

South Carolina Department of Health and Environment Control  
Bureau of Land and Waste Management  
Division of Waste Management  
***Infectious Waste Generator Inspection Report***

Date of Inspection: 9/3/15

A. General Information:

1. Generator Name: **CHARLESTON WOMEN'S MEDICAL CENTER** Registration Number: **SC10-0168G**
2. Address: **1312 ASHLEY RIVER RD CHARLESTON, SC 29407-5365**
3. Contact Person: [REDACTED] Phone Number: [REDACTED]
4. If the information above changed, were we notified within 30 days? No (R.61-105 (F)(1)(g))
5. Does the facility have a designated infection control committee and a written waste stream protocol? Yes

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B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? Yes
2. Containers Properly Labeled?
  - a. a. Universal biohazard symbol? Yes
  - b. b. Department issued number? N/A
  - c. c. Date the container storage began? N/A
3. Infectious waste properly segregated from solid waste? Yes
4. Disinfection of surfaces in contact with infectious waste prior to reuse? Yes

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C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes
2. Waste protected from weather conditions? Yes
3. Waste stored to prevent release? Yes
4. Outdoor storage area locked? N/A
5. Authorized personnel only area? Yes
6. Labeled with biohazard symbol? Yes
7. Waste odorless and under storage time limit? Yes

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D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release? Yes
2. Is the waste properly treated prior to disposal? Yes
3. Records maintained for 2 years? Yes
4. Weight record obtained within 50 days of shipment? Yes
5. Waste picked up at facility? Yes
6. Is it properly manifested with the name and registration number of the generator? Yes
  - a. Number of containers and volume or weight? Yes
  - b. Name of transporter? Yes
7. Is the transporter registered with the Department? Yes  
**If no, please note name, address, contact person, and phone number for the transporter.**
8. Does the facility treat waste on site? No
9. Are products of conception treated properly? Yes

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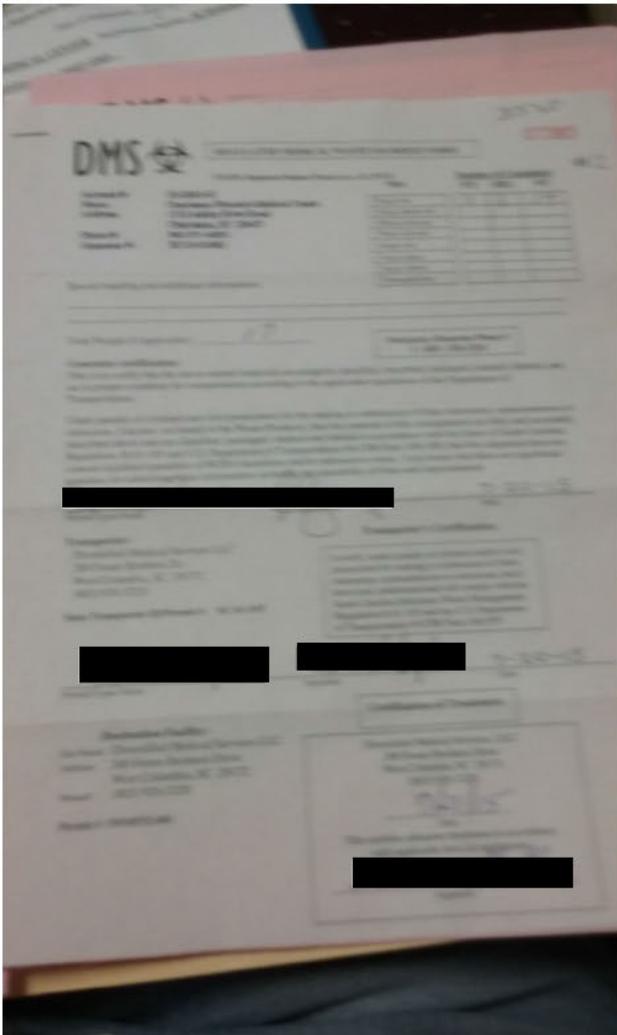
Results of Inspection: Summary of Violations/Discrepancies or Other Comments

As part of an investigation called for by Governor Haley on August 18, 2015, [REDACTED] and [REDACTED] inspected this facility, along with DHEC Health Licensing staff ([REDACTED], [REDACTED], and [REDACTED]). We completed an Infectious Waste Program inspection using our standard checklist and

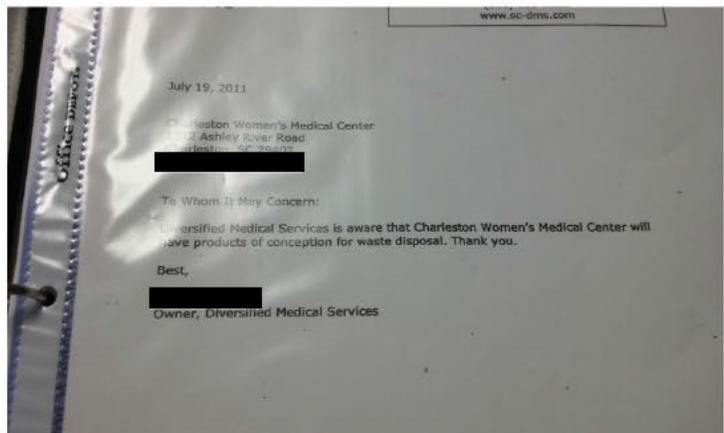
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were available while the Health Licensing staff read the investigative questions and noted the facility's answers. The facility's listed contact was out of the office. We spoke with [REDACTED]. Diversified Medical Services picks up the waste every 2 weeks and provided records documenting incineration for all infectious waste generated at the facility. Items reused are disinfected properly. Waste is stored in a manner to afford protection from adverse conditions and prevent access by patients. Records of treatment and weight records are obtained in a timely manner. Although the facility does keep weight records and notified the Department of the total amount of waste generated, the estimated amount of pathological waste generated each month was reported as zero. As products of conception fall into the definition of pathological waste, this is incorrect. [REDACTED] gave a verbal estimate of the amount of pathological waste generated and I updated the database with this information. I informed [REDACTED] that this needs to be updated if the weight of any category changes. All waste is treated before disposal. There was no waste stored at the time of the inspection.

Inspector: [REDACTED]



Manifest, including certification of treatment.



Acknowledgement from the transporter.

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CURTIS BAY  
 CURTIS BAY SHIPMENT LOG

*Consolidated  
 Manifest  
 SC 08/02/015*

DATE	CUSTOMER	MANIFEST #	BOXES	WEIGHT
7-16-15	16-0045-01	07341	2	41
7-16-15	16-0028-01	06945	2	15
7-17-15	12-0030-08	07366	2	53
7-20-15	16-0045-01	06827	1	20
7-20-15	03-0043-01	07383	1	29
7-20-15	12-0030-08	07409	2	17
7-21-15	16-0045-01	07503	1	19
7-21-15	01-0001-01	07491	2	38
7-21-15	01-0030-02	07436	2	53
7-23-15	12-0030-08	07507	3	132
7-23-15	01-0032-01	07504	2	50
7-24-15	16-0045-01	07663	1	14
7-24-15	12-0030-08	07653	2	42
7-27-15	16-0045-01	07509	2	38
7-27-15	12-0030-08	07624	2	17
7-27-15	19-0034-01	07638	2	17
7-27-15	19-0048-01	07691	6	168
7-28-15	01-0022-02	07669	2	113
7-28-15	01-0001-01	07557	2	36
7-30-15	16-0045-01	07822	2	57
7-30-15	13-0002-04	07877	2	40
7-30-15	03-0005-01	07835	1	17
7-30-15	19-0019-01	07860	2	61
7-30-15	01-0032-01	07847	6	132
7-31-15	16-0045-01	07920	1	16
7-31-15	12-0030-08	07956	3	37
8-3-15	12-0030-08	08026	1	38
8-3-15	03-0043-01	07970	2	36
8-4-15	18-0045-01	08077	1	10
8-4-15	09-0001-01	08062	2	14
8-5-15	01-0032-02	08064	2	143
8-5-15	12-0030-08	08193	2	68
8-5-15	21-0009-01	08195	1	16
8-6-15	16-0045-01	08217	1	18
8-6-15	01-0032-01	08186	2	17
8-7-15	12-0030-08	08235	2	52
8-7-15	24-0001-01	08241	2	50

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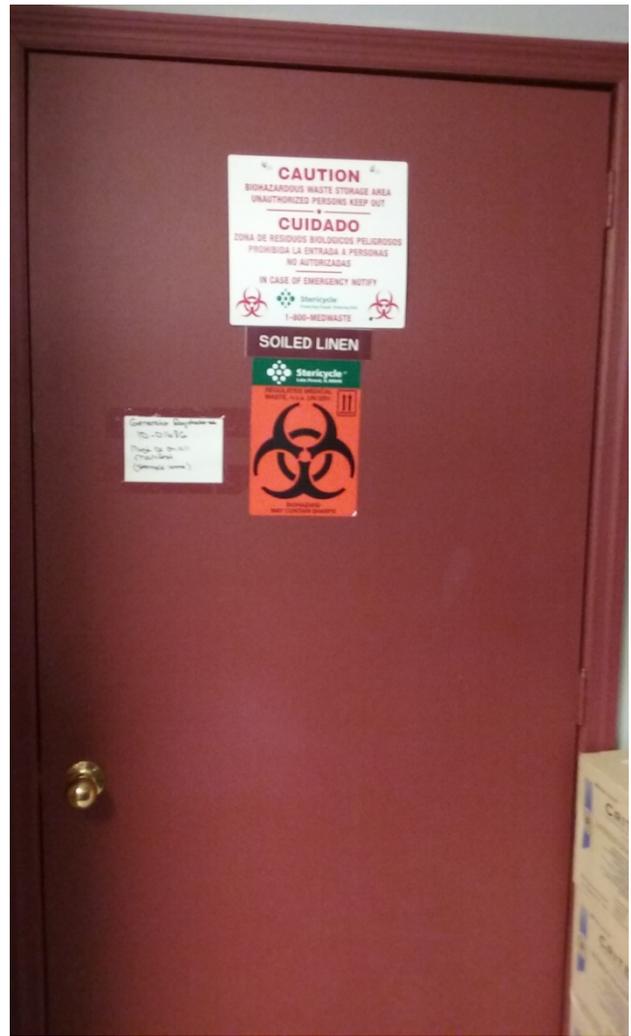
Waste consolidation log, showing waste is taken to Curtis Bay for incineration.

Collection container, properly disinfected before reuse. Labeled properly on lid.

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Lid of collection container.

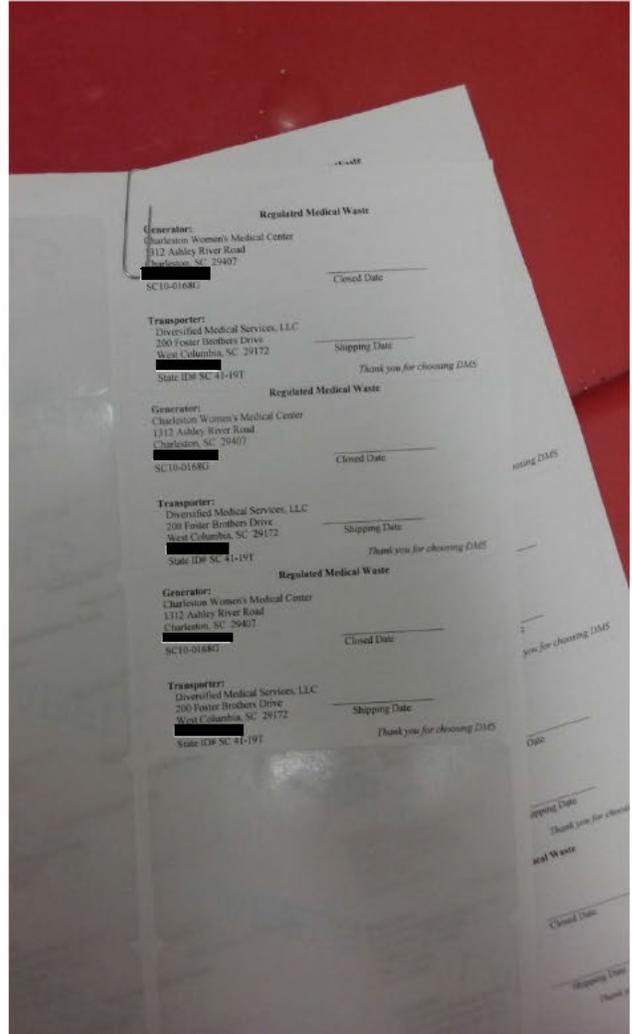


Storage area, properly labeled.

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Inside storage area, no full containers. Some waste had been collected, no putrescence.



Stickers used to label stored waste – include all required information.

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Disinfectant used for small items that are reused.

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***Infectious Waste Generator Inspection Report***

Date of Inspection: 9/2/15

A. General Information:

1. Generator Name: **GREENVILLE WOMEN'S CLINIC PA** Registration Number: **SC23-0410G**
2. Address: **1142 GROVE RD GREENVILLE, SC 29605-4692**
3. Contact Person: [REDACTED] Phone Number: [REDACTED]
4. If the information above changed, were we notified within 30 days? Yes
5. Does the facility have a designated infection control committee and a written waste stream protocol? No (R.61-105 (F)(5))

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B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? Yes
2. Containers Properly Labeled?
  - a. a. Universal biohazard symbol? Yes
  - b. b. Department issued number? Yes
  - c. c. Date the container storage began? Yes
3. Infectious waste properly segregated from solid waste? Yes
4. Disinfection of surfaces in contact with infectious waste prior to reuse? No (R.61-105 (L)(1))

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C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes
2. Waste protected from weather conditions? Yes
3. Waste stored to prevent release? Yes
4. Outdoor storage area locked? N/A
5. Authorized personnel only area? Yes
6. Labeled with biohazard symbol? Yes
7. Waste odorless and under storage time limit? Yes

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D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release? Yes
2. Is the waste properly treated prior to disposal? Yes
3. Records maintained for 2 years? Yes
4. Weight record obtained within 50 days of shipment? Yes
5. Waste picked up at facility? Yes
6. Is it properly manifested with the name and registration number of the generator? Yes
  - a. Number of containers and volume or weight? Yes
  - b. Name and registration number of transporter? Yes
7. Is the transporter registered with the Department? Yes  
**If no, please note name, address, contact person, and phone number for the transporter.**
8. Does the facility treat waste on site? No
9. Are products of conception treated properly? No (R.61-105 (T)(9))

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Results of Inspection: Summary of Violations/Discrepancies or Other Comments

As part of an investigation called for by Governor Haley on August 18, 2015, [REDACTED] and I inspected the Greenville Women's Clinic PA on 9/2/15, along with DHEC Health Licensing staff [REDACTED], [REDACTED], and [REDACTED]. We completed the Infectious Waste Program inspection using our inspection report form located in the EFIS system. The facility's representative, [REDACTED], answered the investigative questions asked by the Health Licensing staff who also noted the representative's answers. In reviewing the

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facility's infectious waste protocol, it was noted that they did not address the requirement to label stored boxes when sealed with the date of closure and generator registration number. According to regulation 61-105 F(5) "This committee must develop or adopt a written protocol to manage the infectious waste stream from generation until offered for transport." The facility representative, [REDACTED], who is responsible for the handling of the infectious waste, explained that the boxes are sealed and dated on Mondays before pickup and that they have not had a full box in storage before the Monday pickup date. The treatment stamp on the Stericycle waste manifests indicate that the waste is being treated by steam sterilization. The weight records from Stericycle, on the other hand, indicate that the waste is being treated by incineration. It was confirmed by Stericycle that at least two pick-ups, March 17, 2014 and October 20, 2014, were steam sterilized. All the rest were incinerated. Regulation 61-105 T(9) states that "Products of conception must be incinerated, cremated, interred, or donated for medical research." Stericycle picks up waste every Monday. The clinic's contract with Stericycle indicates that waste should be incinerated. During the physical and performance part of the inspection of the storage area, [REDACTED] explained that the products of conception are stored in a freezer, which is locked and labeled with the biohazard label. The infectious waste in the freezer is placed in a red bag placed inside a small biohazard container. Once the waste is ready for transport, the container and its contents are placed inside the larger Stericycle box located in the adjacent autoclave room before pick up. (The autoclave in this room is not used for treating waste.) [REDACTED] stated that the freezer is disinfected each time it is emptied. It was observed that the facility was using a small reusable biohazard container in the autoclave room. [REDACTED] explained that once the container was full, [REDACTED] would remove the contents and place it inside the Stericycle box. [REDACTED] stated that [REDACTED] would place another red bag inside the reusable container, but did not disinfect it prior to reuse. Regulation 61-105 L(1) Any material or surface which comes in contact with infectious waste must be disinfected prior to reuse.

Inspector: [REDACTED]

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Biohazard sign for the storage room

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Stericycle waste box

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Reusable container not being disinfected after each use.

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freezer storage

Product of conception

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lined with red bag inside freezer

Container

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Route# 192-5

1. Generator's Name, Address and Telephone Number  
**Stericycle**  
 Route# 192-5  
 IN CASE OF EMERGENCY CONTACT: CHEMYREC 1-800-424-9300  
 CUSTOMER NO. 21132  
 MEDICAL WASTE TRACKING FORM NUMBER  
 STANDARD MANIFEST 101-10-06-STD  
**MDCA00E4PQ**

1. Generator's Name, Address and Telephone Number  
 ATTN: [REDACTED]  
**GREENVILLE WOMENS CLINIC**  
**1142 GROVE RD**  
**GREENVILLE, SC 29605-4620** [REDACTED]  
 8/3/2015

CUSTOMER NUMBER [REDACTED] GENERATOR'S REGISTRATION # **SC23-0410G**

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>TB01 - 30 Gal Reusable Tub (4.0 cu ft)</b>		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>TB04/TB28 - 28 Gal Reusable Tub (3.7 cu ft)</b>		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>TB97 - 97 Gal Wheeled Cart (12.8 cu ft)</b>		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>BX55 - Medium Corrugated Box (5.5 cu ft)</b>		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>SS19 - Small Corrugated Box (2.0 cu ft)</b>		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>SS44 - Medium Corrugated Box (4.12 cu ft)</b>	1	4.12
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>TB32 - 32 Gallon Reusable Tub (4.3 cu ft)</b>		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s. 6.2, PGII	<b>SG91 - Sharps Containers (2.4 cu ft)</b>		Cu Ft.
<b>TOTALS ▶</b>		1	4.12

Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

Printed/Typed Name [REDACTED] Signature [REDACTED] Date 8-3-15

TRANSPORTER 1 ADDRESS:  
**Stericycle, Inc.**  
**4403 Republic Court**  
**Concord, NC 28027**  
 Phone #: [REDACTED]  
 Applicable Permit Numbers: **SC14-02T**

This is a Through Shipment

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.  
 Type Name [REDACTED] Signature [REDACTED] Date 8/3/15

INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:  
 Phone #: [REDACTED]  
 Applicable Permit Numbers: [REDACTED]

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.  
 Type Name [REDACTED] Signature [REDACTED] Date [REDACTED]

INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:  
 Phone #: [REDACTED]  
 Applicable Permit Numbers: [REDACTED]

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.  
 Type Name [REDACTED] Signature [REDACTED] Date [REDACTED]

DISCREPANCY INDICATION

Designated Facility:  8B. Alternate Facility:  8C. Alternate Facility:  8D. Alternate Facility:

**Stericycle, Inc.**  
**4403 Republic Court**  
**Concord, NC 28027**

**Stericycle, Inc.**  
**1168 Porter Ave,**  
**Haw River, NC 27258**  
**EPA#: 01-02-1**

**STERICYCLE**  
**4403 Republic Court**  
**Concord, North Carolina 28027**  
 This certifies treatment by Steam Sterilization in accordance with the NCDHEH regulations.  
**AUG 04 2015**  
**Aaron Simowitz**  
 [Signature] Date

DESIGNATED FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have read the above indicated wastes in accordance with the requirement outlined in that authorization.

Name [REDACTED] Signature [REDACTED]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive material as defined in 16 USC 10101 of the S.C. Infectious Waste Management Regulations.

indicating steam sterilization

Treatment stamp

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Date of Inspection: 8/31/15

A. General Information:

1. Generator Name: **PLANNED PARENTHOOD SOUTH ATLANTIC** Registration Number: **SC40-0333G**
2. Address: **2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478**
3. Contact Person: [REDACTED] Phone Number: [REDACTED]
4. If the information above changed, were we notified within 30 days? N/A
5. Does the facility have a designated infection control committee and a written waste stream protocol? No (R.61-105 (F)(5))

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? No (R.61-105 (I)(3))
2. Containers Properly Labeled?
  - a. a. Universal biohazard symbol? Yes
  - b. b. Department issued number? Yes
  - c. c. Date the container storage began? N/A
3. Infectious waste properly segregated from solid waste? No (R.61-105 (H))
4. Disinfection of surfaces in contact with infectious waste prior to reuse? Yes

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes
2. Waste protected from weather conditions? Yes
3. Waste stored to prevent release? Yes
4. Outdoor storage area locked? N/A
5. Authorized personnel only area? Yes
6. Labeled with biohazard symbol? Yes
7. Waste odorless and under storage time limit? Yes

D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release? Yes
2. Is the waste properly treated prior to disposal? Yes
3. Records maintained for 2 years? No (R.61-105 (AA)(3))
4. Weight record obtained within 50 days of shipment? No (R.61-105 (F)(6)(j))
5. Waste picked up at facility? Yes
6. Is it properly manifested with the name and registration number of the generator? No (R.61-105 (M)(1)(b))
  - a. Number of containers and volume or weight? No (R.61-105 (M)(1)(f))
  - b. Registration number of transporter? No (R.61-105 (M)(1)(j))
7. Is the transporter registered with the Department? Yes  
**If no, please note name, address, contact person, and phone number for the transporter.**
8. Does the facility treat waste on site? No
9. Are products of conception treated properly? No (R.1-105 (T)(9))

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

As part of an investigation called for by Governor Haley on August 18, 2015, [REDACTED] and I inspected this facility, along with DHEC Health Licensing staff ([REDACTED], [REDACTED], and [REDACTED]). We completed an Infectious Waste Program inspection using our standard checklist and were available while the Health Licensing staff read the investigative questions and noted the facility's answers. The facility's administrator, and listed infectious waste contact, was at a meeting in

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Charlotte and was on speaker phone with other Planned Parenthood management helping to answer the investigative questions. We spoke with [REDACTED]. In reviewing the infectious waste protocol, it was noted that they did not address the requirement to label stored boxes with the date of closure or label closed boxes with the generator registration number before transport. The box being filled had already been labeled with the generator's registration number. The facility did not have any stored boxes at the time of the inspection. They did have collected waste (in an untied bag in a cardboard box, which is not a violation, as long as the bag and box are not full, which they were not) and I looked through the top layer of the waste. There were items in this container (a paper lab coat, etc.) that are not regulated infectious waste, violating the requirement to segregate infectious waste from solid waste. There was pathological waste collected in a biohazard bag in a refrigerator. According to R. 61-105, Section I(3), waste should always be 'placed, stored and maintained' in a rigid or semi-rigid container. The refrigerator is not considered a container. The refrigerator is disinfected before reuse. From the refrigerator, the waste is carried to the biohazard box for further packaging and transport. When the waste is picked up by the transporter, a manifest is left that must include everything required in R.61-105, Section M(1)(a)-(1). Five (5) manifests did not include the generator registration number, the transporter registration number, or the weight or volume of the waste pick-up. For the same five (5) pick-ups, there was no record of weight or treatment. For twenty-three (23) pick-ups, the record of treatment indicates that the waste was steam sterilized, which is a violation of R.61-105, Section T(9) if any products of conception were included. For all waste picked up by MedSharps, there was a record of treatment, although it certified that the waste "was treated in accordance with 25 TAC 1.136 (relating to Approved Methods of Treatment and Disposition)." After research, it was determined that Texas Administrative Code (TAC), does allow for steam sterilization of products of conception in some cases. MedSharps picked up all waste generated at the facility from January 2015-July 2015.  
Inspector: [REDACTED] and [REDACTED]

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Door to storage area, properly labeled.



Infectious waste collected, no putrescence.

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(2.9 cu ft)

ent are fully and accurately  
 ed and labeled/placarded, and  
 al and national governmental regulations.

**TOTALS** ▶ 2 8.2

Signature [Redacted] Date 12-12-14

Phone #: [Redacted]  
 Applicable Permit Numbers:  
 SC14-02T

a Through Shipment

Date 12-12-14  
 Phone #:  
 Applicable Permit Numbers:

medical waste as described above.

Date  
 Phone #:  
 Applicable Permit Numbers:

medical waste as described above.

Date

Alternate Facility:  
 Stericycle, Inc. 4403 Republic Court  
 1245 Maine Avenue, Concord, North Carolina 28027  
 Lakeland, FL 33501  
 This certifies treatment by Steam Sterilization  
 in accordance with the NCDENR regulations.

DEC 16 2014

Agency # FDOH # 7217

agency to accept untreated medical wastes and that I have  
 at authorization.

Sara Johnson  
 Sara Johnson



Stickers giving all needed generator information.

Completed manifest, indicating that waste was treated by steam sterilization.

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Manifest for Registered Medical Waste

REDSHARPS

UN1291, Regulated Medical Waste, n.o.s., 6.2, PGII

Generator Name: REDSHARPS  
Address: 1774 Ashland Dr, #107, Columbia, SC 29204

Transporter Name: Redsharps  
Address: PO Box 81338, San Antonio, TX 78209

Date of Collection: 05-26-2015

Date of Treatment/Disposal: 05-26-2015

Date of Unloading: 05-26-2015



Manifest with no generator registration number, no transporter registration number, no record of treatment, and no weight or volume.

Bag of collected waste, including gowns and other solid waste.



Bag stored in refrigerator.