



UNITED STATES MARINE CORPS

MARINE CORPS AIR STATION MIRAMAR
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In reply refer to
5090 4111

13 DEC 2013

From: Commanding Officer
To: Distribution

Subj: ENVIRONMENTAL HAZARDOUS WASTE COMPLIANCE AUDIT SCHEDULE

Ref: (a) MCO P5090.2A
(b) StaO 5090.4A
(c) StaO 5090.5B Hazardous Waste Management Plan
(d) Code of Federal Regulations
(e) California Code of Regulations

Encl: (1) Hazardous Waste Compliance Inspection Checklist
(2) Medical Waste Compliance Inspection Checklist

1. In order to ensure hazardous waste compliance in accordance with reference (a) through (e), the Environmental Management Department will conduct scheduled audits of all installation permitted sites. Audits will be based on the inspection checklist found in enclosure (1). The following CY14 schedule supersedes the outlined schedule in reference (b):

January	MALS-11/16 GSE MALS-11 P/P VMFA-323	MALS-11/16 AVI L3 Comm
February	MALS-16 P/P VMFAT-101 VMFA-225 HMH-465 HMH-462 HMH-466 MALS-11/16 A/F H&HS ARD	Chugach MEDICAL MCCS GARDEN SHOP MCCS C&M MCCS AUTO SKILLS MCCS MAIN GAS STATION MWHS-3 MED
March	VMGR-352 VMFA-314 MAG-11/16 FLAS VMM-166 VMM-161 VMFA-232	VAL M7 MCCS GRAPHICS MCCCS AVIATION MUSEUM MCCS GOLF MAINTENANCE MTACS-38
April	HMH-361 MWSS-373 VMM-165	SWRFT VET CLINIC MWCS-38

	VMM-764 FRC Hazmin Ctr	MACS-1 DET B MASS 6/MWCS-48 MWSS-473
May	VMM-363 VMM-163	CLC-11 HMM-268 NAVFAC NAVCON BRIG
June	MALS-11/16 GSE MALS-11 P/P VMFA-323 MALS-11/16 AVI	H&HS Fuels 4 TH TANK 4 TH MED
July	MALS-16 P/P VMFAT-101 VMFA-225 HMH-465	HMH-462 HMH-466 MALS-11/16 A/F
August	VMGR-352 VMFA-314 MAG-11/16 FLAS	VMM-166 VMM-161 VMFA-232
September	HMH-361 MWSS-373	FRC VMM-165
October	VMM-163	
November	VMM-764	
December	VMM-363 HMM-268	DENTAL

2. Coordination for exact dates will be made with unit Environmental and Hazardous Waste Coordinators.

3. Environmental Management Department point of contact is LT Prince Abubakari at 577-1137.


J. E. Szepesy
By direction

Copy to:
CG, 3rd MAW (DOSS)
CO, 4th Tank
CO, 4th MAW
CO, H&HS (S4)
MCCS
SWRFT
FISC (Zone Mgr)
S-4
S-3 (VAL)

Dental
NAVFAC
Medical
Vet

ENVIRONMENTAL COMPLIANCE

AUDIT CHECKLIST

Pursuant to: California Code of Regulations (CCR) Title 22, 29 Code of Federal Regulations, 40 CFR 112, NPDES & IUDP Permit, SDAPCD, MCO P5090.2A, MCAS HWMP.

Activity:		WAS Permit #:	Date:	Phone #:
		HAZARDOUS WASTE COORDINATORS (HWC)		24HR DATE
				8HR DATE
Primary:				
Alternate:				
Supervisor:				
LINE ITEMS				FINDINGS
1.	ENVIRONMENTAL RECORDS VOLUME I: COMPLIANCE ORDERS BINDER.			Yes
				No
				NA
	a. Is a copy of the current CO's Environmental Policy Statement maintained in this binder? <i>[HWMP, Ch9(3)(g)]</i>			
	b. Is there a copy of HWMP, SPCC, Air Quality Management Plan, SWPPP, and ISWMP and are these copies the most current? <i>[HWMP, Ch9(3)(a)]</i>			
	c. Is the most current copy of the Environmental Compliance Audit maintained in this binder? <i>[HWMP, Ch9(3)(a)]</i>			
2.	ENVIRONMENTAL RECORDS VOLUME II: BUSINESS PLAN BINDER.			
	a. Is the Unified Program Facility Permit (Health Permit) up-to-date and maintained in this binder? <i>[HSC 25404(c)(1)(A); HMD Unified Program Facility Permit HM-906]</i>			
	b. Is the Hazardous Material Business Plan up-to-date and maintained in this binder? <i>[HSC 25503.5]</i>			
	c. Are the Appointment Letters and Billet Descriptions for the Primary and Alternate Hazardous Waste Coordinator available? <i>[CCR 66265.16; HWMP Ch9(3)(b)]</i>			
	d. Are HWC Training Certificates for the (Pri/Alt) current and available? <i>[HWMP, Ch1(4)(a)(2)(c)]</i>			
	e. Is the Topics 1-4 Training Attendance Roster up-to-date and available? <i>[HSC 25504, HWMP, Ch 8(6)(e)]</i>			
	f. Are copies of the Business Plan Training Plans, Topics 1- 4 available? <i>[HSC 25504; HWMP, Ch8(6), and Ch (9)(3)(b)]</i>			
	g. Are all HM listed on the Unit's AUL? <i>[StaO 5100.1 Encl6; HWMP, Ch2(3)(a)(1)]</i>			
	h. Does the Unit accumulate medical waste i.e. Sharps, Pharmaceutical, Biohazard? If so, include the Medical Waste Compliance Checklist with this audit. <i>[HSC 117960; HWMP, Ch9(3)(b)]</i>			
	i. Are copies of the most recent County of San Diego HMD Inspection available? <i>[HWMP, Ch9(3)(b)]</i>			
	j. Is the HW Coordinator (Pri/Alt) familiar with Business Plan Spill Notification Procedures?			
3.	ENVIRONMENTAL RECORDS VOLUME III: RECORD KEEPING BINDER.			
	a. Are weekly site inspections performed and records maintained? <i>[CCR 66265.174; HWMP, Ch9(3)(c)]</i>			
	b. Are Daily Above Ground Storage Tank (AST) Inspections performed and records maintained for the Used Oil AST? <i>[CCR 66265.195(a); HWMP, Ch9(3)(c)]</i>			
	c. Are monthly AST Facility Inspections performed and records maintained for the petroleum product (JP-5, diesel, gasoline, etc.)? <i>[HSC 25270.4.5; 40 CFR 112.7(e); SPCC; MCAS UST/AST Mgt Plan.]</i>			
	d. Are waste disposal receipts maintained in this binder i.e. Turn-in Sheets, DD1348, vendor receipts, Waste Transfer Log? <i>[CCR 66265.73(b)(1); HWMP, Ch9(3)(c)]</i>			
	e. Discharges from the silver recovery unit tested at least once every three months using a silver test paper and documented in the silver recovery-operating logbook? <i>[IUDP Permit 05-1019 App D; HWMP, Ch9(3)(c)]</i>			
	f. Is the Used Oil AST Certification and Engineering Exemption up-to-date and maintained in this binder? <i>[CCR 66265.192(j)]</i>			
4.	OTHER REQUIRED DOCUMENTS:			
	a. Are spills recorded in the "Spill Log " with the spill date, time, product spilled, quantity, location, cleanup, actions taken and the name of the person reporting the spill? <i>[CCR 66265.56(j); HWMP, Ch7(3)(e)]</i>			
	b. Is an MSDS for each required Hazardous Material (HM) readily accessible to each employee? <i>[29CFR 1910.1200(g)(8); StaO 5100.1 Encl 6]</i>			
LINE ITEMS				FINDINGS
5.	SATELLITE ACCUMULATION AREA (SAA):			

ENVIRONMENTAL COMPLIANCE

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	a. Is satellite area authorized by Waste Management Division and identified in Unit's Business Plan? [HWMP, Ch4(4)(b)(1)]			
	b. Is the satellite area limited to less than 55 gallons total? [MCO P5090.2A Chap9.9104(1)(h)(1), HWMP Ch4(4)(b)(5)]			
	c. Are the correct waste labels, filled out, legible, and visible for inspection? [CCR 66262.34(f)(1)&(3)]			
	d. Are weekly satellite area inspections conducted and records maintained? [HWMP Ch4(b)(7)]			
	e. Is the waste moved to 60-day WAS within nine months of the ASD or when the container is full, whichever occurs first? [HWMP, Ch4(4)(b)(6)]			
	f. Is the waste moved to the 60-day site within 3 day of the container fill date? [CCR 66262.34(e)(3); HWMP, Ch4(b)(6)]			
6.	HAZARDOUS WASTE ACCUMULATION SITE (HWAS):			
	a. Are the correct waste labels used, filled out, legible, and visible for inspection? [CCR 66262.34(f)(1)&(3); HWMP Ch4(5)(d) and (6)]			
	b. Are the containers compatible with the waste inside the container? Check containers for deterioration and structural integrity. [CCR 66264.172; HWMP Ch4(5)(a)]			
	c. Are the containers kept closed except when waste is being added or removed? [CCR 66264.173(a), APCD Rule 67.17(d)(1); HWMP Ch4(5)(e)]			
	d. Are all spills cleaned up immediately and are drums/tanks/containment areas (tops, sides and/or decks) kept clean and free of spill residue? [HWMP Ch2(3)(e)(7), Ch4(5)(c)]			
	e. Are containers with ignitable waste grounded during waste accumulation and are waste lockers grounded appropriately? [29CFR 1910.107(e)(9), NFPA Code 30, 2008 edition, Chapter 18, Section 18.4.2.2]			
	f. Is the initial accumulation start date (ASD) of the waste clearly marked and visible on each container and less than 60 days? [CCR 66262.34(f)(1)]			
	g. Is the full date clearly marked and visible on each container of waste that was generated at a "Satellite Accumulation Area" (SAA)? [CCR 66262.34(e)(1)(C)]			
	h. Are incompatible wastes separated (i.e., no oxidizers next to flammables) by means of a dike, berm, wall or other device and with adequate aisle space for access and/or inspection? [CCR 66265.177(c)]			
	i. Are containers or inner liners larger than five gallons that previously held HM/HW properly marked with words EMPTY and the date it was emptied? [CCR 66261.7(f); HWMP Ch14]			
	j. Is secondary containment damage free, and free of liquids and debris, and drainage valves leak tight and kept closed? [40CFR 112.8(c)(3); CCR66265.175]			
	k. Has the secondary containment drainage log been completed after every drainage event? [SPCC 4.2.3, App B]			
	l. Are warning signs clearly visible and legible from a distance of 25' in any direction? (No Smoking, HW Area [bilingual if necessary]) [CCR 66265.17(a); 66265.14(c)]			
	m. During the workplace walk-through, are HWs properly containerized and are drip pans placed underneath all leaking aircraft, machinery and equipment? [CCR 66265.31; HWMPch2(3)(e)(1) and ch4(5)]			
	n. Are eyewash stations & fire extinguishers available and in serviceable condition? [29 CFR 1910.151(c), CCR 66265.32(c), ANSI Z358.1 5.5.2]			
	o. Is Emergency Spill Response equipment (communication alarm and spill kit) available and adequately stocked? [CCR 66265.32(a)-(d), HWMP Ch7(4)(h)]			

Unit Coordinator: _____

Supervisor: _____

Inspector: _____

Reviewed: _____

Date: _____

NOTES: _____

MEDICAL WASTE COMPLIANCE CHECKLIST

Pursuant to 29 CFR, California HSC, Certified Unified Program Agency, HWMP StaO 5090.5B, Naval Medical Center San Diego Instruction 6280.1C, Navy Pharmaceutical Waste Management Guidelines

ACTIVITY: _____ **PERMIT#:** _____ **DATE:** _____ **POC/Phone #:** _____

LINE ITEMS		FINDINGS		
1.	MEDICAL WASTE MANAGEMENT:	Yes	No	NA
	a. Is medical waste separated from other waste at the point of origin? [HWMP Chap 13, HSC 118275 (a)]			
	b. Is untreated medical waste (Chemo, Path, and Pharmaceutical) being properly disposed of to an authorized point? [HWMP Chap 13, HSC 118340(a)]			
	c. Has operator posted an approved and legible Biohazard Waste "warning sign" at the waste storage area(s)? A biohazard symbol or worded signage in English and Spanish. [HWMP Chap 13, HSC 118310]			
	d. Is medical waste storage area secured as to deny access to unauthorized persons? [HWMP Chap 13, HSC 118310]			
	e. Very small quantity generator (<20 pounds/month) is properly storing all biohazard waste when ready for disposal for less than 7 days? [HWMP Chap 13]			
	f. Are medical waste container/bins labeled with the words "Biohazard Waste" or the international biohazard symbol and the word "Biohazard" on the lid and side so as to be clearly visible? [HWMP Chap 13, HSC 118280 (b)]			
	g. Is medical waste being treated on site?			
	h. Is medical SOLID WASTE stored in a trash receptacle or enclosure so as to deny access to unauthorized persons? [HWMP Chap 13, CUPA 68.1211]			
2.	RED BIOHAZARD BAG WASTE:			
	a. Are red bags labeled with the generator's name, address, and phone number on the outside of the red bag? [HWMP Chap 13]			
	b. Are red bags tied-off "double goose neck" to prevent leakage or expulsion of contents during handling and storage? [HWMP Chap 13, HSC 118280]			
	d. Are red bags containerized in rigid, leak resistant, and covered containers or bins? [HWMP Chap 13, HSC 118280 (b)]			
	e. Is the storage time for red bag waste no more than 7 days? [BUMED 6280.1B, HWMP Chap 13, HSC 118280 (d)(1)(A)]			
3.	SHARPS WASTE:			
	a. Is sharps waste stored in an approved and properly marked sharps container? [HWMP Chap 13, HSC 118285]			
	b. Is sharps container labeled with the generator's name, address, and phone number on the outside of the container? [HWMP Chap 13, CUPA 68.1205]			
	c. Is full sharps container dated and taped closed or tightly-lid ready for disposal, to preclude loss of contents? [HWMP Chap 13, HSC 118285 (b)]			
	d. Is the storage time for full sharps waste is no greater than 7days? [BUMED 6280.1B, HWMP Chap 13]			
	e. Are sharp containers in an "In-Use" status, removed from use when they become three-fourths full, or develop an odor? [HWMP Chap 13]			
4.	CHEMOTHERAPY WASTE:			
	a. Is chemotherapy waste segregated from other medical waste? [HSC 118275 (d)(1)]			
	b. Is chemotherapy waste container labeled with the words "chemotherapy waste" or other approved markings on the lid and sides? [HSC 118275 (d) (1)]			
	c. Are waste chemotherapy drugs managed as HW IAW Navy Pharmaceutical Waste Management Guidance?			
5.	PATHOLOGY WASTE:			
	a. Is pathology waste segregated from other medical waste? [HSC 118275 (f)]			

MEDICAL WASTE COMPLIANCE CHECKLIST

Pursuant to 29 CFR, California HSC, Certified Unified Program Agency, HWMP StaO 5090.5B, Naval Medical Center San Diego Instruction 6280.1C, Navy Pharmaceutical Waste Management Guidelines

ACTIVITY: _____ **PERMIT#:** _____ **DATE:** _____ **POC/Phone #:** _____

	LINE ITEMS	FINDINGS		
		Yes	No	NA
	b. Is pathology waste container labeled with the words "pathology waste" or other approved markings on the lid and sides? [<i>HSC 118275 (f)</i>]			
6.	PHARMACEUTICAL WASTE:			
	a. Is pharmaceutical waste segregated from other medical waste? [<i>6280.1C, HSC 118275 (g)</i>]			
	b. Is pharmaceutical waste container labeled with the words "incineration only" or other approved markings on the lid and sides? [<i>6280.1C, HSC 118275 (g)</i>]			
	c. Is the storage time for pharmaceutical waste less than 7 days? [<i>HWMP Chap 13</i>]			
	d. Does the unit maintain a pharmaceutical inventory HW pharmaceuticals? [<i>HWMP Chap 13, Navy PharmaWasteMgtGuidelines</i>]			
	e. Are RCRA HW pharmaceuticals identified and managed IAW federal and state HW regulations? [<i>HWMP Chap 13, Navy PharmaWasteMgtGuidelines</i>]			
7.	RECORDKEEPING and TRAINING:			
	a. Is Environmental Health Permit for medical waste generators present and current? [<i>HWMP Chap 13, CUPA 68.1203, 68.1202, 68.905</i>]			
	b. Has Medical Waste Management Plan been submitted to County HMMD if required? [<i>HWMP Chap 13, HSC 117935, 117960</i>]			
	c. Did the generator retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 3 years? [<i>HWMP Chap 13, HSC, 117975</i>]			
	d. Does the generator have a current Limited Quantity Hauling Exemption (LQHE) from County HMMD authorizing the unit to transport less than 20 pounds of medical waste off Station? [<i>HWMP Chap 13, HSC 118025, 118030(a) (1)</i>]			
	e. Have employees with potential exposure to biohazard waste been adequately trained on MW management procedures at the time of initial assignment and at least annually thereafter? [<i>HWMP Chap 13, 29CFR 1910.1030(g) (2)</i>]			
8.	ADDITIONAL COMMENTS:			

Unit Coordinator: _____

Date: _____

Inspector: _____

Date: _____