

**HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH  
FILE TRANSMITTAL & DATA ENTRY FORM**

**Your Name:** Ernest Lawrence

**Facility ID Number:** NCR000138057

**Facility Name:** Watauga Medical Center

**Document Group:** Inspection/Investigation (I)

**Document Type:** I - Compliance Evaluation Inspection (CEI)

**File Description/Comments:** No violations

**Date of Document:** 3/31/2016

**Author(s) of Document:** Ernest Lawrence

**Inspector ID #:** NC043

**Suborganization:** Western Region

**County (if not on report):** Watauga



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Secretary

## **RCRA INSPECTION REPORT**

### **Facility Information**

Watauga Medical Center  
336 Deerfield Rd  
Boone, NC 28607

**Facility Contact** – Shawn Peele, Chief of Police 828-262-4168 (828.964-0094 (c)) speele@apprhs.org

**EPA ID Number** – NCR000138057

**Inspector (s)** – Ernest Lawrence

**Date of Inspection** – 3/31/16

**Last Inspection Date** – 4/27/05

### **Status**

The facility notified as a SQG. The facility has taken steps to minimize waste in histology and does not exceed 220 pounds in any month in the histology department.

However, the facility has not determined its monthly generation rate of hazardous waste in other departments. This consists of mostly pharmaceutical waste, other than P listed waste. The facility monitors and has demonstrated that it does not generate over 2.2 pounds of P listed waste in any month.

The facility must determine the combined generation rate of hazardous waste from all departments of the hospital.

This inspection evaluated compliance with CEG requirements. This report also discusses SQG requirements.

**Inspection Type** -- CEI

**Present at Inspection** – Sean Peele, Ernest Lawrence

### **Facility Description**

Watauga Medical Center is a 115-bed hospital in Boone. It generates hazardous waste in its histology and pathology labs, including alcohols, xylene, and various stains. Waste is generated when tissue samples are processed. The processor unit dehydrates, fixes tissue and infiltrates it with paraffin. The facility reduced waste by buying new processors that do not require frequent changes of reagents.

### **Wastes Generated**

D001, F003 – Waste flammable liquid – (xylene, alcohol)

D001, D002 – (Waste flammable liquid – corrosive)



State of North Carolina | Environmental Quality  
1601 Mail Service Center | Raleigh, North Carolina 27699-1601  
919 - 707 - 8600

F003 – Waste flammable liquid (acetone, xylene)  
D003 – Waste cyanide solution  
D002 – Waste corrosive liquid (mercuric chloride)  
Various waste pharmaceuticals

### **Storage Areas (s)**

**Outside Storage Area** - The facility has an outside storage area for waste generated in the histology department. There were three 55-gallon containers of xylene and alcohol at the time of inspection.

Containers on site for less than 180 days? – Yes  
Containers dated when accumulation began? – Yes  
Containers labeled “Hazardous Waste?” – Yes  
Containers compatible with waste? – Yes  
Containers closed? – Yes.  
Managing incompatible waste? - Yes

### **Pharmaceutical Waste Storage Area**

Containers on site for less than 180 days? – Yes  
Containers dated when accumulation began? – No.  
Containers labeled “Hazardous Waste?” – Yes  
Containers compatible with waste? – Yes  
Containers closed? – Yes.  
Managing incompatible waste? - Yes

SQGs must ensure that all containers in the storage areas are marked or labeled with a starting accumulation date.

### **Required Equipment**

Internal communications or alarm system that provides emergency instruction to personnel? – Yes. There is a fire alarm system and intercom.

Fire extinguishers and fire control equipment, spill control and decontamination equipment? – Yes

Adequate water volume and pressure to supply fire hoses, sprinkler, or water spray systems?— Yes

### **Access to communications or alarm system**

Personnel handling hazardous waste have access to an alarm or communication device (visual or voice contact is allowed)? – Yes

**Adequate Aisle Space?** – Yes

**Proper DOT Containers?** —Yes

**Satellite Accumulation Area** – Pharmaceutical waste is collected in 20-gallon containers in Pharmacy, Cancer Center, Surgery, Intermediate Care, and ICU. Hazardous waste is not collected in the patient rooms.

Ten of the containers were observed. All were labeled and there were no spills. Two containers were not closed. All satellite containers must be kept closed except when adding or removing waste whenever the facility generates over 220 pounds in a month.

### **Inspection Records**

Weekly inspections of hazardous waste containers in the outside storage area are being made and recorded. Weekly inspection were not being made in the pharmaceutical waste storage area. This is a requirement for SQGs.

**Emergency Coordinator on premises or on call at all times?** – Yes.

**Emergency arrangements with fire, police and emergency responders?** – Yes

**Manifests** – Manifests were available for waste shipped from the outside storage area. However, pharmaceutical waste was not being shipped with a manifest. **Manifests are required for shipments from SQG facilities.**

Filled Out Correctly?– Yes.

Signed Copies?– Yes

LDR Notification Attached?– Yes

Transporters –

Heritage – IND058484114

Maumee Express NJD926607380

Onyx Environmental Services – NCD986166338

TSDF –

Heritage Thermal Services – OHD980613541

Southeastern Chemical and Solvent –SCD036275626

Giant Resources – NCD986166338

**Contingency Plan – Information posted next to the telephone**

The facility has a written contingency plan that included the required information for a SQG.

Name and phone number of emergency coordinator? – Yes

Location of fire extinguishers, spill control equipment, and fire alarm? – Yes

Number to the fire department, unless there is a direct alarm? – Yes

**Training**

The generator has ensured that all employees that are involved with the handling of hazardous waste are thoroughly familiar with proper waste handling and emergency procedures? – Personnel in the histology department receive annual RCRA training and attend the NC DEQ Generator Training Workshop. Other personnel have only received HazMat and safety training. SQG requirements include RCRA training for all personnel that manage hazardous waste.

**Universal Waste**

**Used Oil** – There was no used oil on-site.

**Site Deficiencies**

No deficiencies for a CEG were observed.

**Comments**

The facility must immediately determine the total amount of hazardous waste generated by the facility each month. The facility must be in full compliance with all SQG requirements whenever it generates over 220 pounds in any month.



3/31/2016

Copy sent to facility

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RCRA Inspector

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Date

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Facility Contact