This form shall be completed when a Virginia solid waste management facility requests to receive regulated medical waste that has been treated at a facility outside of the Commonwealth of Virginia. This form is not needed to request receipt of regulated medical waste that has been treated by a Virginia facility in accordance with a DEQ issued permit.

**PART I – GENERATOR INFORMATION**

**Section A – Regulated Medical Waste Treatment Facility Information**

Facility Name:

Owner:

Operator (if different):

Location Address:

Facility Contact:

Title:

Office Phone:       Cell Phone:

Email:

Does this facility have a state-issued permit for treatment of regulated medical waste? [ ]  Yes [ ]  No

Permit Number:

Permitting Agency:

**Section B – Regulated Medical Waste Profile**

1. **Types of wastes treated (check all that apply):**

[ ]  Animal carcasses or body parts [ ]  Human pathological and anatomical waste

[ ]  Animal bedding and related wastes [ ]  Mixed regulated medical waste & solid waste

[ ]  Category A wastes [ ]  Non-hazardous pharmaceuticals

[ ]  Chemotherapeutic waste (Trace) [ ]  Prion waste

[ ]  Chemotherapeutic waste (Bulk) [ ]  Radioactive waste

[ ]  Contaminated Materials (PPE, plastics, glassware, etc.) [ ]  Residues

[ ]  Cultures and stocks [ ]  Sharps

[ ]  Hazardous waste [ ]  Solidified liquids

[ ]  Human blood and body fluids [ ]  Toxins or toxin waste solutions

[ ]  Other (specify):

1. If hazardous waste, provide the EPA ID number and applicable hazardous waste codes: [ ]  N/A

1. Where is the regulated medical waste generated? [ ]  Onsite [ ]  Offsite [ ]  Both
2. **Source of regulated medical waste (check all that apply):**

[ ]  Dentist’s Office, Clinic, Oral Surgery Center, or similar Dental Facility

[ ]  Doctor’s Office, Clinic, Hospital, or similar Health Care Facility

[ ]  Nursing Home, Assisted Living, or Home Health Facility

[ ]  Research Facility, Diagnostic Laboratory, or similar

[ ]  University or Educational Facility

[ ]  Veterinarian Practice, Animal Research, or similar Animal Care Facility

[ ]  Other (specify):

**Section C – Treatment, Validation, and Challenge Testing**

1. **Treatment Type:**

[ ]  Alkaline Hydrolysis [ ]  Chemical Treatment [ ]  Incineration

[ ]  Autoclave [ ]  Dry Heat [ ]  Microwave

[ ]  Alternate treatment (specify):

1. Treatment Device Manufacturer:
2. Average Weight (Pounds) Treated Per Load:       Max Weight (Pounds) Treated Per Load:
3. Treatment Operating Parameters:

|  |  |  |
| --- | --- | --- |
| **Operating Parameter** | **Operational Setting** | **Monitoring/Recording Method** |
| Temperature |       |       |
| Pressure |       |       |
| Residence/Exposure Time |       |       |
|       |       |       |

1. For vacuum autoclaves, is a pre-vacuum conducted at least 2 times prior to the cycle’s residence phase to fully evacuate all system air to ensure adequate steam exposure throughout the waste?[ ]  Yes [ ]  No [ ]  N/A
2. For gravity autoclaves, is pressure pulsing performed to evacuate all air in the unit? [ ]  Yes [ ]  No [ ]  N/A
3. For incineration:
	1. Is all combustible waste converted into unrecognizable ash? [ ]  Yes [ ]  No [ ]  N/A
	2. Is ash sampled and analyzed for both Toxicity Characteristic Leaching Procedure (TCLP) and Total Organic Content according to the frequency specified by [9VAC20-121-240.H.3](https://law.lis.virginia.gov/admincode/title9/agency20/chapter121/section240/#:~:text=3.%20Analysis%20of,available%20for%20review.)? [ ]  Yes [ ]  No [ ]  N/A
	3. Other testing conducted:
4. Has validation testing been conducted within the last 5 years utilizing (for each cycle type) at least 3 separate test runs on 3 separate days using 3 distinct surrogate waste loads? [ ]  Yes [ ]  No
5. Excluding the control, describe the biological indicators utilized during validation testing:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quantity** | **Type** | **Bacterial Spore** | **Concentration** | **Location** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
|       |       |       |       |       |

1. Quantity, type, and location of thermochemical indicators (e.g. tape, paper strips, or integrators) and recording devices (wireless data loggers, thermocouples, etc.) utilized during validation testing:

1. To what level does treatment achieve a reduction of viable spore concentrations?

[ ]  6 Log10 [ ]  Other (specify) \_

1. Is challenge testing conducted utilizing biological indicators at least once per month under full loading to demonstrate the continued effectiveness of the treatment unit and operations? [ ]  Yes [ ]  No
2. For Category A waste, has the facility received specific approval from the state permitting agency for the treatment method and operating parameters as appropriate for the type of waste? [ ]  Yes [ ]  No [ ]  N/A
3. For Category A waste, is challenge testing conducted for each individual load? [ ]  Yes [ ]  No [ ]  N/A
4. Is all waste that is treated during or after a challenge test stored onsite until passing results are obtained (i.e., no growth in all treated biological indicators, and growth in all untreated indicators)? [ ]  Yes [ ]  No

**Section D – Treated Waste Disposal**

1. Provide a brief description of the treated waste, including physical state (solid, liquid, semi-solid, gas, etc.), and whether the waste is shredded, ground, otherwise reduced in size, or compacted:

1. Describe how treated waste will be packaged and transported to the solid waste management facility, including number, types, sizes, and colors of bags or containers used, and any special labeling if applicable:

1. Proposed frequency for disposal: [ ]  One-Time Only [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Other (specify):

1. Estimated weight or volume (tonnage, cubic yards, or gallons) for disposal per frequency indicated above:

1. Estimated date or timeframe to begin disposal:

1. Hauler name(s):

1. Name, address, and phone number of any transfer stations or other intermediate facilities where the treated waste will be transferred or temporarily stored prior to transport to the solid waste facility: [ ]  N/A

1. Describe any special handling requirements for the waste once received at the solid waste management facility (e.g., physical or respiratory hazards, immediate cover, PPE):

**Section E – Supporting Documentation**

Attach a copy of the analytical report(s) for any testing completed for the above-described material and any other information necessary to support this special waste disposal request, including:

Validation Test Results (must be within last 5 years) ……………………………………………………. [ ]  Attached [ ]  N/A

Challenge Test Results (last 3 results per cycle type) ……………………………………………………. [ ]  Attached [ ]  N/A

TCLP and Total Organic Content Analysis (for incineration ash) ……………………………………. [ ]  Attached [ ]  N/A

Other Information to be Considered as Part of this Request ………………………………………... [ ]  Attached [ ]  N/A

**Section F – Regulated Medical Waste Treatment Facility Certification by Responsible Official**

I certify that operation of the regulated medical waste treatment unit(s) achieves the minimum standards for treatment and associated testing in the [Virginia Regulated Medical Waste Management Regulations, 9VAC20-121](https://law.lis.virginia.gov/admincode/title9/agency20/chapter121/section310/):

[9VAC20-121-240 Treatment Standards](https://law.lis.virginia.gov/admincode/title9/agency20/chapter121/section240/)

[9VAC20-121-250 Alternate Treatment Technologies](https://law.lis.virginia.gov/admincode/title9/agency20/chapter121/section250/) (as applicable)

[9VAC20-121-260 Validation Testing](https://law.lis.virginia.gov/admincode/title9/agency20/chapter121/section260/)

[9VAC20-121-270 Periodic Challenge Testing](https://law.lis.virginia.gov/admincode/title9/agency20/chapter121/section270/)

I certify that the:

1. Materials are not classified as characteristic or listed hazardous waste as identified in the [Virginia Hazardous Waste Management Regulations (9VAC20-60)](https://law.lis.virginia.gov/admincode/title9/agency20/chapter60/);
2. Materials do not contain > 1 ppm dioxins [(9VAC20-81-140.C.4(c))](https://law.lis.virginia.gov/admincode/title9/agency20/chapter81/section140/#:~:text=c.%20Solid%20wastes%2C%20residues%2C%20or%20soils%20containing%20more%20than%201.0%20ppb%20(parts%20per%20billion)%20TEF%20(dioxins).);
3. Materials do not contain > 50 ppm PCBs [(9VAC20-81-140.C.4.(d))](https://law.lis.virginia.gov/admincode/title9/agency20/chapter81/section140/#:~:text=d.%20Solid%20wastes%2C%20residues%2C%20or%20soils%20containing%2050.0%20ppm%20(parts%20per%20million)%20or%20more%20of%20PCB%27s%20except%20as%20allowed%20under%20the%20provisions%20of%209VAC20%2D81%2D630.);
4. Materials are not a radioactive waste or do not possess the property of radioactivity;
5. Materials are not prohibited or restricted from disposal in a Virginia Solid Waste Management Facility; and
6. Analytical results, completed application, and attached documentation submitted in support of this request are a representative and accurate description of these materials.

I declare under penalty of perjury that the foregoing is true and correct. 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 true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**Name:**

**Title:**

**Signature:**

**Date:**

*This form shall be signed by a* [*responsible official (9VAC20-81-10)*](https://law.lis.virginia.gov/admincode/title9/agency20/chapter81/section10/#:~:text=%22Responsible%20official%22%20means,of%20the%20locality.) *of the regulated medical waste treatment facility and updated and resubmitted for review at least annually, or after any change in the treatment process, to demonstrate that operations continue to achieve minimum treatment standards in the* [*Virginia Regulated Medical Waste Management Regulations (9VAC20-121)*](https://law.lis.virginia.gov/admincode/title9/agency20/chapter121/section270/)*.*

**PART II – SOLID WASTE MANAGEMENT FACILITY INFORMATION**

**Section A – Solid Waste Management Facility Information**

Facility Name:       Permit #:

Owner:

Operator (if different):

Location Address:

County:

Contact Name:

Title:

Office Phone:       Cell Phone:

Email:

**Section B – Solid Waste Management Facility Programs**

1. Is the facility implementing a groundwater monitoring program as required? [ ]  Yes [ ]  No [ ]  N/A
2. Is the landfill cell underlain with at least a Subtitle D liner system and leachate collection system? [ ]  Yes [ ]  No [ ]  N/A
3. Does the facility have financial assurance as required by [9VAC20-70](https://law.lis.virginia.gov/admincode/title9/agency20/chapter70/)? [ ]  Yes [ ]  No [ ]  N/A
4. Has the facility determined that the permit and or regulations do not prohibit the waste? [ ]  Yes [ ]  No [ ]  N/A
5. Is a temporary increase to the daily disposal limit needed to accommodate the special waste? [ ]  Yes [ ]  No [ ]  N/A
6. If required, has the facility received approval from the locality to receive the special waste? [ ]  Yes [ ]  No [ ]  N/A
7. Has the facility implemented an unauthorized waste control program to verify that the special waste is the waste as described when it arrives at the facility? [ ]  Yes [ ]  No [ ]  N/A
8. Describe how this special waste is proposed to be managed (location, cover, PPE, etc.):

*If, after receiving approval to receive the requested waste, a facility determines that the waste received does not conform to the information submitted in Part I of this form, the facility should reject the waste and notify DEQ of the circumstances of the rejection.*

**Section C – Solid Waste Management Facility Operator Certification**

I am licensed by the Virginia Board of Waste Management Facility Operators to act as a Waste Management Facility Operator (WMFO) for this facility. I certify that the above information is true, accurate, and complete. I request that the Department evaluate this SWDR Form for disposal of the special solid waste at this facility.

**Name:**

**Title:**

**WMFO License No:**       **License Class:**

**Signature:**       **Date:**