OpsAuditHub opsauditihub.com	DOC ID: **SAF-0160**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **OSHA 29 CFR 1910.1030 & EPA 40 CFR Parts 259-261**	AUDIT FREQUENCY: **Daily Shift Closeout and Monthly Audit**

Medical Waste Disposal Log Sop Template

Operational Scope: Establishes a standardized procedure for tracking, packaging, and logging regulated medical waste (RMW) to prevent biological exposure. Ensures strict adherence to OSHA Bloodborne Pathogens and EPA environmental protection standards across all clinical operations.

MANDATORY PPE:	Nitrile Exam Gloves (ASTM D6978 compliant), Fluid-Resistant Isolation Gown, ANSI Z87.1 Splash-Proof Safety Goggles, ASTM F2100 Level 3 Face Mask, Closed-Toe Slip-Resistant Fluid-Resistant Footwear
PREREQUISITES:	Verify active certification in OSHA Bloodborne Pathogens and Biohazard Handling. | Ensure spill kit, replacement RMW containers, and manifests are staged at the generation site. | Inspect temporary storage holding area for unauthorized access restrictions.

SECTION 1: CONTAINER INTEGRITY AND SEGREGATION VERIFICATION

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Sharps Disposal Containers**	Containers are puncture-resistant, leak-proof on sides and bottom, equipped with a functional lid, and filled strictly below the designated 75% capacity fill line.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
2	**Biohazard Red Bags and Liners**	Bags are tear-resistant, securely tied or sealed to prevent leakage, prominently feature the universal biohazard symbol, and are housed within rigid, labeled secondary containers.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
3	**Trace Chemotherapy Waste Receptacles**	Yellow-labeled trace chemo containers are utilized exclusively for chemotherapy-contaminated items and are segregated completely from standard red-bag medical waste.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
4	**Pathological and Anatomical Waste Storage**	Refrigerated holding units for pathological waste maintain temperatures below 45°F (7°C) and display appropriate biohazard warning placards.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A

SECTION 2: CHAIN OF CUSTODY AND MANIFEST DOCUMENTATION

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
5	**Waste Log Entry Completeness**	Log entries accurately record date, time of generation, specific clinic department, container weight in pounds, and the legible signature of the packaging technician.	**Standard**	[ ] PASS [ ] FAIL [ ] N/A
6	**Licensed Hauler Verification**	Third-party medical waste transporter license credentials and Department of Transportation (DOT) permits are verified and documented prior to waste transfer.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
7	**Uniform Hazardous Waste Manifest Reconciliation**	Disposal manifest tracking numbers match physical container barcodes, and final destruction certificates are returned and filed within the mandatory 35-day window.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A

SECTION 3: STORAGE AREA SAFETY AND FACILITY SANITATION

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
8	**Holding Area Physical Security**	Temporary accumulation area is locked and restricted to authorized personnel only, preventing public or patient access to untreated biohazards.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
9	**Spill Kit and Emergency Eyewash Station**	Biohazard spill kit is fully stocked with solidifier, disinfectants, and disposal tools; adjacent eyewash station is unobstructed, inspected, and flush-tested.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
10	**Vector and Odor Control Inspection**	Storage zone exhibits no evidence of pests, vector infestation, or uncontained organic odors, with surfaces sanitized using EPA-registered hospital disinfectants.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A

Infection Control Officer / Lead Medical Assistant Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Clinic Operations Director / Safety Officer Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

COMPLIANCE NOTICE: This document must be archived for a minimum of 36 months in accordance with OSHA and EPA medical waste recordkeeping compliance mandates.

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