Texas Commission on Environmental Quality

Notification of On-Site Treatment
of Medical Waste

# Who Should Use This Form

Use this form to notify the TCEQ of your intent to operate an on-site treatment unit for medical waste. Also use this form to notify TCEQ of changes to an existing facility. This notification is required by Title 30 Texas Administrative Code (30 TAC), Chapter 326, §[326.39](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=326&rl=39) (relating to on-site treatment by small quantity generators) and §[326.41](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=326&rl=41) (relating to on‑site treatment by large quantity generators). The medical waste management rules are available online at <[www.tceq.texas.gov/goto/rules/](http://www.tceq.texas.gov/goto/rules/)>.

Submit the original and one copy of this form to the Municipal Solid Waste Permits Section MC‑124, TCEQ, P.O. Box 13087, Austin, TX 78711-3087. Send a second copy of this form directly to the TCEQ regional office for your area. Find which regional office covers your area, and the mailing address at <[www.tceq.texas.gov/goto/region](http://www.tceq.texas.gov/goto/region)>.

If you have any questions about this form or about managing medical waste, please contact us at (512) 239-2335 or at <mswper@tceq.texas.gov>.

Application Type

[ ]  New Facility [ ]  Update for Existing Facility

Facility Information

Company Name:

Facility Name (if different from Company Name):

Physical Street Address:

City:       State:       Zip Code:       County:

Phone:       E-mail:

If you have done business with the TCEQ before, you may have been assigned a Customer Reference Number (CN) and a Regulated Entity Reference Number (RN). If so, indicate those numbers in the following fields.  CN (9 digits):       RN (9 digits):

Generator's Contact Person

Name:       Company:

Mailing Address:

City:       State:       Zip code:       County:

Phone:       E-mail:

****Generator Type****

[ ]  Small Quantity Generator (generates 50 pounds or less of medical waste in a month)

[ ]  Large Quantity Generator (generates more than 50 pounds of medical waste in a month)

Mobile Treatment Unit Owner or Operator

Will you be hiring someone to bring a mobile treatment unit to your facility to treat the waste on site?

[ ]  Yes [ ]  No

If Yes, provide the following information about the operator of the mobile treatment unit:

Name of Company:

Name of Contact Person:

Mailing Address:

Phone:

TCEQ authorization number for the mobile treatment unit:

****Types of Medical Waste Generated On-Site, and Approved Methods of Treatment and Disposition****

General Information About Methods

Method Approval

Are the methods of treatment and disposition already approved by the Texas Department of State Health Services under [25 TAC §1.136](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=1&rl=136)**[ ] ?**

[ ]  Yes [ ]  No

**If Yes,** in the following sections, check the types of medical waste to be treated on-site and the approved treatment and disposition methods for each waste. **If No, please contact the Texas Department of State Health Services and obtain approval in accordance with** [25 TAC §1.135](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=1&rl=135) **before submitting this notification.**

****Sharps****

Types of Sharps

[ ]  Discarded, unused sharps of any type (unused sharps, if disposed, should be containerized and labeled as treated medical waste)

[ ]  Hypodermic needles, and hypodermic syringes with attached needles

[ ]  Razor blades, disposable razors, disposable scissors, and scalpel blades

[ ]  Tattoo needles, acupuncture needles, and electrolysis needles

[ ]  Glass Pasteur pipettes, glass pipettes, specimen tubes, blood culture bottles, microscope slides, and broken glass from laboratories

[ ]  Intravenous stylets and rigid introducers (for example, J wires)

Approved Treatments

If an item can cause puncture wounds, it should be placed in a puncture-resistant, leak-proof container before disposition.

[ ]  Encapsulation in a matrix

[ ]  Steam disinfection

[ ]  Incineration

[ ]  Moist heat disinfection

[ ]  Chlorine disinfection/maceration

[ ]  Chemical disinfection

[ ]  Approved alternate treatment method; specify method:

Approved Disposition

[ ]  Sanitary landfill

Pathological Waste

Types of Pathological Waste

[ ]  Tissues [ ]  Organs [ ]  Body parts

Approved Treatments

[ ]  Interment

[ ]  Grinding

[ ]  Incineration

[ ]  Steam disinfection

[ ]  Steam disinfection followed by grinding (discarded laboratory specimen of blood and/or tissue)

[ ]  Moist heat disinfection

[ ]  Moist heat disinfection provided that the grinding/shredding renders the item unrecognizable (body parts)

[ ]  Chlorine disinfection/maceration

[ ]  Chemical disinfection [ ]  Chemical disinfection followed by grinding

[ ]  Approved alternate treatment method; specify method:

Approved Disposition

[ ]  Interment [ ]  Sanitary Landfill [ ]  Discharged into a sanitary sewer system

Bulk Human Blood and Body Fluid, other Blood Products

Bulk Human Blood, Body Fluid, or Other Blood Products

[ ]  Containerized, aggregate volume of 100 milliliters (mL) or more

Approved Treatments

[ ]  Steam disinfection

[ ]  Incineration

[ ]  Moist heat disinfection

[ ]  Chlorine disinfection/maceration

[ ]  Chemical disinfection [ ]  Chemical disinfection followed by grinding

[ ]  Thermal Inactivation [ ]  Thermal inactivation followed by grinding

[ ]  Approved alternate treatment method; specify method:

Approved Disposition

[ ]  Sanitary Landfill [ ]  Discharged into a sanitary sewer system

Animals Intentionally Exposed to Pathogens

Types of Animal Waste

[ ]  Carcasses [ ]  Body parts [ ]  Bedding

[ ]  Bulk whole blood, serum, plasma and/or other blood component

[ ]  Carcasses, body parts, beddings, bulk blood, and/or other blood components intentionally exposed to pathogens which are not contagious (collection and transportation must conform to local ordinance or rule if more stringent)

Approved Treatments

[ ]  Steam disinfection [ ]  Steam disinfection followed by grinding

[ ]  Incineration [ ]  Moist heat disinfection

[ ]  Thermal Inactivation [ ]  Thermal inactivation followed by grinding

[ ]  Chlorine disinfection/maceration

[ ]  Chemical disinfection

[ ]  Approved alternate treatment method; specify method:

Approved Disposition

[ ]  Sanitary landfill [ ]  Discharged into a sanitary sewer system [ ]  Rendering plant

[ ]  Buried on-site under the supervision of a veterinarian licensed to practice in Texas

Microbiological Waste

Types of Microbiological Waste

[ ]  Discarded cultures and stock of infectious agents and associated biologicals

[ ]  Discarded cultures of specimens

[ ]  Discarded live and attenuated vaccines (excluding empty containers)

[ ]  Discarded used disposable culture dishes

[ ]  Discarded disposable devices used to transfer, inoculate, or mix cultures

Approved Treatments

[ ]  Steam disinfection [ ]  Incineration [ ]  Moist heat disinfection

[ ]  Chlorine disinfection/maceration

[ ]  Chemical disinfection

[ ]  Thermal Inactivation

[ ]  Approved alternate treatment method; specify method:

Approved Disposition

[ ]  Sanitary landfill

Other Health-Care-Related Waste

Other Types of Health-Care-Related Waste

 Specify:

Approved Treatments

 Specify:

Approved Disposition

 Specify:

****Labeling Certain Treated Medical Wastes****

**Medical waste that has been treated must be labeled to indicate it has been treated in accordance with 30 TAC §**[326.39(c)](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=326&rl=39) **and §**[326.41(c)(2)](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=326&rl=41)**. The identification of the waste as treated may be accomplished by the use of color-coded, disposable containers for the treated waste or by a label that states the contents of the disposable container have been treated in accordance with the provisions of** [25 TAC §1.136](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=1&rl=136)**.**

[ ]  Check this box to acknowledge you are aware of and will follow the labeling requirements for treated medical wastes that will be disposed of in a permitted landfill

****Facility Design and Equipment Information (for non-mobile units)****

In the following table, enter the details about the treatment units for each of the treatment methods you indicated on this form.

Details about medical waste treatment units

| Type of Treatment Unit  | Number of Units | Waste Capacity per Cycle | Processing Time per Cycle | Dimensions(length x width x height) |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
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Recordkeeping Requirements for All Generators

All generators must maintain on-site a written record that contains the information listed below:

* Contact information for the generator
* Methods of treatment and operating conditions
* Printed name and written initials of the person or persons performing treatment
* Date of treatment
* Amount of waste treated
* If waste was treated in a mobile treatment unit, the contact information for the mobile treatment unit operator, including the TCEQ authorization number

[ ]  Check this box to acknowledge you are aware of and will comply with these recordkeeping requirements.

Additional Recordkeeping Requirements for Large Quantity Generators

Records of Procedures

If you are a large quantity generator (LQG), check the applicable written procedures that you will include in on-site written records.

[ ]  Procedures for operating and testing any equipment used

[ ]  Procedures for preparing any chemicals used in treatment

Records of Testing and Monitoring

Requirement for Testing and Monitoring

If you are a LQG, you are required to conduct routine performance testing for biological monitoring or routine parameter monitoring, for each of the treatment methods you use. If you use more than one treatment method, you may do testing for one, and monitoring for another.

Mark the following check boxes to indicate whether you will do testing or monitoring, or both:

[ ]  Facility will conduct routine performance testing for biological monitoring

[ ]  Facility will conduct routine parameter monitoring

Routine Performance Testing for Biological Monitoring

If you conduct routine performance testing, you must demonstrate that your treatment method achieves a minimum 99.99% reduction in the numbers of active microorganisms using appropriate Bacillus species biological indicators (defined in [25 TAC §1.132](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=1&rl=132)). The frequency of testing depends on how much medical waste you generate in a month.

Check the applicable box below to indicate which generator category you are in and the required testing frequency.

[ ]  Generator of more than 50 pounds per month, but not more than 100 pounds per month; testing required at least once a month

[ ]  Generator of more than 100 pounds per month, but not more than 200 pounds per month; testing required at least once every two weeks

[ ]  Generator of more than 200 pounds per month; testing required at least once a week

Routine Parameter Monitoring

For those treatment methods that the manufacturer has documented compliance with the performance standard prescribed in [25 TAC §1.135](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=1&rl=135) (based on specified parameters such as pH, temperature, and pressure), and for previously approved treatment processes for which a continuous readout and record of operating parameters (detailed in [25 TAC §1.133](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=1&rl=133)) is available, you may substitute routine parameter monitoring in place of biological monitoring.

If you choose this option, you must also do the following:

* Maintain records of the applicable performance standards for routine parameter monitoring for each of the treatment methods you indicated on this form, for which you will do parameter monitoring instead of biological monitoring.
* Confirm that any chemicals or reagents used as part of the treatment process are at the effective treatment strength.
* Maintain records of operating parameters and reagent strength, for three years.

[ ]  Check this box to acknowledge you are aware of and will comply with these recordkeeping requirements.

Medical Waste Incinerators

Will you operate a medical waste incinerator?

[ ]  Yes [ ]  No

If Yes, you must comply with following:

* Inspection, testing, reporting, and other requirements in 30 TAC §§[113.2070 through 113.2079](http://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=5&ti=30&pt=1&ch=113&sch=D&div=2&rl=Y) (relating to Hospital/Medical/Infectious Waste Incinerators), in place of biological or parametric monitoring.
* Dispose of the incinerator ash in a permitted landfill in accordance with 30 TAC Chapter 330. Testing of the ash may be required prior to acceptance by a landfill.

Disposable Treatment Units

Will you use disposable treatment units?

[ ]  Yes [ ]  No

If you use disposable treatment units, you are responsible for following the manufacturer's instructions.

Generator’s Certification

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Generator’s Signature:       Date:

Printed Name:      Title: