WASTE MANAGEMENT OBSERVATION CHECKLIST

Waste Management Audit Checklist based on:

- **Standard 2.2.4.1**
- **Criterion 2.2.4.1.1**
- **Assessment type: Observation**
- **Risk rating: Vital measure**

This audit tool evaluates how well a health establishment manages **health care risk waste**, **sharps**, **pharmaceutical waste**, **anatomical waste**, and **general waste** across key service areas.

🗑️ Waste Management Observation Checklist

Standard 2.2.4.1 – Waste must be handled, stored, and disposed of safely in accordance with the law.

Criterion 2.2.4.1.1 – Waste management procedures must be implemented and observed.

Assessment Type: Observation

Risk Rating: Vital Measure

🔍 Scoring Instructions:

- **Score 1** if the aspect is compliant.
- **Score 0** if it is non-compliant.
- Use **N/A** for aspects not applicable to the area (e.g. anatomical waste in areas where it's not generated).

🏥 Unit 1: Consulting Room

Aspect	Score (1/0/N/A)	Comment
1. Health care risk waste disposal bin/box with functional lid	___	
2. Lined with red plastic bags	___	
3. Contains only health care waste	___	
4. Sharps container (impenetrable, tamperproof, not overflowing)	___	
5. Expired/obsolete medicine in green "Pharmaceutical Waste" bin	___	
6. General waste container with appropriate liner	___	

WASTE MANAGEMENT OBSERVATION CHECKLIST

🏥 Unit 2: Procedure Room

Aspect	Score (1/0/N/A)	Comment
1. Health care risk waste disposal bin/box with lid	___	
2. Lined with red plastic bags	___	
3. Contains only health care waste	___	
4. Sharps container (not overflowing)	___	
5. Anatomical waste in red bucket with sealable lid	___	(Mark N/A if not applicable)
6. General waste container with appropriate liner	___	

🪑 Unit 3: Waiting Area

Aspect	Score (1/0/N/A)	Comment
1. General waste container with appropriate liner	___	

🚻 Unit 4: Bathroom

Aspect	Score (1/0/N/A)	Comment
1. Sanitary bin (box or container)	___	
2. General waste container with appropriate liner	___	

🧮 Scoring Summary

Unit	Total Score	Max Score	Compliance %
Unit 1	___	6	___ %
Unit 2	___	6 (or 5 if N/A)	___ %
Unit 3	___	1	___ %
Unit 4	___	2	___ %

📌 Additional Comments / Recommendations

- Are **waste bins clearly labelled** and correctly colour-coded?
- Are **sharps containers properly closed and replaced before full**?
- Is **pharmaceutical waste stored securely and separately**?
- Are there any **overflowing or open containers**?

Auditor Name & Title: _____

Signature: _____

Date: _____