



Biohazardous Medical Waste (BMW) Transporter Inspection Report

Facility Name:			
Vehicle License Plate:		Transporter VIN:	
Records Keeping: A.A.C. R18-13-1401 to 1420.			
1	Is the transporter registered with the Department?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
2	Prior to acceptance of the biohazardous medical waste, does the transporter leave a signed copy of the tracking document with the generator?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
3	Upon delivery to a Department-approved facility, does the transporter retain a copy of the tracking document signed by a facility representative?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
4	Is the transporter using a Department-approved tracking document?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
5	Does the transporter deliver the biohazardous medical waste to a Department approved facility within 24 hours of collection?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
6	Does the transporter ever refrigerate the waste for no more than 90 days at 40° F or less until delivery?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
7	Does the transporter hold the biohazardous medical waste longer than 96 hours in a refrigerated vehicle at a Department-approved facility?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
8	Does the transporter ensure that a copy of the tracking document accompanies the person in physical possession of the BMW?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
9	Is a copy of the transportation management plan (TMP) in the transporting vehicle at all times?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
10	Has the TMP been approved by the Department and include all of the required components?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
Transportation and Storage: A.A.C. R18-13-1401 to 1420.			
11	Can the cargo compartment of each transport vehicle be secured from unauthorized access?	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
12	Is the biohazardous medical waste transported in a cargo compartment that is:	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
12a	1. Fully enclosed, leak-proof cargo compartment with floor/sides/roof made of non-porous material impervious to moisture, and physically separated from the driver's compartment? <i>OR</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>	
12b	2. Fully enclosed, leak-proof cargo box made of non-porous material impervious to moisture? <i>OR</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>	



12c	3. Towed in a fully enclosed leak-proof trailer made of non-porous material impervious to moisture?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
13	Does the transporter accept medical waste stored in one of the following:	Y: <input type="checkbox"/> N: <input type="checkbox"/>
13a	1. Red disposable bag that is leak resistant, impervious to moisture, sealed, of sufficient strength to prevent tearing/bursting, puncture resistant to sharps, and placed in secondary container? <i>OR</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
13b	2. Reusable container that bears the universal biohazard symbol that is leak-proof, closed with fitted lid, constructed of smooth easily cleanable materials impervious to liquid and resistant to corrosion, and cleaned after each use unless protected by disposable liners?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
14	Does the transporter unload/reload/transfer biohazardous medical waste to another vehicle other than in emergency situations at a Department-approved facility?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
15	Is the transport vehicle dedicated for BMW transportation?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
16	Is each transport vehicle utilized longer than 30 consecutive days?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
17	Does the transporter clean the vehicle prior to using for another purpose by one of the following:	Y: <input type="checkbox"/> N: <input type="checkbox"/>
18	1. Exposure to hot water at a minimum temp of 180° F for a minimum of 15 seconds? <i>AND/OR</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
19	2. Exposure to a Department-approved chemical disinfectant used under established protocols and regulations? <i>AND/OR</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
20	3. Any other Department-approved method made in advance of cleaning?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

Photos: Photographs are available upon request