

# Medical Waste Handling Compliance Review

## Facility Information

Facility Name

Location

Date of Review

Reviewer Name

## Review Areas

Compliance Criteria	Yes	No	N/A	Comments
Proper segregation of medical waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Appropriate containers used and labeled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Storage area compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Personnel trained in waste handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Documentation and record keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## Additional Notes

Reviewer Signature

Time

