

San Francisco Department of Public Health

Self-Inspection Compliance Checklist for Dental, Medical and Veterinary Clinics

An alternate self-inspection checklist may be used provided that all items outlined below are included.

Instructions: Conduct self-inspections on a quarterly basis. Check (✓) "Yes" if facility meets requirements. ✓ "No" and enter a correction date when facility will correct deficiency. Otherwise, ✓ Not Applicable ("NA").	Date of Quarterly Self-Inspection			
	Y N Date	Y N Date	Y N Date	Y N Date
<u>Recordkeeping</u>	NA			
1. The business and medical waste management plan are current and maintained on site.	□ □	□ □	□ □	□ □
2. HMUPA fees were paid and valid certificate of Registration/permit is posted in an area that is accessible to the public at all times.	□ □	□ □	□ □	□ □
3. Facility map(s) is current and maintained on site.	□ □	□ □	□ □	□ □
4. Valid CSF permit, onsite treatment permit or LQHE maintained	□ □	□ □	□ □	□ □
5. Hazardous materials/waste inventory is current and maintained on site.	□ □	□ □	□ □	□ □
6. All employees have received their annual training and have signed the training class roster.	□ □ □	□ □	□ □	□ □
7. Material Safety Data Sheets (MSDS) are up to date and readily available and accessible to all employees.	□ □ □	□ □	□ □	□ □
8. Required receipts, manifest, and/or logs are maintained on site (e.g., hazardous waste disposal manifest or milk run receipts, bill of lading, back-up diesel generator usage logs, hazardous waste analysis records, self-inspection records, etc.)	□ □ □	□ □	□ □	□ □
9. Hazardous waste generators: EPA ID# has been obtained and is "active"	□ □ □	□ □	□ □	□ □
10. Emergency Response plan kept on site; hazardous waste contingency plan is posted	□ □ □	□ □	□ □	□ □
11. Other	□ □ □	□ □	□ □	□ □
<u>Housekeeping</u>				
1. Work, storage, mixing, etc. areas are kept clean and orderly.	□ □ □	□ □	□ □	□ □
2. Eyewashes and emergency showers are checked periodically.	□ □ □	□ □	□ □	□ □
3. In storage areas serving only employees, aisles meet 24-inch clearance minimum.	□ □ □	□ □	□ □	□ □
4. Spill equipment kits are clearly labeled, visibly located and available for use in a ready condition.	□ □ □	□ □	□ □	□ □
5. Other	□ □ □	□ □	□ □	□ □
<u>Hazardous Material/Medical Waste Storage Area(s)</u>				
1. Incompatible hazardous materials/wastes are stored separately and segregated to prevent accidental mixing (e.g., acids from bases, flammables and oxidizers; flammables from oxidizers and acids; etc.)	□ □ □	□ □	□ □	□ □
2. Medical waste (MW) is properly separated and contained. Storage area is secure. Properly treat or dispose of MW within 7 days if stored above 0°C, or within 90 days if stored below 0°C.	□ □ □	□ □	□ □	□ □
3. MW accumulation area has proper signage.	□ □ □	□ □	□ □	□ □
4. Current decontamination procedures for leaks/spills are maintained.	□ □ □	□ □	□ □	□ □
5. Pharmaceutical waste is properly managed.	□ □ □	□ □	□ □	□ □
6. Universal waste is stored in a designated area.	□ □ □	□ □	□ □	□ □
7. Other	□ □ □	□ □	□ □	□ □

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	NA	Y	N	Date	Y	N	Date	Y	N	Date	Y	N	Date
<u>Hazardous Material/Medical Waste Container Management</u>													
1. Hazardous material/medical waste containers are properly labeled.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Rigid containers are properly washed and decontaminated.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Empty containers labeled "EMPTY" or similar wording, marked with date emptied.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Empty containers are properly managed within 1 year.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Sharps and biohazard wastes are properly managed: labeled containers, adequate containment and disposal.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Other		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Transportation</u>													
1. Waste transporter is licensed.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Waste tracking documents kept on site for 3 years.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Other		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Steam Sterilization</u>													
1. Current written operating procedures are kept on site and are followed. Operating conditions are adequate.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Records are maintained.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Other		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Unauthorized Release</u>													
1. No unauthorized release or illegal disposal.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Other		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Person Conducting Quarterly Inspection

Phone Number