# Medical Sharps & Biohazard Disposal Inspection Checklist

| | | | |
|---|---|---|---|
| **Site / Project** | | **Address** | |
| **Inspector name** | | **Company** | |
| **Date** | | **Time** | |

*Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.*

## Inspection checklist

### Sharps Container Integrity & Placement

| | | | | | |
|---|---|---|---|---|---|
| ☐ Are sharps containers filled no more than 3/4 full, preventing overflow and potential needle sticks? | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Are sharps containers puncture-resistant, leak-proof on sides and bottom, and properly labeled with the biohazard symbol? | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Are sharps containers securely mounted or placed to prevent accidental tipping or spills? | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Are sharps containers easily accessible to healthcare workers at the point of use? | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Do sharps containers have a functional, secure lid that can be easily closed and locked for final disposal? | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Inspect each container for any signs of damage (cracks, leaks, deformation) before use and during weekly audits. | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Are sharps containers located as close as feasible to the immediate area where sharps are used (e.g., patient bedside, phlebotomy station)? | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Are sharps containers clearly visible and not obstructed by other objects? | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |
| ☐ Verify that the sharps containers have not exceeded their expiration date. | ☐ Pass | ☐ Fail | ☐ N/A | Notes: | |

- [ ] Confirm that the biohazard labels on the sharps containers are legible and securely attached. Pass Fail N/A Notes:

## Biohazard Waste Bag Handling & Storage

- [ ] Are biohazard waste bags red or orange, clearly marked with the biohazard symbol, and of sufficient thickness to prevent tearing or leaks? Pass Fail N/A Notes:
- [ ] Are biohazard bags filled no more than 3/4 full to allow for secure closure and prevent spills during handling? Pass Fail N/A Notes:
- [ ] Are biohazard bags securely closed using a gooseneck knot, tape, or zip tie to prevent leakage? Pass Fail N/A Notes:
- [ ] Are biohazard bags placed in rigid, leak-proof containers with tight-fitting lids during transport and storage? Pass Fail N/A Notes:
- [ ] Is the biohazard waste storage area secured to prevent unauthorized access? Pass Fail N/A Notes:
- [ ] Is the biohazard waste storage area clean, dry, and free from pests? Pass Fail N/A Notes:
- [ ] Is biohazard waste properly segregated from other types of waste (e.g., general trash, recyclable materials)? Pass Fail N/A Notes:
- [ ] Are personnel handling biohazard waste wearing appropriate PPE, including gloves, gowns, and eye protection? Pass Fail N/A Notes:
- [ ] Are biohazard waste bags labeled with the date and location of origin? Pass Fail N/A Notes:
- [ ] Ensure biohazard bags do not exceed the maximum weight limit specified by the waste disposal company. Pass Fail N/A Notes:

## Transport Procedures & Spill Control

- [ ] Are dedicated carts used for transporting sharps containers and biohazard waste, preventing cross-contamination? Pass Fail N/A Notes:
- [ ] Are transport carts regularly cleaned and disinfected? Pass Fail N/A Notes:
- [ ] Are sharps containers and biohazard bags secured on the transport cart to prevent tipping or spills during transport? Pass Fail N/A Notes:
- [ ] Is the transport route clear of obstructions and hazards? Pass Fail N/A Notes:

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|---|---|---|---|---|
| Is a readily accessible spill kit available in areas where sharps and biohazard waste are handled and transported? | Pass | Fail | N/A | Notes: |
| Does the spill kit contain appropriate PPE (gloves, eye protection, gown), absorbent materials, disinfectant, and biohazard waste bags? | Pass | Fail | N/A | Notes: |
| Are personnel trained on the proper procedures for cleaning up spills of blood or other potentially infectious materials? | Pass | Fail | N/A | Notes: |
| Is there a clear procedure for reporting spills and exposures to bloodborne pathogens? | Pass | Fail | N/A | Notes: |
| Are personnel transporting sharps and biohazard waste trained on proper handling procedures and potential hazards? | Pass | Fail | N/A | Notes: |
| Are transport carts regularly inspected and maintained to ensure proper functionality? | Pass | Fail | N/A | Notes: |

## Documentation & Training Records

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|---|---|---|---|---|
| Is a sharps injury log maintained, documenting all needle stick injuries and other sharps-related incidents? | Pass | Fail | N/A | Notes: |
| Is a written Exposure Control Plan (ECP) readily available and updated annually? | Pass | Fail | N/A | Notes: |
| Have all employees who handle sharps or biohazard waste received bloodborne pathogen training within the past year? | Pass | Fail | N/A | Notes: |
| Are training records maintained for all employees who have received bloodborne pathogen training? | Pass | Fail | N/A | Notes: |
| Are disposal manifests for biohazard waste properly completed and retained? | Pass | Fail | N/A | Notes: |
| Are incident reports completed for all sharps injuries and biohazard waste spills? | Pass | Fail | N/A | Notes: |
| Is there a documented procedure for post-exposure evaluation and follow-up after a sharps injury or exposure to bloodborne pathogens? | Pass | Fail | N/A | Notes: |
| Is an inventory of sharps containers maintained, including location and fill dates? | Pass | Fail | N/A | Notes: |
| Is there a current contract with a licensed medical waste disposal company? | Pass | Fail | N/A | Notes: |

- [ ] Is the Exposure Control Plan reviewed and updated at least annually, or whenever new procedures or equipment are introduced? ☐ Pass ☐ Fail ☐ N/A Notes: _____

## Findings

| # | Item | Location | Severity | Action required |
|---|---|---|---|---|
| 1 | | | | |
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| 6 | | | | |
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## Signature

**Inspector signature** _____ **Name** _____

**Date** _____