



Pharmaceutical Waste Management Checklist

Waste Segregation

Ensuring proper separation of pharmaceutical waste into designated categories (hazardous, non-hazardous, sharps, etc.).

Waste Category (Select all that apply)

- ☐ Hazardous Pharmaceutical Waste
- ☐ Non-Hazardous Pharmaceutical Waste
- ☐ Sharps Waste
- ☐ Controlled Substance Waste
- ☐ Chemotherapy Waste
- ☐ Cytotoxic Waste

Specific Waste Description (e.g., expired tablets, unused vials)

Write something...

Estimated Waste Quantity (Weight or Volume)

Enter a number...

Container Type (e.g., Red Bag, Yellow Container, Sharps Pouch)

- ☐ Red Bag
- ☐ Yellow Container
- ☐ Sharps Pouch
- ☐ Other (Specify)

Any notes regarding waste segregation?

Write something...

Container Labeling & Storage

Verification of accurate labeling of waste containers and appropriate storage conditions.

Waste Category Label Verification

- ☐ Correct
- ☐ Incorrect - Requires Correction

Hazardous Waste Symbol Present?

- ☐ Yes
- ☐ No

Container Volume (Gallons/Liters)

Enter a number...

Date Label Applied

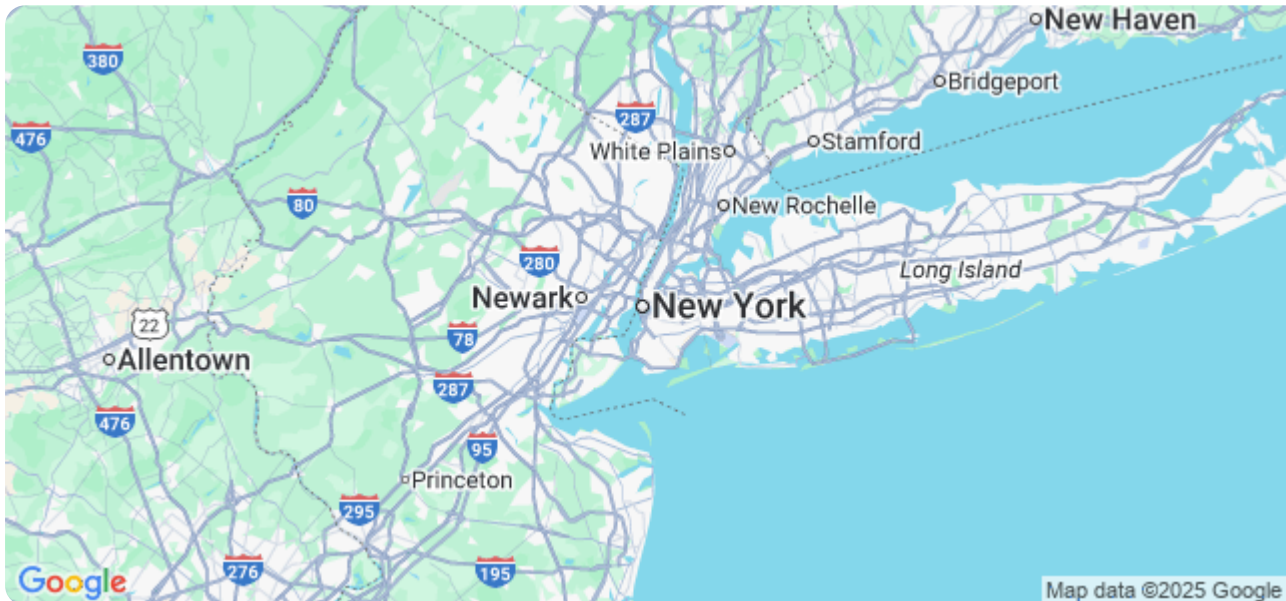
Enter date...

Container Condition (Visual Inspection)

- ☐ Intact
- ☐ Damaged - Requires Replacement

Storage Area Location

 [Set My Current Location](#)



Employee Training & Awareness

Confirmation of employee training on pharmaceutical waste management procedures and relevant regulations.

Last Training Completion Date

Enter date...

Training Module Covered

- ☐ Hazardous Waste Management
- ☐ Controlled Substance Handling
- ☐ Sharps Safety
- ☐ Spill Response
- ☐ General Pharmaceutical Waste Awareness

Training Hours Completed

Enter a number...

Employee Comments/Observations

Write something...

Trainer Verification

- ☐ Completed
- ☐ Incomplete

Employee Signature

Record Keeping & Documentation

Review of records related to waste generation, storage, and disposal, ensuring compliance with regulatory requirements.

Date of Waste Manifest Creation

Enter date...

Waste Quantity (Weight/Volume)

Enter a number...

Description of Waste Materials

Write something...

Waste Manifest Document

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Disposal Method

- ☐ Incineration
- ☐ Landfill
- ☐ Recycling
- ☐ Other

Notes/Comments

Write something...

Date of Disposal

Enter date...

Manifesting & Disposal

Checking the accuracy and completeness of waste manifests and verifying proper disposal methods.

Manifest Creation Date

Enter date...

Total Quantity of Waste (lbs/kg)

Enter a number...

Disposal Method

- ☐ Incineration
- ☐ Landfill
- ☐ Recycling
- ☐ Other

Description of Waste

Write something...

Manifest Document

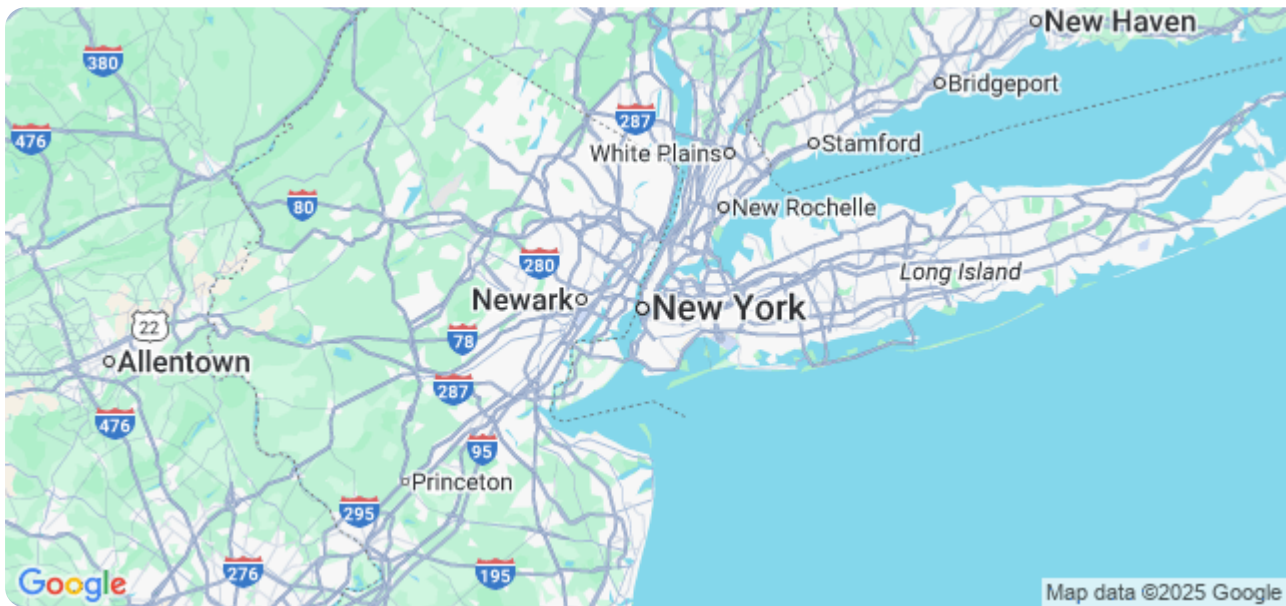
 Upload File

Waste Generator Status

- ☐ Small Quantity Generator
- ☐ Large Quantity Generator
- ☐ Conditionally Exempt Small Quantity Generator

Disposal Facility Location

 [Set My Current Location](#)



Spill Prevention & Response

Assessment of spill prevention measures and preparedness for responding to pharmaceutical waste spills.

Quantity of absorbent materials on hand

Enter a number...

Spill Kit Location(s) Verified?

☐ Yes

☐ No

Last Spill Kit Inspection Date

Enter date...

Notes from last spill kit inspection

Write something...

Emergency Contact List Updated?

☐ Yes

☐ No

Details of spill response training for personnel

Write something...

Primary spill containment area

 Set My Current Location



Regulatory Compliance

Ensuring adherence to all applicable local, state, and federal regulations regarding pharmaceutical waste management.

Latest Revision of SOP #PHW-001 (Waste Management)

Enter a number...

Date of Last Regulatory Inspection

Enter date...

Summary of Inspection Findings & Corrective Actions (if applicable)

Write something...


Applicable Federal Regulations (e.g., RCRA, DEA)

- ☐ RCRA
- ☐ DEA
- ☐ State Specific Regulations
- ☐ Other

Which of the following waste streams are addressed by your current permit?

- ☐ RCRA Hazardous Waste
- ☐ Controlled Substances
- ☐ Sharps
- ☐ Pharmaceutical Waste - Non-Hazardous

Copy of Current Waste Disposal Permit

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Container Integrity & Condition

Evaluation of waste containers for damage, leaks, and appropriate condition.

Container Volume (Gallons/Liters)

Enter a number...

Container Material

- ☐ Polyethylene (PE)
- ☐ Polypropylene (PP)
- ☐ Stainless Steel
- ☐ Glass
- ☐ Other

Condition - Visual Inspection

- ☐ Intact
- ☐ Minor Damage (Scratches)
- ☐ Moderate Damage (Dents)
- ☐ Significant Damage (Leaks/Cracks)


Describe Any Observed Damage

Write something...

Closure Integrity

- ☐ Secure
- ☐ Loose
- ☐ Damaged
- ☐ Missing

Attach Photo of Container (if damaged)

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Pharmacy Specific Waste

Verification of correct handling of specific pharmaceutical wastes (e.g., controlled substances, chemotherapy drugs).

Controlled Substance Inventory Reconciliation Performed?

- ☐ Yes
- ☐ No
- ☐ N/A

Quantity of Cytotoxic Waste Generated (estimate)

Enter a number...

Last Cytotoxic Waste Disposal Date

Enter date...

Details of Cytotoxic Waste Handling Procedures (Deviation Description)

Write something...

Compounding Waste Segregation Protocol Followed?

- ☐ Yes
- ☐ No
- ☐ N/A

Attach Compounder Training Records (relevant to hazardous waste)

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Time of Last Hazardous Drug Spill Drill