



Waste Management - Biohazard Protocol Checklist

Hazard Identification & Risk Assessment

Ensures proper identification of biohazardous waste and evaluation of associated risks.

Describe potential biohazardous waste streams generated within the facility.

Write something...

Has a biohazard risk assessment been conducted for waste streams?

☐ Yes

☐ No

☐ N/A

Date of last Biohazard Risk Assessment

Enter date...

Estimated volume (in liters) of biohazardous waste generated per week.

Enter a number...

Which biohazard categories are present in waste streams?

- ☐ Sharps
- ☐ Human Tissue
- ☐ Animal Waste
- ☐ Infectious Agents
- ☐ Other (specify in Long Text)

If 'Other' is selected for biohazard categories, please specify:

Write something...

Waste Segregation & Collection

Details procedures for separating biohazardous waste from general waste and proper collection methods.

Waste Type Identification

- ☐ Sharps
- ☐ Cultures & Stocks
- ☐ Pathological Waste
- ☐ Animal Waste
- ☐ Liquid Biohazard Waste
- ☐ Solid Biohazard Waste
- ☐ Other (Specify in LONG_TEXT)

If 'Other' Selected, Specify Waste Type:

Write something...

Container Type Used

- ☐ Red Biohazard Bag
- ☐ Rigid Sharps Container
- ☐ Biohazard Pail
- ☐ Other (Specify in LONG_TEXT)

If 'Other' Selected, Specify Container Type:

Write something...

Approximate Volume/Weight of Waste Collected (e.g., Liters/Kilograms)

Enter a number...

Collection Point Location (e.g., Lab A, Operating Room 2)

 [Set My Current Location](#)



Date of Collection

Enter date...

Time of Collection

Was waste properly segregated from general waste?

☐ Yes

☐ No

Container Management & Labeling

Covers the requirements for appropriate biohazard containers, proper labeling, and maintenance.

Container Type Verification

☐ Red Biohazard Bags

☐ Rigid Biohazard Containers

☐ Sharps Containers

☐ Other (Specify)

Container Integrity Check

☐ No Damage (Cracks, Leaks)

☐ Minor Damage (Repaired/Replaced)

☐ Significant Damage (Replacement Required)

Label Condition Assessment

Write something...

Biohazard Symbol Presence

- ☐ Present and Legible
- ☐ Faded/Damaged (Replace Label)
- ☐ Absent (Replace Container/Label)

Waste Type Designation

- ☐ Accurate for Waste Content
- ☐ Inaccurate/Missing (Correct/Replace)

Number of Containers in Use

Enter a number...

Photo Documentation of Container Labeling

 Upload File

Storage & Transportation

Addresses secure storage of biohazardous waste prior to disposal and safe transportation within the facility.

Maximum Storage Time (Days)

Enter a number...

Designated Biohazard Waste Storage Area

 [Set My Current Location](#)



Container Type for Transport

- ☐ Rigid, leak-proof container
- ☐ Puncture-resistant bag within rigid container
- ☐ Other (specify)

Detailed Route Description for Transport (from origin to storage)

Write something...

Date of Last Storage Area Inspection

Enter date...

Condition of Transport Containers (Pre-Use)

- ☐ Intact
- ☐ Damaged
- ☐ Missing Lid
- ☐ Needs Replacement

Scheduled Transport Time (if applicable)

Signature confirming container integrity during transport.

Disposal Procedures

Outlines approved methods for the ultimate disposal of biohazardous waste, adhering to regulations.

Approved Disposal Method:

- ☐ Autoclaving
- ☐ Incineration
- ☐ Chemical Disinfection
- ☐ Contracted Waste Disposal Service

Volume of Waste Disposed (Gallons/Liters):

Disposal Date:

Disposal Time:

Detailed Description of Disposal Process (including any deviations from standard procedure):

Write something...

Disposal Performed By (Select all that apply):

- ☐ Facility Staff
- ☐ Contracted Service

Proof of Disposal (e.g., Manifest, Certificate of Destruction):

 Upload File

Signature of Person Performing Disposal:

Spill Response & Decontamination

Defines procedures for handling biohazard spills and ensuring proper decontamination of affected areas.

Spill Severity Level (Minor, Moderate, Major)

- ☐ Minor
- ☐ Moderate
- ☐ Major

Describe the nature of the spill (material, volume, location)

Write something...

Exact Location of Spill

 [Set My Current Location](#)



Describe actions taken to contain the spill immediately.

Write something...

Decontamination Supplies Used (Check all that apply)

- ☐ Bleach Solution
- ☐ Disinfectant Wipes
- ☐ Absorbent Material
- ☐ Personal Protective Equipment (PPE)
- ☐ Other - specify in LONG_TEXT

If 'Other' was selected for decontamination supplies, please specify:

Write something...

Date of Decontamination

Enter date...

Time of Decontamination

Signature of Person Performing Decontamination

Incident Report Number (if applicable)

Write something...

Training & Competency

Verifies that personnel handling biohazardous waste have received adequate training and demonstrate competency.

Biohazard Waste Handling Training Modules Completed (Check all that apply)

- ☐ Introduction to Biohazards
- ☐ Proper Segregation Techniques
- ☐ Container Management & Labeling
- ☐ Spill Response Procedures
- ☐ Personal Protective Equipment (PPE) Usage
- ☐ Regulatory Requirements

Date of Last Biohazard Waste Handling Training

Enter date...

Training Score (e.g., from quiz or assessment)


Enter a number...

Summary of Training Content Covered (Briefly describe key topics)

Write something...

Trainer Name/Credentials (Documented proof of qualification)

Proof of Training Certificate (Upload file)

 Upload File

Competency Assessment Passed?

☐ Yes

☐ No

Record Keeping & Documentation

Covers the necessary records and documentation related to biohazard waste management.

Date of Biohazard Waste Manifest Review

Enter date...

Summary of Training Records Reviewed (e.g., training topics covered, dates)

Write something...

Copy of Current Biohazard Waste Disposal Contract

 Upload File

Quantity of Biohazardous Waste Generated per Month (approximate)

Enter a number...

Waste Disposal Method Used

- ☐ Incineration
- ☐ Autoclaving
- ☐ Other (Specify in Long Text)

Details if 'Other' Disposal Method Selected

Write something...

Date of Last Regulatory Inspection (if applicable)

Enter date...

Summary of any corrective actions taken following inspections/audits

Write something...

Waste Manifest System Used

- ☐ Electronic System
- ☐ Paper Manifests

Regulatory Compliance & Audits

Confirms adherence to relevant local, state, and federal regulations and scheduled audits.

Last Audit Date (mm/dd/yyyy)

Enter a number...

Next Scheduled Audit Date

Enter date...

Auditing Body/Agency

- ☐ Internal Audit
- ☐ External Audit - [Agency Name]

Summary of Findings from Last Audit

Write something...

Corrective Actions Required (Based on Audit Findings)

- ☐ Policy Review
- ☐ Training Updates
- ☐ Procedure Modifications
- ☐ Equipment Maintenance
- ☐ Other - Specify in Long Text


Description of Corrective Actions Taken

Write something...

Current Regulatory Framework (Select all applicable)

- ☐ OSHA (Occupational Safety and Health Administration)
- ☐ EPA (Environmental Protection Agency)
- ☐ State-Specific Regulations (Specify in Long Text)
- ☐ Local Municipal Ordinances (Specify in Long Text)

Upload Audit Report

 Upload File