



Health Care Provider Discharger Survey

**City of Sequim
Department of Public Works
Source Control Program**

Return completed form to:

City of Sequim
Attn: Wastewater Source Control Program
Department of Public Works
152 W Cedar Street
Sequim, WA 98382

This survey has been developed to characterize discharges associated with “Health Care Providers”.

We have defined the term “health care provider” broadly to include a physician’s office, a medical clinic or center, an assisted care or long-term care facility, a hospital, a veterinary clinic or animal hospital and those personnel providing health care or operating such facilities. In addition to physicians, physicians’ assistants, nurses and other personnel found at these sites, podiatrists, veterinarians and similar providers are also included in this definition. If you or your business fits the definition of ‘health care provider’, this survey applies to you.

Since this survey is covering such a broad range, some of the Survey questions may not apply to your facility, or you may not have the information available to answer all the questions. Please answer to the best of your ability. If you have any questions, you can contact Tyrone Brown, Wastewater Source Control Program Coordinator at (360)683-4908.

- Use additional pages, if needed.
- Send the completed survey to:

City of Sequim
 Attn: Wastewater Source Control Program
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SECTION A – BUSINESS NAMES AND ADDRESSES

PRACTICE / FACILITY NAME:			
ADDRESS OF SITE DISCHARGING WASTEWATER:		BUSINESS MAILING ADDRESS:	
City, State	Zip Code	City, State	Zip Code

PRIMARY PERSON TO BE CONTACTED ABOUT THIS SURVEY:			
Name		Title (e.g., Owner, Consultant, Office Manager)	
Mailing Address		Telephone Number:	
City, State	Zip Code	Message Number:	
E-Mail Address		FAX Number:	

SECTION B – GENERAL PRACTICE / FACILITY INFORMATION

1. NATURE OF PRACTICE

Indicate your main activities or procedures at your building or site.

2. FACILITY SIZE

Please provide brief description of your facility. (I.e. number of beds, machines, rooms, etc...)

3. PERTINENT IDENTIFICATION NUMBERS AND PERMITS

If your practice is located in an office building or an office park where you are not billed directly for your water use, write "N/A."

City of Sequim Business License number:
Water Meter No(s):
Date Business Started at this Site:
Dangerous Waste Discharge Number:

SECTION C – PRACTICE/SERVICE DESCRIPTION

1. DAILY VARIATIONS

NUMBER OF OPERATING DAYS PER YEAR.

Review your business records and enter the average and maximum number of days that your business operates each year. For example, if your practice has been operating for 3 years and the number of operating days for each year were 220, 250, and 300, then the average is 257 and the maximum is 300.

NUMBER OF EMPLOYEES/DAY.

Calculate the average and maximum number of employees working each day. Base your answers on the yearly average and maximum, not on any one season.

	Number of Operating Days/Year	Circle Days You Are Generally Open for Business / Procedures							Total number of Employees/Day
		Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Average									
Maximum									

SECTION D – WASTE MANAGEMENT

X-Ray Waste

1. Does your office generate waste x-ray fixer? Yes No
 - a. If "yes", how is it disposed? (circle one):
 Discharge to sewer; Recycle off-site; Garbage;
 On-site silver recovery system; Biohazard container;
 Other: _____

 2. If you have an on-site silver recovery system, what type is it? _____
 - a. If the system consists of in-line canisters, how many canisters in series are in use? _____
 - a. Do you harvest the silver or is the system serviced by others? _____

 3. Do you use x-ray machine cleaning products? Yes No
 - a. If "yes", what products are used? _____
-
4. Which vendor, if any, do you use for x-ray waste disposal? _____

Health Care Waste Streams

Please check which waste streams are present at your facility.
 Then report volume and disposal method utilized for each waste stream.
 Note: Please use additional sheets and attach if necessary.

Check	Department	Waste Stream	Volume and Disposal Method
	All departments	Blood	
	All departments	Body fluids, suction canisters/vacuum containers	
	All departments	Disinfectants, concentrated (Quat based)	
	All departments	Disinfectants, diluted to <10% (Quat based)	
	All departments	Hand cleaners, antibacterial and/or w/alcohol (unused)	
	Maintenance	Boiler chemicals	
	Maintenance	Brake cleaner (chlorinated solvents)	
	Maintenance	Degreasers	
	Maintenance	Solvents (acetone, spot remover, toluene, xylene, carbon tet, chloroform, alcohols, MEK, lacquer thinner, methylene chloride)	
	Maintenance	Solvents, mineral spirits	
	Maintenance	Sterilants with ethylene oxide	
	Laboratory or Pathology	Acid, chromic	

	Laboratory or Pathology	Acid, picric >0.01%	
	Laboratory or Pathology	Acids (acetic, formic, hydrochloric, nitric, oxalic, phosphoric, sulfuric, trichloroacetic)	
	Laboratory or Pathology	Alcohol (methyl, ethyl, isopropyl)	
	Laboratory or Pathology	Benzadine dichloride	
	Laboratory or Pathology	Disinfectant, concentrate	
	Laboratory or Pathology	Formalin (37% formaldehyde content)	
	Laboratory or Pathology	Glutaraldehyde, concentrated (Cidex)	
	Laboratory or Pathology	Hydrogen peroxide (>6%; reagents containing >10%)	
	Laboratory or Pathology	Iodine, crystals	
	Laboratory or Pathology	Reagents containing mercury (thimerosal, mercuric nitrate, mercuric oxide, methenamine)	
	Laboratory or Pathology	Reagents containing metals (arsenic, barium sulfate, chromium trioxide, lead compounds, mercury, selenium, silver nitrate)	
	Laboratory or Pathology	Solvents (acetone, xylene, alcohols, methanol, "Americlear", benzene, butanol, cyclohexane, ethyl acetate, toluene, carbon tetrachloride, methylene chloride)	
	Laboratory or Pathology	Stains (containing heavy metals, benzadine dichloride, iodine crystals, uranyl nitrate)	
	Laboratory or Pathology	Poisonous compounds	
	Laboratory or Pathology	Uranyl nitrate	
	Nuclear Medicine	Radioactive injectables	
	Nursing	Alcohol, isopropyl	
	Nursing	Antineoplastic	
	Nursing	Chemotherapy drugs & associated contaminated items	
	Nursing	Formalin (37% formaldehyde content)	
	Nursing	Glutaraldehyde, concentrated (Cidex)	
	Nursing	Hemoccult developer, unused	
	Nursing	Pharmaceuticals, outdated or unused	
	Oncology	Antineoplastic	
	Oncology	Chemotherapy drugs & associated contaminated items	
	Oncology	Pharmaceuticals, outdated or unused	
	Pharmacy	Antineoplastic	
	Pharmacy	Chemotherapy drugs & associated contaminated items	
	Pharmacy	Barbiturates	
	Pharmacy	Chloral hydrate	

	Pharmacy	Colloidon	
	Pharmacy	Cyclophosphamide	
	Pharmacy	Diethylstilbesterol	
	Pharmacy	Epinephrine	
	Pharmacy	Lindane	
	Pharmacy	Nicotine	
	Pharmacy	Nitroglycerin	
	Pharmacy	Paraldehyde	
	Pharmacy	Pharmaceuticals, outdated or unused	
	Pharmacy	Physostigmine	
	Pharmacy	Saccharin	
	Pharmacy	Selenium sulfide	
	Pharmacy	Warfarin, >0.3%	
	Radiology	Alcohol, isopropyl	
	Radiology	Cleaners, chromic acid	
	Radiology	Developer, unused	
	Radiology	Fixer, spent	
	Radiology	X-ray film/negatives	
	Radiology	Glutaraldehyde, concentrated (Cidex)	
	Radiology	Toner	
	Sterile processing	Alcohol, isopropyl	
	Sterile processing	Ethylene oxide	
	Sterile processing	Glutaraldehyde, concentrated (Cidex)	
	Sterile processing	Nail polish remover (acetone, ethyl acetate)	
	Sterile processing	Spot remover (carbon tetrachloride)	
	Sterile processing	Surgistain	
	Surgical Services	Acid, Acetic	
	Surgical Services	Alcohol (isopropyl, ethanol)	
	Surgical Services	Colloidion	
	Surgical Services	Germicidal soap and detergents, unused	
	Surgical Services	Skin Disinfectants (iodophor, phenol, others)	
	Surgical Services	Ethyl ether	
	Surgical Services	Formalin (37% formaldehyde content)	
	Surgical Services	Methyl acrylate	
	Surgical Services	Nail polish remover (acetone)	
	Surgical Services	Pharmaceuticals, outdated or unused	
	Surgical Services	Sterilant	
	Surgical Services	Surgical scrub, unused	
	Surgical Services	Surgistain	

Report waste streams present at your facility, not listed above:

Check	Department	Waste Stream	Volume and Disposal Method

Use additional sheets and attach if necessary.

SECTION F – CERTIFICATION

CERTIFICATION STATEMENT/SIGNATURE

The official signing this application must be:

- A. A responsible corporate officer (president, vice-president, secretary, or treasurer of the corporation) in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- B. A general partner or proprietor; or
- C. A person who has a position of responsibility for the overall operation of the facility which generates the wastewater discharge, or responsibility for environmental matters for the company.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Printed Name

Title

Signature _____ Date _____

End of "Health Care Provider Discharge Survey"