

**NAMBE PUEBLO FACILITY**

**NEW MEXICO**

Revised January 2019

NEW  
MEXICO

**MEDICAL WASTE MANAGEMENT PLAN**



MONARCH WASTE TECHNOLOGIES, LLC

NEW MEXICO

**MONARCH WASTE TECHNOLOGIES, LLC**

**Albuquerque, New Mexico 87113**

**Revised January 2019**

# **Medical Waste Management Plan**

## **Abstract**

This objective of this Waste Management Plan (WMP) is to describe the procedures and processes that govern operations at the Facility located at 45a Tova Muusa Poe, Santa Fe, New Mexico within the industrial park zone in the boundaries of the Nambe Pueblo. This WMP is not intended to be a comprehensive plan. Rather, this WMP: (1) outlines the manner by which Medical Waste accepted by Monarch is deemed appropriate for processing at the Facility, and determined to conform to the acceptable waste streams described herein; (2) specifies the methods utilized by the Facility to receive, unload, store, stage and process the Medical Waste; (3) demonstrates that operations at the Facility comply with Federal regulatory requirements for emissions, Nambe Pueblo's rules and regulations for waste management, and Monarch's own policies for proper management of Medical Waste. This Facility is NOT a storage or transfer facility. It is a destruction Facility. Therefore, this Facility will not undertake sampling or testing of waste streams beyond basic radiological examination, as all waste streams are pre-sorted by each Generator and described on the manifest in accordance with the waste categories described on table 1 herein. This WMP was created in accordance with 40 CFR S 60.55c and supported by the information in Monarch's Standard Operating Procedures (SOP's), Mitigation Plan (MP), and Waste Acceptance Protocols. This MWP can be amended as needed to adapt to the changes and growth of the Facility.

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## **1.0 PURPOSE OF THIS PLAN**

This plan describes how Medical Waste is received and processed at the Facility. The Facility is operated by MWT NM, LLC, a wholly owned subsidiary of Monarch Waste Technologies, LLC located in Albuquerque, New Mexico. This plan details all items applicable to the activities of this Facility outlined in 40 CFR 60.55c as well as describes compliance with Nambe Pueblo Development Corporation's ("NPDC") newly adopted and revised regulations regarding the methods and management procedures related to receiving, handling, and safe processing. Finally, this plan delineates the methods employed at the Facility that ensure conformance with Federal regulations and highlight Monarch's efforts to reduce emissions and protect Nambe Pueblo, its community, its natural resources, and its neighboring communities.

## **1.2 SCOPE OF THIS PLAN**

This plan describes all activities that occur at the Facility regarding Medical Waste items received, handled, and processed. This plan also identifies which waste items the Facility will NOT accept. As the Facility is not within the jurisdiction of the New Mexico state authorities, this plan does not include any reference to state regulations or compliance thereto.

## **1.3 OWNERSHIP**

The Operator and Manager of Facility owns this plan.

## **2.0 RESPONSIBILITIES**

The adherence to protocols described in this plan is the responsibility of the Manager. These protocols apply to all personnel who transport, receive, handle, or process Medical Waste and/or operate the Pyrolysis System within the Facility.

### **2.1 GENERATORS**

Monarch shall require that all Generators review an agreement detailing Monarch's Waste Acceptance Protocol. This Protocol outlines acceptable Medical Wastes for treatment, processing, or temporary Storage; mandatory training of Generator personnel in segregation procedures; and unacceptable Medical Wastes that the Facility will not accept.

The Manager will likewise review the Generator's policies and procedures. The Manager will compare them to Monarch's Waste Acceptance Protocol and verify there are no conflicts prior to engaging in contractual arrangements or receiving Medical Waste. After contracts have been signed and waste acceptance commences, any errors in segregation of Medical Waste will immediately be documented and brought to the attention of the Generator. Subsequent corrective procedures will be reviewed and implemented with staff to avoid future issues.

## **2.2 MANAGER**

The Manager will ensure that shift supervisors and/or managers, as well as all personnel working in the Facility, have the required training outlined in the Federal regulations and are competent in practices for managing Medical Waste streams. The Manager will certify his or her staff is aware of the contents of this plan.

## **2.3 MANAGER'S SCOPE**

The Manager will certify that the information contained in this plan is correct and complete, and will update this plan as necessary. The Manager is responsible for notifying NPDC within 120 days from the effective date of this plan's implementation, and will continue to implement this plan in conjunction with the NPDC Inspection agent until such time as NPDC elects to terminate, by resolution, the lease of the Facility and/or stop administering inspections in connection to this plan. The Manager will maintain all treatment and tracking records of applicable Medical Waste streams outlined in this plan for five years. All records will be kept at the Facility and any of the following documents will be made ready for inspection, upon request by NPDC, Nambe Pueblo Government Officials, or USEPA:

- (a) Manifest records for all incoming Medical Waste received / rejected
- (b) Treatment operating records
- (c) Inspection records

This plan includes, but is not limited to:

- (a) Processing and reviewing the Medical Waste management plans for waste haulers and Generators whence the Medical Waste originated.
- (b) Conducting an evaluation, inspection, or records review for each waste hauler and/or Generator.
- (c) Inspecting Medical Waste Transporters or Generators in response to complaints or emergency incidents, or as part of an investigation or evaluation of the implementation of the Medical Waste management plan.
- (d) Taking enforcement action for the suspension or revocation of Medical Waste generating activities of a Generator or a transporter when necessary.
- (e) Reporting any conditions and/or recommending initiating proceedings for civil or criminal prosecution of violations against anyone when necessary to protect Monarch and/or NPDC or the Pueblo of Nambe.

## **3.0 CONTACT PERSONS**

### **3.1 PRIMARY CONTACT PERSON**

Charles

### **3.2 BACKUP CONTACTS**

David

Kevin

### **3.3 EMERGENCY OR AFTER-HOURS CONTACT**

In the event of any emergency or perceived emergency, call 911.

This will put the person in contact with the New Mexico emergency help line.

## **4.0 FACILITY GENERATED WASTE**

This Facility does not manage source-separated or recyclable materials. Waste generated at the Facility will be stored in a manner that does not create a nuisance or environmental harm.

### **4.1 WASTE WATER**

The Facility does not discharge wastewater liquids resulting from processing activities within the Facility. All wastewater liquids are contained and recycled within the Pyrolysis System. This System is a closed loop, which ensures that discharge of wastewater residuals generated during the process cannot contaminate surface or ground water. Discharge, including wastewater resulting from cleaning and/or washing of containers and/or sanitizing the systems during operations, is directed into a self-contained sealed drain system within the Facility. This self-contained drain line is a part of the Pyrolysis System's closed loop design, which is connected to plastic sealed drums with automatic pumps that direct the residuals back into the unit for further processing. All bathrooms and/or other discharge points within the Facility not associated with the Pyrolysis System are connected to the tribe's public sewer system.

### **4.2 OTHER WASTES**

Other Waste materials generated in the office, bathroom, or outside areas are held separate from the Medical Waste Storage or staging area within the Facility. Control of odors, vectors, and windblown waste from outside ash dumpster storage is maintained by securing the ash dumpster with a tarp or other material sufficient to the task.

## **5.0 MEDICAL WASTE**

All Medical Waste received, stored, kept, staged, processed, and/or destroyed will be in a manner that does not create a nuisance to humans or the environment. All Medical Waste

materials will remain within the sealed containers or bags in which they arrived. They will then be placed in appropriate designated areas prior to processing in the Pyrolysis System. All Medical Waste processing is conducted inside the Facility.

The closed loop design of the Pyrolysis System ensures odors and other volatized chemicals are managed to the extent reasonably practicable. Ventilation systems inside the Facility operating areas circulate the air, whilst mechanical roof vents draw in fresh air.

Untreated Medical Waste will be temporarily staged and/or kept on-site in designated areas prior to processing. The governing regulatory standards outlining time and temperature guidelines for Medical Waste storage and destruction will be rigorously followed. After processing, Medical Waste is rendered an inert carbon ash, which will then be secured within a sealed container, approved by Waste Management. This carbon ash will be hauled to the Rio Rancho New Mexico landfill for disposal. All carbon ash resulting from the process including the residuals from the ceramic filtration system will be tested on a periodic basis using TCLP data evaluation method and documented accordingly by the Operator, Manager, or shift supervisor. All Medical Waste will remain and be contained in designated leak-proof containers to prevent spillage.

#### **5.1 ACCEPTABLE WASTES**

The Facility is limited to receiving, storing, staging, processing, and destroying the following Medical Wastes outlined on Table 1 (“Acceptable Waste Categories”);

***(THIS SPACE LEFT BLANK ON PURPOSE TO  
ACCOMMODATE TABLE 1 IN ITS  
ENTIRETY ON NEXT PAGE)***

**TABLE 1**  
**ACCEPTABLE WASTE CATEGORIES**

CATEGORY	MONARCH CODE	DEFINITION 40 CFR S 60.51.c, 60.50 c(f), and 62.14490.
<b>Medical /Infectious waste, Hospital waste</b>	RB	Waste material generated in the diagnosis, treatment, or immunization of humans or animals, in research pertaining thereto, or in the production or testing of biologicals that include; 1) Cultures and stocks; 2) Human blood and blood products; 3) Sharps; Needles, syringes, blades, needles with attached tubing, contaminated disposable surgical instruments; 4) Isolation wastes; 5) Unused sharps; 6) Body fluids 7) Blood and Products, containers, and/or equipment and articles contaminated with blood products Medical/laboratory glassware including sliding, pipettes, blood tubes, blood vials, contaminated broken glass, and; 8) Biologicals and Infectious agents.
<b>Chemotherapeutic waste</b>	Chemo	Waste material resulting from the production or use of antineoplastic agents used for the purpose of stopping or reversing the growth of malignant cells. Chemotherapy (Antineoplastic/Cytotoxic Drug) Waste which includes but not limited to; Gowns, gloves, masks, barriers, IV tubing, empty bags/bottles, new or used needles and syringes, empty drug vials, spill kits and other items generated in the preparation and administration of antineoplastic drug
<b>Non-Hazardous Pharmaceutical</b>	RCRA Empty	Non-Hazardous Pharmaceutical Waste (RCRA empty meaning contents within container is less than 3% residual by volume).
<b>Controlled Substances</b>	CS	Controlled Substances in compliance with DEA regulations in accordance with DEA or for other law enforcement seizures and for take-back or mail-back programs as they may apply.

**5.2 PROHIBITED WASTES**

The following waste items will **NOT** be accepted at the Facility.



**TABLE 2**  
**UNACCEPTABLE WASTE CATEGORIES**

CATEGORY	MONARCH CODE	DESCRIPTION OF INSPECTION / REFUSAL PROTOCOL
<b>High level Radioactive Waste</b>	NA-HAZ	All containers will be inspected by means of radiation monitoring using a Digital monitor made by Ludlum measurements Inc. area monitor controller. Any container reflecting a level above regulatory limits of 2X background will be rejected for treatment. All such conditions shall be documented and reported.
<b>RCRA Bulk, Chemo Bulk</b>	NA-HAZ	IF any manifest contains any items containing Bulk products meaning more than 3% by volume stated on manifest, these items will be rejected for treatment. All such conditions shall be documented and reported.
<b>Hazardous Waste</b>	NA-HAZ	If any manifests contain any Hazardous Waste items including but not limited to; Solvent, paint, paint thinner, Solvent, paint, paint thinner, Batteries, Glass thermometers and blood pressure manometers containing Mercury, Chemicals including but not limited to formaldehyde (AKA formalin more than 10% buffered), acids, alcohols, and waste oil, Compressed gas cylinders/canisters, and Aerosol cans will be rejected for treatment. All such conditions shall be documented and reported.
<b>Pathological, Animal Waste, Human Remains including cadavers, bodies and or fetuses</b>	NA	If any manifests contain any of these items or if our staff suspects any of these items are attempting to be delivered, these items will be rejected. All such conditions shall be documented and reported.
<b>Improperly packaged, leaking, or damaged containers.</b>	NA	If any packaging is delivered in this condition, these items will be rejected. All such conditions shall be documented and reported.

### 5.3 CONTROLLED SUBSTANCES

This Facility has been inspected and used by the DEA to destroy Controlled Substances. In compliance with 21 CFR S 1317, individual containers of Controlled Substances are not analyzed, sampled, or opened. All Controlled Substances processing will be conducted separately from other waste runs and will be scheduled in advance to ensure the Facility is closed to other Generators at the time of processing. Only designated Monarch personnel will be assigned to accept and control scheduled DEA shipments. Similarly, only designated Monarch personnel will operate the Pyrolysis System for these scheduled runs. All Controlled Substances will be received in accordance with the protocols outlined in Section 6.0 including radioactivity screening in Section 6.2.

All containers will be marked with an identifying number. All Controlled Substances delivered for a scheduled run will be so marked, and will be destroyed on that day and during that run prior to any other processing. All Controlled Substances will be checked against the manifest and waste tracking log in the designated staging area prior to final destruction in the Pyrolysis System. Monarch may receive Controlled Substances from DEA registered Generators or directly from the ultimate user as defined by DEA. At this time, the Facility is not permitted to store Controlled Substances beyond the scheduled run.

### 6.0 WASTE ACCEPTANCE: RECEIVING / UNLOADING

The receiving, inspection, and unloading of Waste will be confined to the designated dock area at the southwest corner of the Facility as outlined on the Facility plan **attachment A**. Prior to unloading, each pallet/container will be inspected for improper packaging, leaking, or damage. Such pallet/containers will not be accepted. Upon completion of this inspection and to certify acceptance, each pallet/container will be weighed at the point of entry to the Facility, documented, and labeled/marked with an ID number. An attendant will be present at the Facility to monitor all activities related to receiving and unloading Medical Waste. The Manager or Operator shall organize and/or manage the following items:

- (1) A Map of Directions. Monarch customers, Generators, and/or Transporters receive a map providing driving directions from US 285 to the NPDC security gate. (outlined on the route map attachment 3-A).
- (2) Arrival Instructions. All customers, Generators, and/or Transporters are instructed to stop at the security gate before entering NPDC boundaries and call the Manager. Once the Manager is notified, an employee from the Facility shall escort the incoming Medical Waste load to the Facility as referenced by the route map **attachment B**.
- (3) Signage. Appropriate signs will be maintained to indicate the designated stopping point, from which point drivers must call for further instructions, as well as where the vehicles

are to unload at the Facility. The Facility is not required to accept any Medical Waste that the Operator and/or General Manager determines unacceptable. This right of refusal guarantees the Facility's full and continuous compliance with this plan and avoids conflict with NPDC and/or Federal regulations.

- (4) Writ of Unacceptable Medical Wastes. If unacceptable Medical Wastes are identified (such as radioactive or hazardous) they will be refused, documented, and returned to their place of origin for proper handling.

The unloading of Medical Waste in unauthorized areas is prohibited. The manager or shift supervisor shall ensure that any Medical Waste inadvertently deposited in an unauthorized area will be removed immediately and managed properly. All such instances will be documented and reported to the Manager and Owner.

### **6.1 STAGING AREAS**

- (1) All Medical Waste will be stored, staged, and kept separately in the designated areas within the Facility.
- (2) Staging area(s) for source-separated waste delivered to the Facility by the Generators and/or Transporters will be stored away from solid waste storage areas. Control of odors and vectors from waste in the staging area will be maintained always.

### **6.2 RADIATION MONITORING**

Monarch shall use a hand-held radiation detector to identify unacceptable levels of radioactive wastes. Monarch staff shall inspect each load of Medical Waste before it is unloaded to prevent acceptance of Prohibited Wastes at the Facility. If Prohibited Wastes are identified (such as radioactive or hazardous) such waste will be refused and returned to its place of origin for proper handling. Refusals under these conditions will be documented by the Manager and/or shift supervisor.

## **7.0 FACILITY / PYROLYSIS SYSTEM OPERATIONS**

The Facility's operating hours are 24 hours/day Monday through Friday. The Manager may conduct maintenance, housekeeping, and waste hauling between the hours of 5:00 a.m. and 9:00 p.m., Monday through Friday and/or on Weekends. In addition to the requirements of this subsection, the authorization may include alternative operating hours of up to five days in a calendar year to accommodate special occasions, special purpose events, holidays, or other special occurrences. The Manager may allow additional operating hours to extend into weekends to address disaster, emergency, or other unforeseen circumstances that could result in the disruption of waste services.

### **7.1 OVERLOADING / BREAKDOWNS / SCHEDULED MAINTENANCE**

The design capacity of the Pyrolysis System is 550 pounds per hour. The Facility will make reasonable efforts to avoid accumulation of Medical Waste in quantities that exceed 10 days of processing in order to limit the creation of odors, insect breeding, or harborage of other vectors. Monarch will take practicable measures to ensure the Pyrolysis System is routinely operational and Medical Waste is stored properly and processed efficiently. There are 24 scheduled shutdowns each calendar year for proper maintenance. If the Pyrolysis System should breakdown, experience an overload, and/or have to schedule a planned maintenance or forced shutdown, the Manager or shift supervisor will:

- (1) Ensure there is sufficient storage space for all Medical Waste received prior to the shutdown;
- (2) Ensure that Medical Waste within the Facility is stored for no more than seven days and at temperatures not exceeding 45 degrees Fahrenheit;
- (3) Ensure that no additional Medical Waste is delivered during the shutdown by delaying or diverting shipments to alternative facilities.

### **7.2 PYROLYSIS STARTUP / CHARGING / OPERATING SEQUENCE**

The following sequence will outline the Operator's standard procedures for startup, charging, and operating the Pyrolysis System.

- 1) Prior to loading/charging the Pyrolysis System with Medical Waste, the Operator shall view the main control panel screen to ensure that:
  - a) The Pyrolysis System has reached its safe startup operating minimum temperature settings.
  - b) The Pyrolysis System has achieved negative pressure and all components are functioning properly.
  - c) The initial startup sequence is complete and the Pyrolysis System has achieved an anerobic internal environment.
- 2) Once the Pyrolysis System is ready to operate, the Operator is clear to start loading / Charging the system with Medical Waste.
- 3) The Operator shall load Medical Waste into the shredder hopper to commence processing.
- 4) The Operator shall log the time, variety, and weight of each Medical Waste container as it is loaded into the hopper. The Operator will also record any issues that arise along with measures taken to resolve such issues.

- 5) The Operator, in conjunction with the supervisor, will ensure that the proper balance of BTU feed stock “waste fuel” is being fed into the system so the Pyrolysis System can maintain the set operating temperatures during processing.
- 6) If the internal temperatures begin to drop, the Operator will be given an audible and/or visual indicator, and will immediately commence processing of high level of BTU waste fuel to arrest falling temperatures. Once the system returns to set operating temperatures, the Operator can resume charging the Pyrolysis System.

### **7.3 PYROLYSIS SHUTDOWN SEQUENCE**

The following sequence will outline the Operators standard procedure for the shutdown sequence of the Pyrolysis System.

- 1) The Operator will stop loading Medical Waste into the hopper.
- 2) The Operator will view the main control panel screen and
  - a) set the cycle timer for 60 minutes so that any Medical Waste remaining in the Pyrolysis System will be completely destroyed.
  - b) Place the Pyrolysis System into auto shutdown mode.
  - c) Ensure all shift documentation is complete
  - d) Prepare area for the following shift.

## **8.0 RECORDKEEPING / REPORTING**

The following section outlines the Facility’s recordkeeping, notifications, and reporting procedures that are required under Federal regulations regarding the Facility operations, the Operators activities, the Pyrolysis System’s performance and the responsibility of the Manager to ensure such reports and notifications are properly executed.

### **8.1 OPERATING RECORDS**

- 1) The Operator(s) of the Pyrolysis System shall document all Medical Waste processed in the Pyrolysis System. This documentation includes times, weights, identification codes, any problems encountered, and steps taken to address said problems.
- 2) The Operator(s), Manager, and/or supervisors shall record all scheduled and unscheduled shutdowns, mechanical issues responsible for forced shutdown mode, and any condition that might present a safety hazard.
- 3) The Manager or shift supervisors shall review the emissions data reports. Should any emission exceed limits, it will be reported immediately to the Manager. The Manager will halt processing until the cause of the emissions deviation is investigated and a solution is achieved.

## **8.2 FACILITY REPORTING**

- 1) The Manager shall ensure all shift supervisors and Operators maintain accurate records and that all required notifications outlined in 40 CFR 60.7 are filed in a timely manner.
- 2) The Owners and Manager shall maintain records at the Facility, and make them available for inspection by authorized parties, for 5 years.

## **9.0 SANITATION**

- 1) The Facility shall maintain potable water and sanitary facilities for all employees and visitors.
- 2) The Facility will be swept after every shift and sanitized twice each week.
- 3) As outlined in sections 4.1 and 4.2 of this document, all wastewater will be collected and disposed in the Pyrolysis System. Facility floors will be mopped as needed with sanitation solutions.

## **10.0 WASTE CODE TRACKING AND RESIDUE DISPOSITION**

This section of the WMP addresses how wastes are tracked from Arrival at the Facility through to Destruction. Additionally, this section will cover characterization of the Pyrolysis System's byproducts, which satisfy restrictions regarding land disposal for final placement in the Rio Rancho landfill. This will chronologically cover receipt to the outbound manifest.

### **10.1 WASTE CODE TRACKING AT THE FACILITY**

- (1) The Generator will for assign waste codes to all Medical Waste listed on the manifest. When the Medical Waste arrives at the Facility, Monarch personnel shall ensure the Generator's assigned codes on the manifest correspond to Monarch data files for that Generator. Monarch personnel shall also ensure no unacceptable Medical Waste is included in the shipment.
- (2) Monarch personnel shall complete a Receiving Log, thereby recording the Generator's name, date, and time received. Each individual pallet/container will be assigned and labeled with a distinct ID number. The container ID number will be recorded on the Receiving Log along with the container's assigned waste code, weight, radiation level scan results, and other issues noted if any. The Generators' manifest is attached to the Receiving Log, emailed to the main office for further billing, and kept on file at the Facility.
- (3) Waste is tracked daily, midnight to midnight. The Manager will assign the daily destruction schedule for all categories of Medical Waste to be destroyed.

- (4) As Medical Waste containers are loaded into the Pyrolysis System for processing, the Operator notes the time, date, and container ID number on the Platform Destruction Record. The Facility will now certify the Destruction of Medical Waste.

## **10.2 RESIDUE DISPOSITION**

The Operator will ensure the carbon ash resulting from Medical Waste destruction is properly maintained and disposed by following the procedure outlined below.

- (1) The Operator will disengage the airlock knife gate to release the ash container. This will ensure the negative pressure is maintained within the Pyrolysis System during change out.
- (2) The Operator will roll the container of ash to the covered ash storage dumpster located outside the Facility. The operator will open the covered lid, tip the ash container into the ash storage dumpster, replace the covered lid, roll the ash container back to the airlock knife gate, and reengage the airlock knife gate to achieve an air tight seal.
- (3) Once the ash storage dumpster is full and completely cooled, it is tipped into sealed shipping containers approved by Waste Management. Periodically, these containers are sampled using the TCLP data evaluation test method for ash. Sampling logs shall be maintained and provided to authorities upon request.
- (4) Each load of carbon ash and/or Dry Scrubber residue will have its own outbound manifest and certifications. They will be shipped off-site for final disposal at the Rio Rancho landfill.
- (5) Any residues not meeting periodic testing standards will be transported to other landfills that accept such residues. All shipments of residues will be facilitated by the Manager, who will maintain required documentation.

## **11.0 DEFINITIONS**

**"Container"** means the rigid container in which the Medical Waste is placed prior to transporting for purposes of Storage or treatment.

**"Charging"** means loading the hopper with Medical Waste and starting the Pyrolysis System.

**"Facility"** means the Facility located at 45 a Tova Mussa Poe Santa Fe, New Mexico including all land and structures, and other appurtenances or improvements on the land associated with the handling and storage of the waste and housing of the Pyrolysis Systems that process and destroy the Medical Waste.

**"Generator(s)"** means a hospital or other facilities that generates and or sorts Medical Waste.

**“General Manager”** means the person in charge of the day to day activities at the Facility which all employees report to.

**"Medical Waste bag"** means a disposable red bag marked with the international biohazard symbol and the word "Biohazardous Waste", which is impervious to moisture and has a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling of the waste filled bag. A biohazard bag shall be constructed of material of sufficient single thickness strength to pass the 165-gram dropped dart impact resistant test as prescribed by Standard D 1709-85 of the American Society for Testing and Materials and certified by the bag manufacturer.

**"Medical waste"** means Medical / Infectious / Hospital waste that is generated in the diagnostic, treatment facilities, related research and production of pharmaceutical, preparation and administration of chemotherapy agents and confiscated DEA controlled substance

**"Offsite"** means any location which is outside the Facility boundaries.

**"Onsite"** means within the boundaries of the Facility.

**“Operator(s)”** means the person or persons that are trained to operate the Pyrolysis Systems.

**“Other Waste(s)”** means wastes that are generated and or kept in the Facilities office and or bathroom areas and are not classified as Medical Waste.

**“Pyrolysis System(s)”** means the Pyromed 550 waste destruction system complete with all inherent ancillary equipment.

**“Prohibited Wastes”** means specific waste items that the Facility will not accept.

**"Sharps container"** means a rigid, puncture-resistant container which, when sealed, is leak resistant and cannot be reopened without great difficulty.

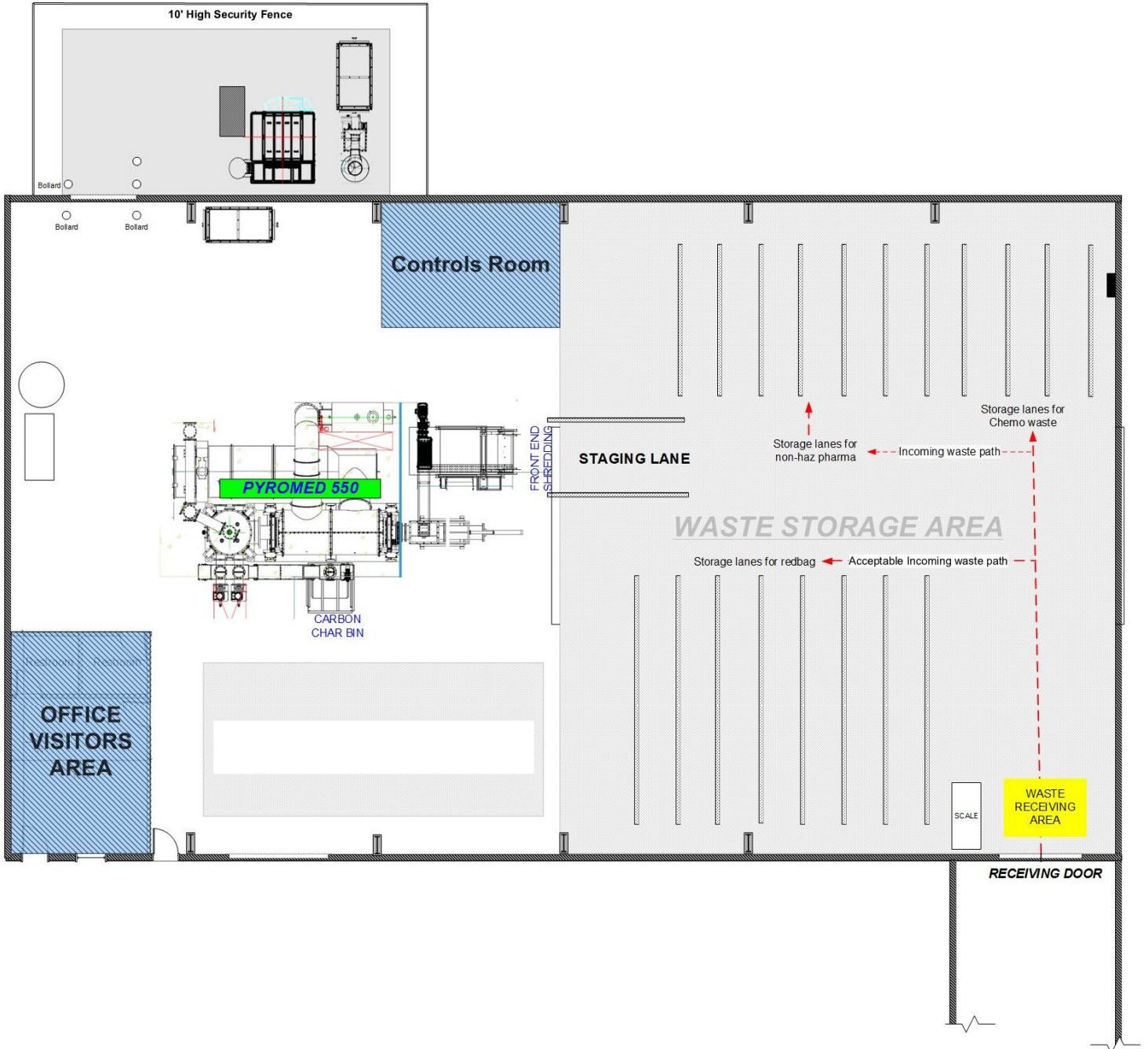
**"Sharps waste"** means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following: (a) Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, Pasteur pipettes, etc. (b) Broken glass items.

**“Storage / Stored”** means to hold and or keep Medical Waste within the Facility.

**“Transporter(s)”** means a person or company physically transports the Medical Waste from the Generator or transfer station to the Facility.



# FACILITY LAYOUT (ATTACHMENT A)



## SITE MAP (ATTACHMENT B)

