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WPSMedWasteSurvey.doc

Questionnaire for The On-Site Treatment of Medical Waste

The following questions will help you assess the real cost of your medical waste disposal. If you complete this form and mail or fax it to Bill Norton, WPS can show you how its technology can dramatically reduce your costs and liability.

Organization Name: \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of medical ("redbag") waste produced: \_\_\_\_\_ lbs/\_\_\_\_ year or \_\_\_\_\_ month.

Number of census beds: \_\_\_\_\_

Total amount of municipal waste produced: \_\_\_\_\_ pounds per year

Current medical waste disposal method: \_\_\_\_ on-site incinerator; \_\_\_\_ contracted hauler; \_\_\_\_ on-site treatment (specify) \_\_\_\_\_ ; other (specify) \_\_\_\_\_

Do you have a contract in place? \_\_\_\_yes \_\_\_\_no Expiration date of contract: \_\_\_\_\_

Who is the manufacturer of your sharps containers? \_\_\_\_\_

How do you dispose of sharps and sharps containers? \_\_\_\_\_

TOTAL annual costs incurred:

Dispose of medical waste? \$ \_\_\_\_\_

Sharps and sharps containers? \$ \_\_\_\_\_

Internal labor for handling medical waste for packaging, labeling, special hauling or processing \$ \_\_\_\_\_

Liability insurance, landfill inspection costs, etc.: \$ \_\_\_\_\_

Frequency in which medical waste is removed from your facility: \_\_\_\_\_ times per \_\_\_\_\_

How do you store the medical waste until it is removed? \_\_\_\_ refrigerated storage; \_\_\_\_ trailer at loading dock; \_\_\_\_ storage room; \_\_\_\_ outside storage shed; \_\_\_\_ other (specify) \_\_\_\_\_

Once it is collected, how long is waste stored at your facility? \_\_\_\_\_

Who collects the waste within your facility, using how many FTEs? \_\_\_\_ housekeeping staff; \_\_\_\_ maintenance staff; \_\_\_\_ 3rd party vendor; \_\_\_\_ other (specify) \_\_\_\_\_

Does your current disposal method require any of the following? \_\_\_\_ packaging; \_\_\_\_ boxing; \_\_\_\_ labeling; \_\_\_\_ tracking; \_\_\_\_ stacking

How much time per day is devoted to waste tracking and record storage?

\_\_\_\_\_

During the past 24 months, have any fines been assessed by government or regulatory agencies as the result of medical waste mishandling or spillages? \_\_\_\_yes \_\_\_\_no

Who are the individuals (name and position) responsible for decision-making regarding the review of alternative medical waste disposal options?

If an environmentally safe on-site technology could reduce the facility's medical waste processing cost, would your organization pursue such an opportunity? \_\_\_\_yes \_\_\_\_no If not, why?

Are there concerns or complaints regarding your current medical waste disposal Process?

If interested, who is the contact to assume the leadership role in the review process?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel.#: \_\_\_\_\_

e-mail: \_\_\_\_\_