



REGULATED MEDICAL WASTE/OTHER INFECTIOUS WASTE ADDENDUM

DIVISION OF MATERIALS MANAGEMENT

DEPARTMENT USE ONLY
Activity No.:

This document applies to facilities registering to operate under 6 NYCRR Subparts 365-2 and 365-3. Please complete this addendum and attach it to the facility's [Registration Form for a Solid Waste Management Facility](#). Solid waste management facility operations are not authorized until a registration is validated by the Department.

1. REGISTRATION TYPE FOR REGULATED MEDICAL WASTE (RMW) FACILITIES	Citation	COMPLETE ALL APPLICABLE SECTIONS
A. STORAGE FACILITY FOR RADIOLOGICAL RMW	365-2.3(a)	
<input type="checkbox"/> The storage facility for radiological RMW, including used sharps or other used medical devices, were dispensed by the radio-pharmacy and the facility meets all of the conditions identified in subdivision 365-2.3(a), paragraphs (1) through (5). Complete sections 3,5 and 6.	365-2.3(a)(1) – (a)(5)	
B. RMW TREATMENT FACILITY AT THE SITE OF GENERATION INCLUDING BIOSAFETY LEVEL (BSL) 2, BSL 3 AND ANIMAL (ABSL) 3 WASTE	365-2.3(b)	
<input type="checkbox"/> The facility treats less than 500 pounds of RMW per month at the site of generation. The facility has a written operation plan and complies with all conditions identified in subdivision 365-2.3(b), paragraphs (1) through (6). Complete sections 4, 5 and 6.	365-2.3(b)(1) – (b)(6)	
<input type="checkbox"/> The facility holds a Federal Select Agent Program (FSAP) registration or utilizes biosafety protocols approved as part of a FSAP at another laboratory at the same institutional campus. BSL 3 and ABSL 3 wastes generated at these facilities must be inactivated on-site and must be disposed of as RMW at a permitted RMW treatment facility. The facility has a written operation plan and complies with all conditions identified in subdivision 365-2.3(b), paragraphs (1) through (6). Complete sections 4, 5 and 6. Also, complete the next box.		
<input type="checkbox"/> The treatment of RMW complies with sections 365-2.5 (design and operating requirements), 2.6 (general treatment requirements) and 2.7 (requirements for autoclaves used to treat RMW) of this Subpart. The facility maintains records for the operation of the treatment unit. A log is maintained that includes the date, time, name of the employee operating the unit, the type and amount of RMW treated, and the dates and results of calibration, validation and bio-challenge testing.		
C. NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) LICENSED HEALTHCARE FACILITIES PROCESSING RMW FROM OTHER GENERATORS	365-2.3(c)	
<input type="checkbox"/> The facility is licensed pursuant to the Public Health Law, have written agreements with or among other generators filed with NYSDOH and the department and accept waste from small quantity generators for storage, treatment or disposal, or for processing, or is not operated by the healthcare facility. (Note: Receipt of waste from a Part 364 transporter requires a Part 365 permit.) The operator has and adheres to an operation plan for the handling and disposal of RMW approved by the department.	365-2.3(c)(1) – (c)(14)	
<input type="checkbox"/> The facility has a method of receiving, unloading and processing of RMW. In addition, the facility has a method of decontaminating emptied reusable RMW containers, transport vehicles or facility equipment which are known or believed to be contaminated with RMW.		
<input type="checkbox"/> The treatment of RMW complies with sections 365-2.5 (design and operating requirements), 2.6 (general treatment requirements) and 2.7 (requirements for autoclaves used to treat RMW) of this Subpart. The facility maintains records for the operation of the treatment unit. A log will be maintained that includes the date, time, name of the employee operating the unit, the type and amount of RMW treated, and the dates and results of calibration, validation and bio-challenge testing. Complete sections 2, 4, 5 and 6.		
D. OTHER INFECTIOUS WASTE (OIW)	365-3.3(a) – (c)	
<input type="checkbox"/> The facility is a temporary storage, transfer or treatment device used to process only other infectious waste and complies with the following subdivisions: Storage of waste at the site of generation 365-3.3(a), storage and transfer at other than the site of generation 365-3.3(b)(1) through (b)(8) or temporary treatment devices 365-3.3(c)(1) through (c)(4). Complete sections 4, 5 and 6.	365-3.3(a) 365-3.3(b)(1) – (b)(8) 365-3.3(c)(1) – (c)(4)	
2. ADDITIONAL WASTE/FACILITY DETAILS		
WASTE SOURCES - For each waste type, please list the source(s), both on-site and off-site volumes of waste to be processed and how it will be stored or treated. Attach additional pages, as needed.		

<input type="checkbox"/> WASTE ACCEPTANCE –The facility has undertaken procedures to ensure that only authorized RMW or OIW is accepted for storage or treatment.			
3. STORAGE FACILITY FOR RADIOLOGICAL RMW			
RADIONUCLIDES STORED ON-SITE. (List all that are stored on-site and storage times in days; add additional pages as necessary)			
HALF-LIFE CATEGORY	COMPOUND	SYMBOL	STORAGE TIMES
Very Short Lived (<5 hours)			
Short Lived (6 - 12 hours)			
Long Lived (13 hours – 8 days)			
Very Long Lived (>8 days)			
4. SITE COMMISSIONING VALIDATION FOR TREATMENT DETAILS (attach additional pages as necessary)			
PRE-OPERATIONAL MEASURES			
<input type="checkbox"/> The operator has a written operation plan that demonstrates the three stages in the quality assurance of treatment efficacy including process parameters proposed to be used, site commissioning validation testing results and proposed routine monitoring that complies with 365-2.6 and 2.7.			
TREATMENT DEVICE – Identify the type of treatment (i.e., autoclave, alternative treatment technology or fumigation) and device capacity.			
PROCESS PARAMETERS – Identify the time, temperature and pressure, or chemical concentration and contact time proposed to be used for treatment.			
WASTE TYPE – List the type of RMW (sharps, cultures and stocks, anatomical waste, animal waste, etc.) quantity of waste and frequency of treatment.			
5. WASTE ACCEPTANCE, STORAGE, HANDLING AND DISPOSAL (attach additional pages as necessary)			
<input type="checkbox"/> WASTE ACCEPTANCE AND STORAGE – The facility has an acceptable process for receiving, storage and processing of waste from off-site.			
<input type="checkbox"/> WASTE HANDLING - The facility has operating procedures for the cleaning and disinfection of storage areas and reusable containers.			
<input type="checkbox"/> PRE-PROCESSING – The facility has procedures for preprocessing at the site (e.g., de-packaging, mixing, grinding, waste consolidation, etc.).			
WASTE RESIDUE DISPOSAL – Identify the name and provide the contact information for the approved waste disposal facility for the waste residue.			
Name of Disposal Facility	Type (e.g., Commercial RMW facility, landfill or combustor)	Location	
Phone and E-Mail	<input type="checkbox"/> Sharps are destroyed <input type="checkbox"/> A NYSDOH certificate of treatment accompanies the waste residue to the disposal facility. <input type="checkbox"/> A tracking form accompanies the waste to the RMW treatment facility		
6. AUTHORIZED SIGNATURE			
Date	Signature, Title and Phone Number		
	Provide the FSAP Registration Number if applicable: _____		

Attach information needed to show compliance with the registration criteria in 6 NYCRR Part 360.