawings and equipment replacement.

APPENDIX 15

LIST OF TRUCKS AND PERMITS

Each vehicle will be equipped with a Spill Kit containing appropriate emergency and spill response items. A detailed listing of the Spill Kit contents is provided in this TMP. Spill Kit location will vary with the configuration of each vehicle used; however, the Spill Kit will be located such that it is readily accessible in the event of an emergency. This may mean that the Spill Kit location will change as the container-portion of the vehicle makes its rounds. See attached Spill Management Plan that lists spill kit contents.

LISTING OF VEHICLES USED BY (COMPANY) FOR BIOHAZARDOUS MEDICAL WASTE TRANSPORT – 05/14/2026

MAKE	MODEL	YEAR	VIN NUMBER	PLATES	STATE	MARI COPA PER MIT	REFRIGER ATED
RAM	ProMas ter	2023	3C6MRVJG7PE 514713	6VA7GM	AZ	YES	NO
RAM	ProMas ter	2024	3C6LRVAG1RE 147614	SAA30Z	AZ	Yes	NO
RAM	ProMas ter	2018	3C6URVJG5JE 134566	2FA9E2	AZ	NO	NO



Maricopa County
Environmental Services Department
Solid Waste Inspection Report

Establishment Name: Aftermath Services, LLC			
Physical Address: 2341 S Friebus AVE Tucson, AZ 85713-4256			
Inspection Date: 08/22/2025	Start Time: 10:45AM	Inspection Number: INSP-027698-2024	Inspection Type: Medical Waste Hauler Inspection
Permit Number: MV-23-0011	Permit Expires: 7/31/2026	Permit Type: Medical Waste Hauler	Reinspection Required: No
Permit Identifier: 780 NEW BIO-MEDICAL PERMIT 16 MAY 2023			

GENERAL	
Nearest Cross Streets when Inspected:	1740 s country club
Number of Units Inspected:	1
Number of Units in Violation when Inspected:	1
Inspection Type:	Routine

OBSERVATIONS AND CORRECTIVE ACTIONS	
Violation Item Name:	A transporter shall ensure that a copy of the tracking document accompanies the person who has physical possession of the biohazardous medical waste.
Code:	A.A.C. R18-13-1409(J) A transporter who accepts biohazardous medical waste from a generator shall leave a copy of the tracking document described in R18-13-1406(B) with the person from whom the waste is accepted. A transporter shall ensure that a copy of the tracking document accompanies the person who has physical possession of the biohazardous medical waste. Upon delivery to a Department-approved transfer, storage, treatment, or disposal facility, the transporter shall obtain a copy of the tracking document, signed by a person representing the receiving facility, signifying acceptance of the biohazardous medical waste.
Inspector Notes:	Corrective Action: Correct at once. No chain of custody for medical waste transportation. Ensure receipts are available in the transport vehicle.
Correct By Date:	
Violation Item Name: Inspection Comments (Solid Waste)	
Code:	
Inspector Notes:	The safety data sheet for all chemicals, cleaners and sanitizers, shall be kept in the transportation management plan. Predefined Comment: Due to the violations noted on this inspection report, County legal action may result from this inspection.
Correct By Date:	

GENERAL INSPECTION COMMENTS

The safety data sheet for all chemicals, cleaners and sanitizers, shall be kept in the transportation management plan.

Predefined Comment: Due to the violations noted on this inspection report, County legal action may result from this inspection.

Received By:	email	Name:	
Inspected By:		Name:	Theresa Amoroso



Maricopa County

Environmental Services Department

Rights and Disclaimers (Pursuant A.R.S. 41-1001.01, 41-1009 & 11-1603)

Please click on the link below to access your small business regulatory bill of rights.

<https://www.azleg.gov/ars/41/01001-01.htm>

By receipt of this inspection report, you acknowledge that you have been informed of your inspection and due process rights, which are included below in this inspection report. If you have any questions, you may contact the Maricopa County Environmental Services Department ("Department") at (602) 506-6616. You also attest, pursuant to Chapter I of the Maricopa County Environmental Health Code, the Department inspector(s) were present at your location at the time of inspection. Upon entry to the premises, the Department inspector(s) met with you, presented photo identification, and explained the purpose of this inspection is necessary for the issuance of a license or to determine compliance with licensure requirements.

- I may accompany the Department inspector(s) on the premises, except during confidential interviews.
 - I understand that each person interviewed during the inspection will be informed that their statements may be included in the inspection report.
 - Participation in an interview is voluntary, unless the person is legally compelled to participate
 - A person is allowed 24 hours to review and revise a written statement that is drafted by the inspector and requires the person's signature
 - An agency inspector may not prohibit the regulated person from having an attorney or other experts in their field present during the interview to represent or advise the regulated person.
 - The inspector may not take any adverse action, treat a person less favorably or draw any inference based on the regulated person's decision to be represented by an attorney or be advised by any other experts in the field.
 - Any trade secrets and proprietary or confidential information, identified by the regulated source as such (must be submitted to the Department in writing.), contained in the documents provided to the inspector may be redacted before becoming public information.
 - The inspector shall disclose any applicable inspection or audit fees.
 - I have the right to copies of any original document(s) taken from the premises by the County during the inspection if the County is permitted by law to take the original document(s).
 - Potential civil actions for violations cited as a result of this inspection are not subject to an applicable statute of limitation.
 - I have the right to have a split or duplicate of any samples taken during the inspection, if the split or duplicate of any samples, if appropriate, would not prohibit an analysis from being conducted or render an analysis inconclusive.
 - I have the right to copies of any analysis performed on samples taken during the inspection.
 - Each person whose conversation with the County inspector during the inspection is tape-recorded will be informed that the conversation is being tape-recorded.
 - My administrative hearing rights are set forth in A.R.S. §41-1061 to -1066 and my rights relating to an appeal of a final County decision are found in A.R.S. §12-901, et seq., and Maricopa County Environmental Health Code Chapter 1.
 - A County decision pursuant to A.R.S. §11-1603 E and F is not an appealable County action.
-

PERMIT TO OPERATE

Permit Owner:

AFTERMATH SERVICES LLC
N/A N/A

75 Executive DR
Aurora, IL 60504-8137

Premises:

Aftermath Services, LLC
2341 S Friebus AVE
Tucson, AZ 85713-4256

Permit Number:

MV-23-0011

Permit Type:

Solid Waste Permit / Medical Waste
Hauler

Issued Date:

07/31/2025

Expiration Date:

07/31/2026

Identifying Location:

780 | NEW BIO-MEDICAL PERMIT
16 MAY 2023

Special Conditions:

N/A



A copy of the most recent inspection report for this establishment is available at our website.

This permit is not transferable and must be placed in a conspicuous place.

Please contact Environmental Services prior to making any changes to the operations, including ownership.

maricopa.gov/environmentalservices

PERMIT TO OPERATE

Permit Owner:

AFTERMATH SERVICES LLC

N/A N/A

75 Executive DR

Aurora, IL 60504-8137

Premises:

Aftermath Services, LLC

2341 Friebus Suite 19

Tucson, AZ 85713

Permit Number:

SW2503292

Permit Type:

Solid Waste Permit / Medical Waste
Hauler

Issued Date:

08/26/2025

Expiration Date:

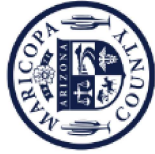
10/31/2026

Identifying Location:

Vehicle # 953

Special Conditions:

N/A



A copy of the most recent inspection report for this establishment is available at our website.

This permit is not transferable and must be placed in a conspicuous place.

Please contact Environmental Services prior to making any changes to the operations, including ownership.

maricopa.gov/environmentalservices

APPENDIX 16

SPILL PLAN AND AND REPORT

Procedure: Biohazardous & Infectious Waste Storage Spill Management Plan

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1. INTRODUCTION

The services provided by Aftermath Services LLC (“Aftermath”) include the cleanup and decontamination for the following trauma and crime scenes: homicide, suicide, gross filth, unattended deaths, personal accidents, and industrial accidents. This list is not intended to be a complete list of the situations which Aftermath will respond to for cleaning and decontamination. No waste generated by Aftermath Services LLC may be recycled. Please visit our website at www.aftermath.com for more information about Aftermath.

2. PURPOSE

The purpose of this spill management plan is to establish protocols for all Aftermath Supervisors and Technicians in the event there is a spill of biohazardous and infectious waste at the storage site.

3. PREVENTATIVE MEASURES

All Aftermath Supervisors and Field Technicians are trained in the proper handling and storage of biohazardous and infectious waste so as to minimize the risk of a spill. Specifically, the following procedures will be followed so as to minimize the risk of a spill in the transport vehicle:

- 3.1. Biohazardous and infectious waste will be packaged in red plastic bags and contained in sturdy corrugated cardboard bio-boxes with lids that close to prevent any contact with the red bag contents. All required bags and containers needed will be accounted for in the inventory on the van prior to beginning the work. Any waste that can be recycled shall be recycled, however no waste that is considered biohazardous may be recycled.

- 3.2. The red plastic bags shall be leak resistant, impervious to moisture, of sufficient strength to prevent tearing or bursting under normal conditions of use and handling, sealed to prevent leakage, and be puncture resistant for sharps.
- 3.3. All containers will be inspected prior to loading onto the permitted vehicle to ensure the containers are properly packaged and marked.
- 3.4. Biohazardous and infectious waste will be stored in an area that is secured from unauthorized access.
- 3.5. The storage area for biohazardous and infectious waste will be kept clean and impervious to rodents, insects, and odor.

4. SPILL CONTAINMENT AND CLEANUP PROCEDURES

The following containment and cleanup procedures shall be employed by Aftermath Supervisors and Technicians in the event of any spill of biohazardous and infectious waste in the transport vehicle:

- 4.1. Isolate the spill by securing the area to prevent unauthorized entry
 - 4.1.1. If spill occurs when vehicle is in shop location, close and lock all shop access doors and place a written notification that there is to be no entry until further notice.
 - 4.1.2. If the spill is in a public area (job site, parking lot) isolate the affected area using physical barriers (if available). If no physical barriers available, make sure to isolate the area by taping it off with caution tape.
- 4.2. Obtain a spill kit from your storage location. Due to the nature of our work, both Aftermath's vehicles and shops are stocked with the items needed to clean up a spill. In the event of a spill, obtain the necessary spill kit items from either your vehicle or shop inventory.
- 4.3. Spill Kit Contents:
 - 4.3.1. Gloves
 - 4.3.2. Tyvek Suit
 - 4.3.3. Full Face Respirator
 - 4.3.4. Face Shield
 - 4.3.5. Absorbent Material (towels)
 - 4.3.6. Disinfectant (Aftermath Biotic Disinfectant)
 - 4.3.7. Biohazard bags
 - 4.3.8. Biohazard boxes
- 4.4. Verify the area is secured and isolated before beginning cleanup.
- 4.5. Put on the level of personal protective equipment deemed appropriate to safely and effectively handle and remediate the spill involved.
- 4.6. Place absorbent material (towels) around the perimeter of the spilled material so they completely encircle the spill.
- 4.7. Use the absorbent materials to mop up/absorb the spilled material. Place in biohazard bag.

- 4.8. Clean up any remaining dust, debris, etc. Make sure the surface where the spill occurred is clean. Absorbents, towels, and anything else used in this step should be placed in a biohazard bag.
- 4.9. Apply disinfectant to the affected area. Make sure the disinfectant remains in contact with the surface area for ten (10) minutes.
- 4.10. Using absorbent materials, mop up disinfectant and place material in biohazard bag.
- 4.11. Place used absorbent materials and all other waste generated during the cleanup into biohazard bag. Place all biohazard bags in biohazard boxes.
- 4.12. Any non-disposable items shall be cleaned using disinfectant use in the spill cleanup and allowed to air dry.
- 4.13. Remove personal protective equipment and place in biohazard bags along with any other disposable equipment items.
- 4.14. Place all biohazard bags in biohazard boxes. Process as any other infectious waste.

5. REPORTING PROCEDURES

The following reporting procedures shall be employed by Aftermath Supervisors and Technicians in the event of any spill of biohazardous and infectious waste in the transport vehicle:

- 5.1. Once the spill has been contained and cleaned, the Supervisor shall immediately complete a Biohazardous and Infectious Waste Spill Report Form (See Attachment A).
- 5.2. Upon completion of the Biohazardous and Infectious Waste Spill Report Form, the Supervisor shall immediately contact Patrick Janis (VP, Safety & Compliance) at the Corporate Office (630-405-5160) to report the spill. If the spill occurs after normal business hours, the Supervisor will notify his Project Manager. The Supervisor shall also provide Patrick Janis a copy of the completed Biohazardous and Infectious Waste Spill Report Form.
- 5.3. Both the Supervisor and Aftermath's Corporate Office shall retain copies of all Spill Report Forms for a period of three (3) years.

6. TRAINING

- 6.1. All Aftermath Services LLC Field employees will be trained in this procedure (spill prevention and response) and the training will be documented and emailed to training@aftermath.com.
- 6.2. The responsibility for this training is with the Regional Manager.
- 6.3. Hands-on exercises that demonstrate proper storage and cleanup shall be included in the training.

7. EMERGENCY RESPONSE CONTACTS

- Aftermath Services LLC Corporate Office – (630) 551-0735
- Aftermath Services LLC 24-Hour Toll Free Number – (800) 366-9923
- Local Emergency Response – 911



**Biohazardous and Infectious Waste Spill
Report Form**
Rev. 0

Name of Supervisor Submitting Report: _____

Date of Spill: _____ **Time of Spill:** _____

Location of Spill: _____

Aftermath Employees Involved in Spill Incident: _____

Description of Incident: _____

Signature of Reporting Supervisor: _____

.....

CORPORATE OFFICE USE ONLY

Date/Time Supervisor Reported Spill to Corporate: _____

Date Spill Report Received by Corporate: _____

Signature/Date of Corporate Review: _____

8. REVISION AND APPROVAL

Rev.	Date	Nature of Changes	Approved By
0	3 April 2017	Original issue.	Patrick J. Janis
1	25 March 2020	Updated training requirements to include hands-on.	Patrick J. Janis

9. PROCEDURE REVIEW

- 9.1. This procedure shall be reviewed by the Vice President, Safety & Compliance at least every three years for regulatory compliance and effectiveness, and updated as necessary.