

DRAFT

SECTION L
OPERATIONS PLAN
SARASOTA COUNTY, FLORIDA

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Solid Waste Operations
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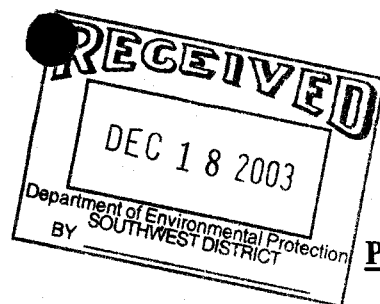
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SECTION L

OPERATIONS PLAN

L.1 TRAINING

In accordance with Rule 62-701.500(1), Florida Administrative Code (F.A.C.), key supervisory staff at the CCSWDC Landfill have received Landfill Operator Certification training. The training plan can be found in Attachment L-1. Sarasota County staff or a qualified landfill operations contractor will operate the facility. Sarasota County will require the operating entity to provide at least one trained landfill operator certified in accordance with Chapter 62-701.320(15), F.A.C. and at least one trained spotter at each working face during operation when the landfill receives waste to detect unauthorized wastes from each load.

The spotters will be responsible for guiding vehicles and promoting an efficient operation during normal operating hours. The spotters shall also be responsible for enforcing provisions for controlling the waste received. These provisions are described in Section L.2.c.

The facility will be operated in compliance with all applicable regulations governing the operation of solid waste management facilities, and surface water management facilities. Assurance that these requirements will be met is based on the County's past record of landfill operation.

In addition, the equipment operators have sufficient training and knowledge to move waste and soil, and to develop the site in accordance with the design plans and operational standards.

L.2 LANDFILL OPERATIONS PLAN

L.2.a Designation of Responsible Persons

The Central County Solid Waste Disposal Complex (CCSWDC) is owned by Sarasota County and operated under the direction of the Sarasota County Solid Waste Operations Unit. Frank Coggins, Solid Waste Operations Manager will be the designated responsible person for the operation of the CCSWDC. A list of the landfill personnel is given below:

Onyx Waste Services of Florida, Inc.:

- General Manager (1)
- Lead Equipment Operator (1)
- Equipment Operator (7)
- Laborer/Spotter (1)
- Laborer (1)
- Mechanic (1)

Sarasota County:

- Solid Waste Operations Manager (1)
- Engineer (1)
- Administrative Coordinator (2)
- Operations I Supervisor (1)
- Environmental Services Inspector (2)
- Environmental Specialist (1)
- Equipment Operator III (4)

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L.2.b Contingency Operations for Emergencies

L.2.b.1 Emergency Provisions

Emergency conditions at the landfill site may occur as a result of a natural disaster (hurricane, tornado, flooding, etc.) or fire. In the event emergency conditions will interrupt operations at the facility, the contingency plan will be implemented (see Attachment L-2) and as follows: Refuse is not normally delivered to the site during emergency conditions; however, should a major storm occur, the following actions shall be taken:

- Daily cover shall be applied to all exposed refuse before a major storm arrives, if possible.
- All landfill equipment shall be parked near any natural wind screens such as earthen mounds and berms.
- All lightweight signs and equipment shall be secured.
- When operation resumes, work shall commence in dry areas only (up from the active face). Refuse shall not be deposited in standing water.
- Contract agreements with local contractors, equipment suppliers, or cooperative lending agreements with other County departments will be pursued for backup equipment, if necessary.

Small fires on the working face will be controlled by a bulldozer, landfill compactor and a water wagon and ample cover material to extinguish the fire. On-site stockpiles of soil cover material will always be available for suppressing fires. In the event an uncontrollable fire does

occur at the landfill site, the Nokomis Fire Department will be contacted. The Nokomis Fire Department presently maintains a fire station at 111 Pavonia Road in Nokomis, approximately 7.5 miles from the proposed facility. This station has equipment capable of drafting water from surface sources.

The large stormwater retention basins adjacent to the landfill will serve as the water source for fire fighting purposes. In the event of a fire or other emergency, the solid waste operations manager or his designee will notify the FDEP within twenty-four (24) hours by telephone and within seven (7) days a written report will be submitted describing the origins of the emergency, actions taken, result of the actions taken, and an analysis of the success or failure of the actions.

A hot load area will be provided in a location away from the working face to allow vehicles arriving at the landfill with a fire in their load to dump quickly in an area where the material can be spread out and quickly covered with soil. The location of the hot load area will change from time to time with the changing working face locations. Hot loads will not be dumped on the working face until sufficiently cool to avoid combustion.

As described in Sections L.11.a. and L.11.b., the Contractor will provide adequate equipment on-site to ensure proper operation of the landfill and for excavating, spreading, compacting and covering waste. As part of an agreement with a maintenance contractor, the Contractor will receive loaner equipment within forty-eight (48) hours of equipment breakdown, if required. These basic emergency procedures should protect the landfill and equipment, and allow re-activation of the operation in an orderly and timely manner.

In case of an accidental spill of oil, fuel, leachate, or chemicals, the spill will be minimized by controlling the source immediately (e.g., by closing valve, turning-off switch, or taking any other necessary action). The affected area will be controlled by diverting vehicular traffic. Runoff from the affected area will be controlled by building a berm, plugging drain or ditch, or adding absorbent material. The affected area will be cleaned, and the effectiveness of the cleanup confirmed by sampling, as needed depending on the nature of the spilled material. For spill countermeasures of secondary containment at the Leachate Holding Tank refer to Section L.2.h.2, Leachate Management System.

L.2.b.2 Wet Weather Operations

Steps to be taken for accommodating wet weather solid waste disposal include: 1) set-aside elevated tipping areas with limestone or shell approaches or other acceptable base material as needed to allow uninhibited vehicular movement, 2) set-aside elevated sandy cover material, and 3) erect stormwater-containment berms around wet weather tipping area in accordance with Section L.2.h.3.

In order to avoid an excessive accumulation of standing water in the area of the working face, a small area of daily cover will be removed by grading to allow direct percolation to the

underlying refuse and leachate collection system. Pumping equipment is available onsite, if required.

L.2.c Controlling the Type of Waste Received at the Site

The automated accounting system, clerks at the scalehouse, and the site security fence help discourage unauthorized entry and ~~uncontrolled~~ disposal of unauthorized waste. A sign located at the entrance states the general regulations including the types of prohibited solid waste.

A trained spotter at the working face will visually inspect the waste as it is deposited. If unauthorized special waste (i.e., lead-acid batteries, used oil, yard trash, white goods, and whole tires) is found at the working face, as part of routine operations, the waste would be segregated and removed for recycling, as described in Attachment L-13.

Unauthorized special wastes such as white goods and recyclable materials are accepted for staging at the CCSWDC. These materials shall be stored in designated areas as shown on Figure L-1 in Attachment L-3. During the day electronic products that are discovered at the working face for recycling will be removed and stored in a ~~trailereker~~ within the active working area (bermed area). At the end of the day, at a minimum, the electronic products will be transported directly to the Electronics Product storage area located as shown on Figure L-1. Electronic wastes recovered for recycling shall be stored in an undamaged condition and records for all quantities received by each recycler shall be kept along with the receipts with the name and address of each recycler. The recovered electronic waste that has been damaged and will not be recycled must be characterized and disposed of properly (Class I Landfill or HHW collection center.) ~~This storage area is a 40 foot by 35 foot concrete slab. The electronic products will be covered with a rainproof tarp at all times except when addition of or removing products for offsite transport. The tarp will not be removed when it is raining or rainfall is imminent.~~ White goods shall be removed from the site semi-monthly. Refrigerated units will be stored in an upright position until all liquids, CFCs and freon are removed.

~~Other unauthorized waste such as and~~ small quantity household hazardous waste such as lead-acid batteries, fluorescent tubes, pesticides, solvents, cadmium batteries, and thermometers, which are discovered at the working face, will be removed and stored in a designated 30-foot x 45-foot covered concrete pad area adjacent to the Contractor's maintenance building located as shown in Figure L-1. This facility is only for temporary storage of material removed from the working face and is not a designated public household hazardous waste disposal facility or transfer station. These wastes will be placed on a 4-drum spill pallet. These pallets will be made up of 100 percent polyethylene with UV inhibitors and have spill reservoirs which meet the uniform fire code capacity requirements. Two pallets will be placed in the designated area. These materials will be collected each month by hazardous materials disposal companies or removed for alternate disposal or recycling. Unauthorized special wastes will be removed from the site monthly. White good shall be removed twice per month. The maximum on-site storage for special wastes will be as follows:

- 200 electronic devices on e-waste slab.

- 30 batteries in a secondary containment covered tray.
- 250 gallons of used oil in double containment (near entrance).
- 20 gallons of used oil placed upright in undamaged container (at the maintenance building).
- ~~20 cubic yards (cy) yard trash in one 20 cy roll-off container.~~
- ~~1250-625~~ white goods, and lawnmowers, will be placed upright until all liquids, CFC's, and freon are removed.

Sarasota County will accept contaminated soil for the purpose of landfilling (disposal) at CCSWDC in accordance with the criteria included in Attachment L-4. Waste tires removed from the working face will be stored in the area designated for waste tire processing facility within the CCSWDC. The location of the waste tire processing facility is shown on Figure L-1.

At least one trained spotter will be at each working face when wastes are received at the landfill. The spotters will be trained in accordance with Rule 62-701.320(15) and in accordance with the training plan described in Attachment L-1 to recognize unauthorized waste. Each load of waste will be visually inspected by the spotter as well as the equipment operators spreading the waste. The spotters and equipment operators will look for containers and other indicators of unauthorized waste. Upon detection of unauthorized waste the spotters will require the hauler to remove the material for disposal at a proper facility. If the hauler has departed, the spotter will remove the material from the working face for temporary storage at ~~the maintenance building~~ and ultimate removal from the site for proper disposal or recycling.

If any hazardous waste is detected in the load, the hauler shall be informed immediately of the violation. In the event of discovery of hazardous materials, the procedures outlined in Subparts 3, 4, 5, and 6 of Section L.6 will be followed if any prohibited wastes are discovered.

If unauthorized waste (i.e., hazardous, PCBs, untreated biomedical, or free liquid) are found at the landfill working face, the waste would be isolated and the contractor's general manager or designee would be promptly notified. The contractor's general manager or designee is trained in the proper procedure to follow including notification to the FDEP. Similarly, if suspect waste is found, the waste would be isolated, identified if possible, and the County's operation manager or designee notified. The County's operation manager or designee would prepare a suspect waste report and ensure that the waste is properly disposed. The waste load inspection form contained in Attachment L-5 is used for this purpose. Hazardous waste would be isolated and restricted from access until it is removed and properly disposed of from the CCSWDC Landfill by a licensed hazardous waste contractor. Hazardous wastes would be removed from the site within 48 hours.

Special waste such as asbestos will be accepted and managed in accordance with the requirements of 62-701.520(3), F.A.C. The asbestos waste haulers will be required to notify

the landfill contract operator in advance and provide information on the estimated volume and delivery date of the asbestos. All incoming asbestos material will be required to comply with all applicable permit conditions and be wet down and double bagged. The asbestos material will be covered with a minimum 6-inch layer of material upon disposal. The asbestos material will not be compacted. If additional asbestos deliveries are scheduled on the same day, the asbestos may remain uncovered until the end of the work day. The disposal location will be recorded in accordance with 40 C.F.R., Part 61.154, and a record of the asbestos location will be maintained.

Waste oil that is collected for the purpose of recycling is accepted at the CCSWDC near the main entrance. Waste oil is stored in a secure container until removed from the site for recycling purposes. Lawn mowers are accepted at the CCSWDC, as long as they are drained of all fluids, and are managed as white goods. After inspection for fluids, lawn mowers are stored in the white goods area until collected by the scrap metal vendor who collects the white goods. Waste oil, lawn mowers, and yard trash will be managed as described in the Landfill Recycling Plan, Attachment L-13.

The yard waste processing facility location is shown on Figure L-1. The facility is permitted under a separate yard waste processing facility registration.

L.1.dL.2.d Weighing Or Measuring Incoming Wastes

All waste entering the landfill site will be weighed. A minimum of three (3) electronic 50-ton scales are installed at the entrance facility. An Information Management System (IMS) is linked to the scales to facilitate accurate data collection and measurement of incoming materials.

L.1.eL.2.e Vehicle Traffic Control and Unloading

Directional signs will be placed to safely direct vehicles to the current waste unloading area. These signs will have large legible letters and will be cleaned when necessary. Signs will be strategically placed so that the route is clear to the drivers. Speed limit, safety, and prohibitive practice signs will be placed as necessary to encourage a safe, clean operating area. Unloading will be permitted only at the designated working face. On the fill area, temporary signs, barricades and flagged stakes will be used to direct vehicles to the proper tipping area. Haulers will be responsible for unloading their own vehicles. Wastes requiring special handling will be coordinated with and unloaded under the direct supervision of landfill contract operation personnel.

L.1.fL.2.f Method And Sequence Of Filling Waste

The overall phasing plan for the facilities is depicted on Sheet 4 of the Operations Drawings included in Attachment L-3. The layout for the Cells (designated disposal units) comprising Phase I of the Class I landfill is shown on Sheet 1. A detailed staging plan for the fill sequencing is provided on Sheets 5 through 11. The typical height for each lift is 10-15 feet.

The temporary roads and swales for access and surface water drainage will be phased in as the Phase I area is filled. The maximum width of the working face will be 200 feet. However, the landfill operations may be conducted with a working face width of less than 200 feet.

Filling in New Cell

Solid waste shall be deposited in each new cell (designated disposal unit) beginning at the south end of the landfill cell. A temporary rain cell cover composed of a reinforced flexible plastic membrane and designed for landfill applications shall be deployed over portions of the landfill cell to collect rainwater separate from the leachate. A portable "trash pump" will be used at the north end (low end) of the cell to pump accumulated rainwater from off the top of the new cell cover to the stormwater system or to the adjacent unused landfill cell.

The first lift will start at the southern end of the cell. The lift will progress to the north across the entire width of the landfill cell. The working face will primarily move in an east/west direction across the width of the landfill cell. Selected solid waste loads consisting of solid waste containing no rigid objects will be used for the first lift, and it will be filled to an elevation of approximately 37.0.

The method of waste disposal for each lift is described as follows. All incoming solid waste will be directed to the working face and placed against the side slope of the previous day's refuse. The first row of waste in a new lift will be placed against the toe of a containment berm to provide a guide for the placement of refuse for the remaining rows. A slope of not more than 3 to 1 will be maintained. The working face shall be less than 200 ft. wide. A maneuvering area shall be provided for large private and commercial vehicles.

Solid waste will be placed at the working face and spread in 2-foot layers. The spreading of refuse will be a continuous operation.

In compliance with 62-701.500(10), F.A.C., the stormwater management systems will be operated and maintained as necessary to meet applicable standards of Chapters 62-701, 62-302, and 62-25, F.A.C. The stormwater management system at CCSWDC Class I landfill is designed to avoid mixing of stormwater with leachate. Stormwater or other surface water which comes into contact with the landfilled solid waste or mixes with leachate will be considered leachate and subjected to applicable requirements.

The filling of each lined cell within the Phase I area will follow the sequence outlined below: (Refer to Sheet 3 of the Operation Drawings, Attachment L-3)

The cell area initially will be filled with an 8 to 15 ft. lift to bring the cover grade 1-2 feet higher than the cell's lined external containment berms to promote stormwater runoff.

Filling of each cell shall generally progress from the south end of the cell to the north end while providing a slope on the cover as shown on the Operation Drawings towards the side of the lift

~~closest to the external perimeter of the landfill operation.~~ Only select waste containing no rigid materials shall be used the first 4-ft. of the initial lift in a cell.

Subsequent lifts shall be added to the extent possible before removing the rain cover to open new cell area.

New cell areas shall be opened once insufficient room exists for the next lift. A minimum of 200 ft. width should be provided for a working lift area.

The surface runoff from unused portions of cells shall be directed away from solid waste by grading and using temporary cell covers.

Areas on the top and sides of each lift shall be adequately covered and stabilized to maximize surface runoff away from the bermed, sloped working area and towards the stormwater drainage areas to minimize leachate generation, as shown on Operation Drawings and Figures in Attachment L-3. Intermediate cover shall be applied to internal top and side slopes and completed external slopes within seven (7) days if the area will not receive more waste within 180 days. A two percent minimum slope shall be used on top of a lift. Intermediate covered areas that will not be landfilled or covered with final cover within 6 months will be sodded (external slopes) or seeded and mulched (internal and top slopes) to avoid slope erosion. The areas inside the bermed working area will be contained as leachate. Efficient use of these techniques will decrease leachate volumes.

L.1.gL.2.g Waste Compaction And Application Of Cover

Cover material for daily operations of the landfills will be obtained from the designated stockpile area and compost generated from yard waste recycling. Compost used with soil for cover material shall be free of waste. This material will be deposited in the stockpile area location shown on Figure L-1. The designated stockpile area will result in a stockpile no higher than 25-feet with 3:1 side slopes in order to minimize erosion. Additional borrow areas will be excavated and placed within the stockpile limits during the operational life of the facility. A silt fence will be installed at the stockpile area and side slopes grassed to further reduce and control erosion.

Waste shall be spread in layers of approximately two feet thick on the working face and compacted to approximately one foot in thickness before application of the next layer. The solid waste will be compacted with a minimum of three to five passes of a compactor. Initial, intermediate and final cover will be applied as detailed in Sections L.2.f, L.7.f, L.7.g and L.7.h., of this operations plan.

L.1.hL.2.h Operations Of Gas, Leachate, And Stormwater Controls

L.2.h.1 Landfill Gas System

The CCSWDC is located near the center of a 6,000-acre site. The minimum distance from the Class I landfill to the nearest property line is 1,800 feet. This distance represent a substantial buffer to allow for dispersion of odors normally associated with MSW landfill operations. Therefore, it is not anticipated that collection of landfill gas will be necessary for odor control. The landfill gas monitoring plan is described in Section L.9 - Gas Monitoring Program.

In order to comply with air quality requirements, a Non-Methane Organic Compound (NMOC) emission report will be submitted to the implementing authority on an annual basis following the requirements of New Source Performance Standards (NSPS). Within twelve (12) months after reporting NMOC emission greater than or equal to 50 Mg/year (megagram per year), a detailed landfill gas collection and control system design plan submittal shall be made to the NSPS implementing agency. Within eighteen (18) months after this submittal, the installation of the landfill gas collection and control system shall be completed. Based on Tier 2 sampling and model projections, this landfill is not expected to exceed the threshold until after 2005 when a new Tier 2 analysis will be required. At a minimum, a landfill gas management system design will be developed to coincide with the initial closure construction for Phase I of the landfill.

Separate from the requirements of the NSPS, passive flares may be utilized on site to combust landfill gas from leachate collection and removal system cleanouts and pump stations, or passive vents installed within the waste mass. The flares will include a solar-powered ignition system that provides a spark at regular intervals. The flares shall be Landfill Service Corporation (formerly Landfill Technologies, Inc.) model CF-5, or similar. The flares are intended to minimize the potential for odors by combusting landfill gas that may accumulate in leachate collection and removal system pipes, or vent from passive vents. Figure L-5 provides a typical detail for installation of a passive flare connected to a leachate collection system cleanout.

L.1.a.2L.2.h.2 Leachate Management System

Collection System

The Class I landfill leachate collection system consists of a geonet drainage layer and perforated collection pipe above the liner system to collect and convey leachate. The leachate conveyed to sumps will be pumped to a leachate holding tank onsite. The leachate collection piping system consists of 8-inch perforated polyethylene pipe sloped in such a manner that leachate flowing through the solid waste of the landfill will be collected and transported by gravity to a sump and leachate pump. The discharge line from the sump pump connects to a HDPE header line via a valve vault. Provisions for sampling the leachate as well as monitoring flows and pressure are provided in the valve vault (as shown in Attachment L-3). Any stormwater accumulated in an un-used cell will be pumped out from the collection system to the stormwater system prior to receiving solid wastes by using the valves provided.

Immediately prior to solid waste being deposited into a new landfill cell, the related valve from its leachate pump to the stormwater system shall be closed.

Leachate Disposal System: General Description

Leachate that is generated from the landfill cells will be pumped via the submersible sump pumps located in each cell to a 1,800,000 gallon storage tank. The leachate accumulating in the storage tank will be removed using leachate transfer pumps and discharged to tanker trucks for transport to an off-site wastewater treatment plant (WWTP).

The primary disposal location for CCSWDC leachate is the Bee Ridge WWTP and secondary disposal location is the Central County Utilities Water Reclamation (for facility commitment letter see Attachment L-6). CCSWDC may use other off-site secondary facilities for the treatment or disposal of leachate however will notify FDEP of the change prior to use. Another potential future leachate disposal option includes the installation of a leachate discharge pipeline from CCSWDC to a WWTP or disposal facility. In accordance with FDEP requirements, a construction permit would be obtained prior to implementing this option.

The following information provides a description of the above ground leachate storage tank in accordance with the requirements of 62-701.400(6)(c).

The leachate storage tank has a total capacity of 1.8 million gallons. The exposed plan area of the secondary containment system surrounding the leachate storage tank is 5,419 square feet. This will allow only 27,000 gallons of water to accumulate after an 8-inch rainfall event. All liquid accumulating in the secondary containment system will be tested for specific conductance. Specific conductance of the stormwater in the secondary containment shall not be more than 50-percent above the specific conductance of water in the nearest downstream stormwater pond (Stormwater Pond No. 6) or shall not exceed 1,275 $\mu\text{mhos/cm}$, whichever is greater. If the specific conductance is greater than these criteria or if a visible sheen is present, then the stormwater will be pumped directly into the leachate storage tanks and managed as leachate.

A log of discharges from the secondary containment system will be maintained. The date, specific conductance measurements and visual sheen observations shall be recorded.

An electronic water level sensor will automatically determine when the storage tank reaches capacity. The level sensor will activate an electric actuated shutoff valve in the fill line to prevent overfilling the tank. The electric actuated shutoff valve will be tested by inducing a false signal from the level sensor and confirming proper operation on a weekly schedule. The exposed tank exterior will be inspected weekly by visual observation. The inspection will include looking for leaks, corrosion or other maintenance deficiencies. This will be accomplished by inspection from platforms at the top of the 20-foot high secondary containment wall, positioned 120° apart around the circumference of the tank. The tank interior will be inspected annually when the tank is empty or at least once every three years. If any failures are detected, the tank construction company shall be contacted immediately and

appropriate repairs conducted based on the nature of the problem. Reports of the above inspections will be maintained by the County (the most recent inspection report is included as Attachment L-7).

Leachate Monitoring

A detailed plan for leachate monitoring is provided in Section M of this Permit Application.

L.2.h.3 Stormwater System

The stormwater management system for this project consists of a series of swales, culverts and detention ponds. The system is designed to comply with all of the requirements of both Chapters 62-25 F.A.C. and 40 D-4 F.A.C.

All stormwater runoff will be conveyed via a perimeter drainage ditch to detention facilities. Ditch blocks located in the perimeter ditch at strategic locations act as sediment traps and will require periodic maintenance.

The ultimate discharge of the detention facilities will be to the old slough or isolated wetlands through fixed control weirs and spreader swales.

As the filling of the waste progresses, temporary stormwater letdown structures will be installed to facilitate drainage without erosion. Temporary stormwater ~~containment~~/diversion berms shall be installed around the top perimeter of each lift and connected to the temporary letdown structures. The temporary letdowns shall be located, in the approximate locations as shown on Sheet 2 of the Operations Drawings to achieve this objective. Ponding will be deterred within these ~~containment~~ stormwater diversion berms by maintaining a minimum slope of 2% ~~pumping the water if left standing for more than one day.~~ See detail of letdown structure in Attachment L-3, Operations Drawings.

Sediment collection provided by perimeter ditches and ditch blocks will minimize siltation of the main retention areas. In addition, the active fill area(s) will be surrounded by berms to capture stormwater that comes in contact with waste and to prevent run-on and mixing with the stormwater from outside the active fill area, as shown in Figure L-6 in Attachment L-3. Stormwater collected within the berms surrounding the active fill area(s) is considered to be leachate and will be allowed to percolate into the landfill for collection by the leachate collection system or removed by pumping the water to a leachate infiltration basin ~~collection trench~~, as described on Figures L-67 and L-78 in Attachment L-3. This water may also be pumped to a leachate cleanout pipe (hand piped) as a backup to the leachate infiltration basin ~~collection trench~~. This water will be filtered through a screen on the pump intake prior to discharge to a cleanout pipe.

Operation and Maintenance Procedures

The stormwater management system for the CCSWDC consists of a variety of treatment and conveyance methods. The treatment system for the main solid waste handling and disposal areas includes seven wet detention basins. Conveyance to these ponds is through a series of letdown structures, perimeter ditches and swales, and culverts. Stormwater collection along the entrance road is provided by the roadside swales. All portions of the stormwater system will be visually inspected by the County weekly and immediately following a storm event of 0.5 inch or greater. The inspections will identify buildup of debris, surface sheen, erosion and sedimentation, overgrown or exotic vegetation, and structural problems. Any problems identified by these inspections will be corrected within three (3) days. The wet detention basins will be inspected to estimate quantities of sediment within each pond. If the sediment occupies 30 percent of the volume below the normal pool elevation, the sediment will be removed and disposed of in the landfill. Vegetation in all portions of the conveyance systems will be removed on an as needed basis to prevent blockage.

L.2.i Groundwater Monitoring Plan

The groundwater monitoring network and the results of the background water sampling are discussed in Section M of this application. The proposed long term monitoring network for the site is also presented in Section M of this application. This plan complies with Chapter 62-701 F.A.C. Monitoring well locations are shown on Figure L-1.

L.2.j Maintaining and Cleaning Leachate Collection System

Leachate collection system maintenance will include daily inspection of all leachate pump control panels. All running data will be recorded and checked for irregularities. Pumps are pulled and checked for operational parameters at least once every two years. An example leachate pump data form is provided in Attachment L-8. The leachate collection system will be cleaned and inspected as described in part L.8.h of this Operations Plan.

L.3 LANDFILL OPERATION RECORD

The Administrative office located adjacent to the scale facilities at the entrance of the CCSWDC is shown on Figure L-1. The office will include facilities for employees including a training/meeting room, sanitary facilities, and first aid equipment. Similar additional facilities are located at the Equipment Maintenance building. Files will be located in the Administrative office to contain the operating record for the facilities as required by regulatory agencies/permits. The Laboratory Certification are included in the plan as Attachment L-9. Items which shall be stored in the operation record include:

- This Operations Plan.
- All Permits for the facility.

- All Records and drawings used for developing permit applications.
- All monitoring information calibration and maintenance records copies of reports required by permit (maintained for at least 10 years).
- Background water quality records.
- Annual estimates of the remaining life of the constructed landfill and other permitted landfill areas.
- All Monthly waste records which shall include tonnages received for Class I, C&D, yard waste and recyclables.
- Asbestos location records.
- All Monitoring reports for groundwater, stormwater, leachate and landfill gas.
- Waste tire processing records.
- Copies of all notifications required by 62-701 F.A.C.
- On-site precipitation record.
- DEP inspection reports.
- Load checking reports.
- Leachate storage tank inspection reports
- All Training verifications.
- All Other reports related to the design, operation, monitoring or permitting for the facilities.

L.4 LANDFILL WASTE REPORTS

Each month, a summary report of waste tonnage received for Class I waste, C&D debris, yard waste, and recyclables will be compiled. Copies of the monthly report will be submitted to FDEP quarterly or upon request.

L.5 EFFECTIVE BARRIER/ACCESS CONTROL

Access control at CCSWDC includes a perimeter fence with a locking access gate at the scalehouse, which is the only entrance/exit for the facility. The access gate normally will be kept open during hours of operations and an attendant will be at the scalehouse during those times. When CCSWDC is not in operation, this access gate normally will be kept closed and locked.

L.6 LOAD CHECKING PROGRAM

At least three random loads of Class I Municipal Solid Waste (MSW) delivered to the landfill each week will be examined in accordance with the following procedure:

Mechanism For Inspections

- (1) Specific locations within the active landfill cell are to be dedicated to load examination. The areas should be relatively free from extraneous debris and capable of maintaining isolation of the material for one calendar week.
- (2) The inspection of the load shall be controlled by a Contract Operator employee. Training of contract personnel shall continue on an ongoing basis. In accordance with Rule 62-701.500(6)(a), FAC, a minimum of three random loads will be checked at the active working face(s) each week. The selected driver will be directed to discharge his/her load at a designated location adjacent to the working face. If any unauthorized special waste (i.e., lead-acid batteries, used oil, yard trash, white goods, and whole tires) is found by the random inspection, or as part of routine operations, the waste will be segregated and removed from the site for recycling as described in Section L.2.c. These special wastes will be stored ~~adjacent to the working face~~ as described in Section L.2.c. and removed from the site within 30 days.
- (3) The inspection form (see Attachment L-5) shall be filled out and signed off by the inspector. The inspector will identify and note all unauthorized waste found during the random load inspection, estimated quantity, and the action taken. The inspector will sign the inspection form that will be retained at the CCSWDC. It shall be the County's responsibility to file/store/distribute the reports.
- (4) The Sarasota County Solid Waste Operations Unit or the Solid Waste's Hazardous Waste Section will investigate violations found during the inspection process. The Contract Operator will attempt to remove or clean-up the disposed materials. If Contract Operator is unsuccessful, Solid Waste will remove or clean-up the disposed materials.

- (5) Violations involving hazardous waste dumping shall be handled by the Solid Waste's Hazardous Waste Section. Every attempt shall be exhausted to place responsibility on the generator relative to having the hazardous waste in question removed from the landfill at the expense of the generator. In the event that generator responsibility cannot be determined and that the waste appears to be from a commercial source, it shall be the County's responsibility to segregate and secure the waste and pay all costs relative to safely disposing of said waste.
- (6) A list of offenders shall be compiled by the Solid Waste's Hazardous Waste Section and the list shall be provided to the County with updates on a periodic basis.

L.7 PROCEDURES FOR SPREADING AND COMPACTING WASTE AT THE LANDFILL

The following guidelines will provide an efficient and environmentally sound method of operation for the CCSWDC.

- Portable litter fencing will be placed at the working face where needed to reduce windblown litter.
- Cracks or eroded sections in the surface of any filled and covered area will be repaired and a regular maintenance program will be followed to eliminate pockets or depressions that may develop as waste settles.
- If 12 inches of intermediate cover (free of waste) has been placed over a partially filled area, it will be removed, reused, and stockpiled for later use prior to the placement of a new lift.
- Tire chips, tarps, soil, or a mixture of soil/mulch may be used for initial cover. Stormwater runoff will not be allowed from waste filled areas covered with tire chips or tarp. Runoff from outside of the bermed working face area will be considered stormwater only if the flow passes over areas that have no exposed waste and have been adequately covered with at least 6 inches of compacted soil (or a mixture of soil/mulch), free of waste and stabilized to control erosion.
- Sufficient cover material will be stockpiled near the working face to provide an adequate supply for initial cover operations. In some areas, daily stockpiling may not be necessary because of the proximity of the borrow area.

L.1.aL.7.a Waste Layer Thickness and Compaction Frequencies

Waste shall be spread in layers of approximately two feet thick on the working face and compacted to approximately one foot in thickness before application of the next layer. The solid waste will be compacted with a minimum of three to five passes of a compactor.

L.1.bL.7.b First Layer of Waste

Selected solid waste loads consisting of solid waste containing no large rigid objects shall be used for at least the first four feet of the first lift of a new cell in order to protect the liner and leachate collection system. This first lift must be a minimum of four feet thickness and be filled to an elevation of at least 37.0 NGVD in order to promote shedding of stormwater. Waste shall be deposited at the inside toe of the cell's lined external containment berm on the south end of the cell and spread to the north. No solid waste shall be placed beyond the litter fences. For the initial lift, hauling vehicles will reach the working face by traveling on top of the previously deposited waste and depositing the loads at the top of the working face. The fill will be spread and compacted "down slope" to prevent vehicles from traveling on the protective sand layer. Also see Section L.2.f. in this Operations Plan.

L.1.eL.7.c Slopes, Side Grades and Lift Height

The typical height for each lift is 10-15 feet. All incoming solid waste will be directed to the working face and placed against the toe of the side slope of the previous day's refuse. The first row of waste in a new lift will be placed against the toe of the containment berm to provide a guide for the placement of refuse for the remaining rows. A maximum slope of 3 to 1 will be maintained on the working face. All top slope areas shall be sloped to drain using a 2 percent minimum slope.

L.1.dL.7.d Maximum Width of Working Face

Maximum width of the working face will be 200 feet. This will provide a sufficient area for maneuvering large private and commercial vehicles, as well as minimize the exposed area and unnecessary use of cover material.

L.1.eL.7.e Initial Cover

For the Class I landfill, a minimum of six inches of compacted initial cover consisting of native sandy soils, top soil, soil, yard waste compost mixture, shredded tires, or other FDEP approved initial cover will be applied to the top of the lift and to the working face at the end of each day. Attachment L-10 provides a description and specification for initial cover materials previously approved for this facility. A 2-inch layer of shredded yard waste may be applied when needed to the initial cover to minimize erosion during rainy weather. The application of initial cover over the landfilled waste will assure control of disease vector breeding/animal attraction, odors, waste combustion (fire), blowing litter, and moisture infiltration.

The initial cover material will be spread over the exposed waste and, with the exception of tarps, compacted by the equipment used to spread the cover (likely a bulldozer or scraper). The initial cover material will not be removed prior to placement of successive lifts of waste, with the exception of tarps, which would be removed prior to placement of successive lifts. Any remaining litter and cleanings from equipment will be placed at the bottom of the completed cell and covered.

Before moving the working face between landfills (i.e., monthly), the area that will remain inactive will be covered with compacted cover (free of waste), soil or a mixture of 50 percent unscreened wood mulch and 50 percent soil, with sufficient thickness (minimum 6-inches) to prevent erosion and the mixing of leachate with stormwater.

L.1.fL.7.f Application of Initial Cover

Initial cover will be applied at the end of each working day, except when solid waste will be placed on the working face within 18 hours, and a temporary cover such as a tarpaulin is used to cover the working face.

L.1.gL.7.g Intermediate Cover

Intermediate cover consisting of at least 1 foot of compacted native sandy soils or composted yard trash screened through ½-inch mesh mixed with 25 percent soil, by volume, will be applied within 7 days if final cover or an additional lift is not to be applied within 180 days. Intermediate covered areas that will not be landfilled or covered with final cover within 6 months will be sodded (external slopes) or seeded and mulched (internal and top slopes) to avoid slope erosion. Also see Section L.2.f. in this Operation Plan.

To conserve the intermediate cover material, a portion of the intermediate cover will be removed immediately before placement of additional solid waste on top of the lift or before placement of additional waste. The intermediate cover material (free of waste) will be stripped and reused as intermediate cover material. The stripped intermediate cover will be pushed ahead as needed for the perimeter ~~intereceptor~~ containment berms constructed around the active working face area. The intermediate cover areas will be graded to promote drainage (minimum 2 percent slope) and seeded to prevent erosion.

L.1.hL.7.h Final Cover

Following the receipt of a closure permit, final cover will be applied to the Class I landfill on the completed portions of Phase 1 of the landfill operation. The perimeter sides of all completed cells will have a slope of 3:1.

The cap and final cover will consist of a geomembrane layer that complies with Department rules and 24 inches of local common soil of which upper 6-inches will be capable of supporting vegetative cover.

L.1.iL.7.i Scavenging and Salvaging Control Devices

Scavenging and salvaging is not allowed on the working face at CCSWDC. In the event spotters working in this area observe scavenging or salvaging activities on the working face, the landfill manager will be notified.

L.1.jL.7.j Litter Control Devices

Litter will be controlled by requiring covered loads, efficient unloading and cover operations, litter fences, perimeter fencing, and by routine clean-up. Litter outside the working area will be picked up within twenty-four (24) hours.

A small litter fence will be placed at the limit of each landfill cell area as shown in Figure L-2 for the full length of the active working area of the cell.

L.1.kL.7.k Erosion Control Procedures

Erosion control procedures at CCSWDC mainly consist of stormwater management for active cell areas and in areas surrounding the landfill cells. Stormwater management for unused portions of active cells is achieved by applying rain covers to the cell to divert stormwater from these unused areas away from the working face. Stormwater management for used portions of active cells, whereby initial cover or intermediate over the waste has been placed in accordance with FDEP requirements, is achieved by:

- Grading the waste-in-place with a minimum 2% slope and adequately covering the waste to divert stormwater away from the working face.
- Use of terraces and letdown pipes, see Operation Drawings in Attachment L-3.
- Maintaining internal and external berms, see Figure L-6 in Attachment L-3.

Of critical importance will be maintaining the stormwater management system during the filling sequence. As each lift is constructed, temporary stormwater diversion berms will be constructed, as shown on Figure L-6 in Attachment L-3.

~~An Interceptor~~ A containment berm will isolate the working face from the remaining covered areas. Stormwater which accumulates behind the ~~interceptor~~ containment berm in the area of the working face is leachate and will be retained and allowed to percolate into the landfill where it will eventually be collected in the leachate collection system.

Other berms will divert stormwater from top slopes to let down structures and will serve as erosion control to protect recent covered side slopes. These external berms will be sodded to prevent erosion and will be directly connected to the temporary letdown structures to facilitate proper management of stormwater runoff.

Sediments which reach the perimeter ditch (shown on Sheet 3 of the Operation Drawings, Attachment L-3) will collect behind the ditch blocks and will require periodic removal. Within 30 days after applying intermediate cover to side slopes that have reached designed dimensions, sod shall be applied. As filling progresses above the first terrace, the first set of temporary letdown structures will be constructed as shown on Sheet 5 of 16 of the Operation Drawings.

This operating procedure will minimize the amount of erosion and sediment accumulation that must periodically be removed from the perimeter ditches.

Intermediately covered areas, or other areas that discharge to the stormwater management system, which exhibit significant erosion, will be repaired as follows:

- If greater than 50 percent of the soil cover material has eroded, then the area will be repaired within 7 days.
- If waste or liner is exposed, then the area will be repaired by the end of the next working day.

L.8 PROCEDURE FOR LEACHATE MANAGEMENT

L.8.a Leachate Monitoring, Sampling and Analysis

The sump pumps located in Cells 1 through 5 will operate in an automatic mode based on the liquid level in the sump. Figure L-3 shows the operation levels for the sump pumps. The pressure transducer located at the end of the pump housing accurately measures the level of liquid in the sump and provides a digital readout of this level at the control panel mounted on the valve box at the top of the each cell's lined external containment berm. As shown on Figure L-3, the high water alarm will result if leachate levels rise to cause 12 inches of head on the liner system adjacent to the sump area.

Two additional pump units will be provided for backup. This allows for removal of each pump on a regularly scheduled basis to perform preventative maintenance. When a sump pump is removed for scheduled maintenance, a spare pump will be reinstalled immediately while the maintenance is being performed. Each pump will receive preventive maintenance in accordance with the manufacturer's recommendations at a frequency based on run time.

Additional details on leachate sampling location, sampling and analysis schedule, and data submission is provided in the Groundwater Monitoring Plan Addendum, Section M.

L.1.bL.8.b Leachate Collection and Removal System

The Class I landfill leachate collection system consists of a geonet drainage layer and perforated collection pipe above the liner system to collect and convey leachate. The leachate conveyed to sumps will be pumped to a leachate holding tank onsite. The leachate collection piping system consists of 8-inch perforated polyethylene pipe sloped in such a manner that leachate flowing through the solid waste of the landfill will be collected and transported by gravity to a sump and leachate pump. The discharge line from the sump pump connects to a HDPE header line via a valve vault. Provisions for sampling the leachate as well as monitoring flows and pressure are provided in the valve vault (see Sheet 14, Attachment L-3). Any stormwater accumulated in a landfill cell will be pumped from the collection system to the stormwater system prior to receiving solid wastes by opening the stormwater valve in the valve

box located at each landfill cell pump station. Immediately prior to solid waste being deposited into a new cell, the valve from its leachate pump to the stormwater system shall be closed.

Leachate generated within the landfill cells will be pumped via the submersible sump pumps located in each cell to a 1,800,000 gallon storage tank. Leachate that accumulates in the storage tank will be transferred, to tanker trucks using leachate transfer pumps and transported to an offsite wastewater treatment plant (WWTP).

L.1.eL.8.c If Leachate Becomes Regulated As Hazardous Waste

Sarasota County will evaluate options for pretreating the leachate and alternate disposal if it becomes regulated as a hazardous waste.

L.1.dL.8.d Off-site Treatment of Leachate

The primary disposal location for CCSWDC leachate and alternate disposal is the Bee Ridge WWTP with secondary disposal location at the Central County Utilities Water Reclamation (see Attachment L-6 for facility commitment letter). CCSWDC may use other secondary facilities for the offsite treatment or disposal of leachate; however, the County will notify FDEP of the change prior to use.

The CCSWDC will dispose of leachate at the primary treatment location provided the leachate meets the disposal quality requirements. Should leachate quality change such that it is no longer acceptable at the primary treatment location, the CCSWDC will dispose of leachate at the secondary facility.

L.1.eL.8.e Contingency Plan for Leachate Management

Should one of the following events occur, the leachate contingency management plan shall be implemented.

- Any mechanical failure of the leachate management system that would prevent operation of the landfill leachate collection system pumps or the leachate transfer pumps for more than three (3) consecutive days.
- Liquid accumulation in the holding tank leak detection system in amounts greater than expected from rainfall.
- Rise of leachate levels inside the holding tank greater than 52.6 (high water alarm elevation represented by 31 foot mark on the external tank gauge).

Implementation of the contingency plan includes the following actions.

- (1) The landfill manager shall notify the FDEP (within twenty-four (24) hours) and leachate disposal facilities of the emergency event.

- (2) If the problem is excess leachate in the detection system of the holding tank, remedial measures shall be taken immediately to eliminate the leak. Additional tractor trailer tanker unit or units and operators shall be called to the site to expedite transport of leachate to the receiving wastewater treatment plant. The primary holding tank shall be emptied completely, if required, to facilitate repairs.
- (3) If the problem is excessive levels of leachate in the holding tank (elevation exceeds 52.6), the maximum amount of leachate shall be diverted from the tank by increasing the number or frequency or tanker trucks hauling leachate to the primary or secondary WWTPs.
- (4) Once the problem causing the implementation of the contingency plan has been resolved to an acceptable degree, the landfill manager shall notify FDEP (within three (3) days) that the facility is ready to return to normal operating conditions.

L-1.fL.8.f Recording Quantities of Leachate Generated

A control panel for each sump pump in Cell Nos. 1 through 5 is mounted on the valve box at the top of each cell's lined external containment berm. Each control panel will be equipped with a pump hour meter.

The following information will be recorded once per operating day from each cell sump pump location.

Cell No.	_____
Flow Meter Reading	_____
Hour Meter Reading	_____
Sump Liquid Level	_____

The above information is recorded on the form provided as Attachment L-8.

L-1.gL.8.g Precipitation and Leachate Generation Rates

Rainfall for each 24-hour period measured at an official gauge located onsite will be recorded and entered onto a spreadsheet (format included in Attachment L-11) to compare precipitation to leachate generation.

L-1.hL.8.h Leachate Collection System Inspection and Cleaning

CCSWDC will conduct a video inspection of the leachate collection system at least once every five years in accordance with Rule 62-701.500 F.A.C. requirements, and cleaned as necessary. The most recent inspection of the leachate collection system at CCSWDC was completed on June 14, 2001. Leachate pumps at CCSWDC will be inspected for operation failures at least daily. Control panels will be inspected and operational data recorded as described in L.8.f.

L.9 GAS MONITORING PROGRAM

A gas monitoring program will be implemented to prevent explosions and fires and to minimize off-site odors and damage to vegetation. The landfill gas monitoring program for CCSWDC will include monitoring of the landfill perimeter at the monitoring locations shown on Figure L-1, as well as, inside the Contractor's maintenance building, the County's Maintenance Building, and all enclosed structures at the C&D recycling facility. Monitoring shall be conducted on a quarterly basis. The outside monitoring locations (gas monitoring probes) shall consist of a monitor probe as shown on Figure L-4.

The gas monitoring locations shall include four (4) gas monitoring probes as described above and numbered GP-1, GP-2, GP-3 and GP-7 and six (6) gas monitoring locations GM-1, GM-2, GM-3, GM-4, GM-5 and GM-7 in structures as shown on Figure L-1. Low areas, base boards, floor drains, and floor mounted cabinets shall be monitored inside the structures. Other structures on the site are not monitored because the great distance from the landfill (over 3,400 feet), and the shallow groundwater table (5-7 feet below surface) at the site would cause any migrating gas, if it existed, to purge to the atmosphere before it would travel to these structures through the ground. Also, there are no connections via conduit pipes, etc. between these structures and the landfill area.

The monitoring will be conducted for the Lower Explosive Limit (LEL) of methane. A Gasman II CEA Instruments or an equivalent unit will be used. No purging of the probe shall be allowed. Once the meter is connected to the sampling port, the valve shall be opened and the meter pump shall be engaged and meter reading observed. The highest value observed is recorded as well as the steady state value observed.

If the LEL is greater than 25 percent inside any monitor location probe, a temporary monitor probe shall be established 50 feet from the monitor location in the opposite direction from the landfill. The temporary monitor probe shall be of the design as shown in Figure L-4. The temporary monitor probe will be monitored on a monthly basis for at least one quarter and until the temporary monitor station records zero percent LEL and the monitor location probe records less than 25 percent LEL. If the LEL is greater than 25 percent inside the structures, or equal to, or greater than 100 percent at any monitor probe, the landfill operator will submit to the FDEP within seven (7) days a remediation plan detailing the nature and extent of the problem and the proposed remedy. The remedy will be completed/ implemented within sixty (60) days of the detection unless otherwise approved by the FDEP.

L.10 STORMWATER MANAGEMENT SYSTEM

The landfill stormwater management system for CCSWDC is discussed in Section L.2.h.(3) - Stormwater System.

L.11 EQUIPMENT AND OPERATION FEATURE REQUIREMENTS

L.11.a Adequate In-Service Equipment

Equipment proposed for the CCSWDC will include the equipment listed in Table L-1. The exact equipment complement may vary from time to time and additional equipment will be acquired if needed. Two roll-off containers will be placed in the yard waste compost area and the other at the Class I landfill area.

TABLE L-1. EQUIPMENT USED AT THE CCSWDC

NUMBER	EQUIPMENT
1	Bulldozers
2	Compactors
1	Dump Truck
1	Front-end Loader
1	Graders
1	Hydraulic Excavator
1	Water Truck
1	Fuel Truck
2	Pick-up Truck
2	UD Gators
3	Roll-off Containers
1	Compressor
1	Pressure Washer
1	Welder

Emergency Electrical Generation Equipment is of adequate size to assure complete operation of the Leachate Disposal and Collection Systems.

L.1.bL.11.b Reserve Equipment

Cooperative lending agreements with the Contract Operator's company and standing agreements with local equipment suppliers will provide a means for procuring additional back-up equipment.

L.1.cL.11.c Communication Facilities

A telephone will be available at the scale house and the maintenance/administration building. Radios and other communication devices will be in select landfill equipment to provide safe conditions for landfill personnel.

L-1.dL.11.d Dust Control Methods

Dust from unpaved haul roads and construction areas within the Class I landfill area will be controlled through the use of a water spray truck. An alternate dust control measure that may be used in active cells of the Class I landfill area is leachate reuse (see Attachment L-12 for FDEP approval letter). This reuse of leachate involves spraying small quantities of leachate from a spray bar mounted on the rear of a tank truck onto active fill areas of the landfill. The landfill operation crew will monitor the rate of leachate application, soil moisture conditions, and the specific landfill areas used to prevent the generation of leachate runoff. Leachate will only be applied under the following conditions.

- Leachate may only be sprayed on active, bermed fill areas, including the working face, and areas with the required six (6) inches of initial cover.
- Leachate may not be sprayed on areas with intermediate or final cover.
- The maximum grade leachate will be sprayed on is 10H:1V slope. Areas within 150 feet of a 4H:1V or steeper side slope will not be sprayed on. At all times areas receiving leachate must be controlled to prevent run-off from entering the stormwater system.
- Leachate will not be sprayed during a rainfall event, and when the application area is in a saturated condition.
- The tank truck spray bar method maximizes evaporation. The application rate of leachate should be such that leachate does not accumulate on the landfill surface, and infiltrates quickly into the covered refuse. It is evaporation that is the main goal of this leachate disposal method, rather than recirculation of leachate.
- Leachate will not be sprayed at the end of the day on the initial cover of the working face or other areas. Spraying should be done early in the morning after any dew evaporates and continue until early afternoon or until all available areas have been utilized.

The Site Manager will record daily the gallons of leachate sprayed per this method.

If needed, dust masks will be available to personnel working in excessively dusty areas.

L-1.eL.11.e Fire Protection And Fire Fighting Facilities

Small fires on the working face will be controlled by use of dump trucks, a landfill compactor, and a bulldozer to move earth cover material over hot areas. Additionally, the water truck will be available to apply water to any fires. In the event that an uncontrollable fire does occur at the CCSWDC site, the Nokomis Fire Department will be contacted immediately. The Nokomis Fire Department is equipped with pumper trucks capable of drafting water from surface sources. In the event of a fire, the landfill operator will notify the FDEP within twenty-four

(24) hours. Within seven (7) days, a full written report on the fire will be submitted to FDEP describing the origins of the fire, the actions that were taken to deal with it, the results of the actions taken and an analysis of the success or failure of the actions.

A hot load area will be provided in a location away from the working face to allow vehicles arriving at the landfill with a fire in their load to dump quickly in an area where the material can be spread out and quickly covered with soil. The location of the hot load area will change from time to time with the changing working face locations. Hot loads will not be dumped on the working face until sufficiently cool to avoid combustion.

No chemicals will be accepted at the landfill. All waste coming through the scale house will be observed to eliminate unwanted chemicals capable of starting a fire. In the event a chemical accident does occur, the following steps will be taken:

- Call local Fire Department (911).
- Contain fire in small area until Fire Department arrives. To eliminate inhalation of potentially toxic fumes, fight fire from upwind side.
- Stay with fire until out and cover with sand.

L.1.fL.11.f Litter Control Devices

See Section L.7.j. in this Operations Plan.

L.1.gL.11.g Signs Indicating Name Of Operating Authority, Traffic Flow, Hours Of Operation, And Charges For Disposal

There is a permanent sign at the south property line along the access road to the facility identifying the Sarasota County Central County Solid Waste Disposal Facility and indicating hours of operation and charges for different types of loads. The sign indicates materials that are not accepted for disposal in the landfill. Signs indicating approach and exit routes and one-way roads are strategically placed so traffic at the landfill will move smoothly and efficiently to and from the working face area.

L.12 ALL WEATHER ACCESS ROADS

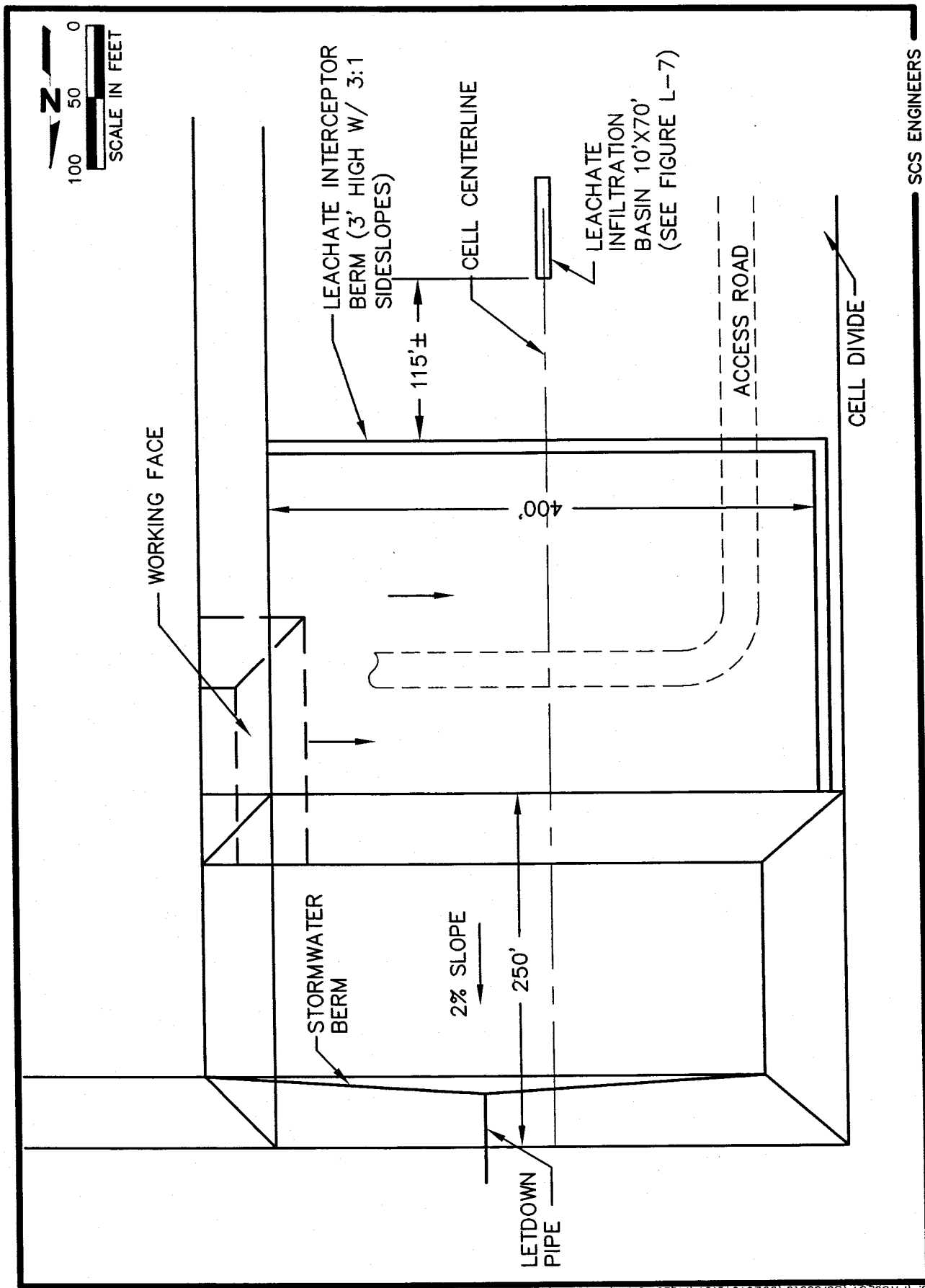
A paved entrance from Knights Trail Road terminates at the landfill perimeter roadway. In addition, paved perimeter roads around the landfill areas are shown on Sheet L-1. All weather access roads will be constructed within the Class I area to route traffic to the active working face. The all weather access roads will be constructed of earth, ground shingles, crushed rock, shell or any other stabilizing material, as appropriate.

L.13 ADDITIONAL RECORD KEEPING AND REPORTING

See Section L.3 of this Operations Plan.



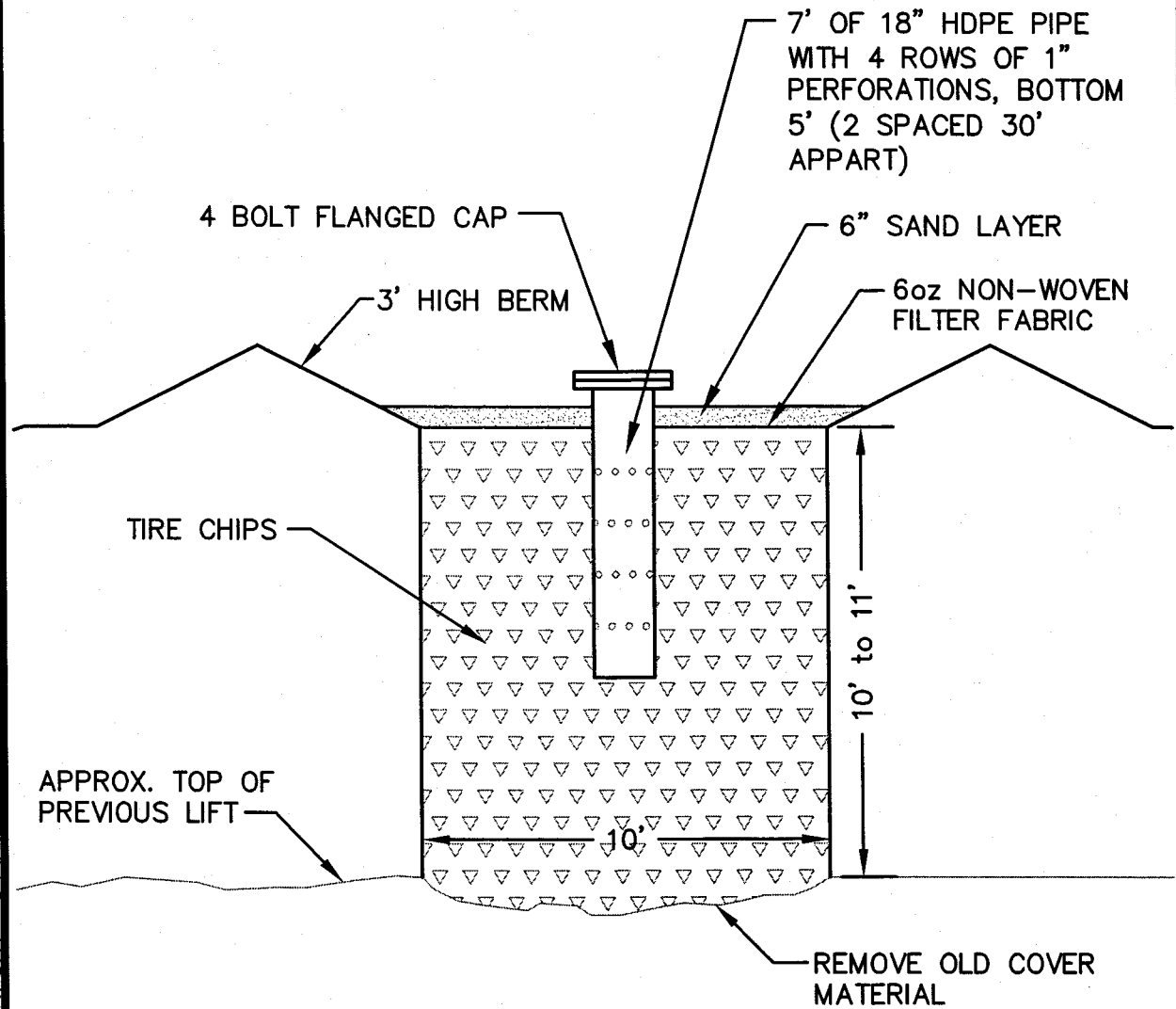
Figure L-2. Litter Fence Detail and Typical Interior Berm Low End, Central County Solid Waste Disposal Complex, Sarasota County, Florida.



SCS ENGINEERS

Figure L-6. Typical Active Working Area.

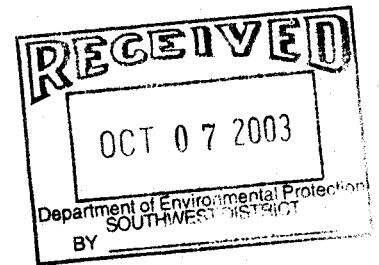
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SCS ENGINEERS

Figure L-7. Leachate Infiltration Basin Detail.

SECTION L
OPERATIONS PLAN
SARASOTA COUNTY, FLORIDA



Prepared for:

Sarasota County Environmental Services
Solid Waste Operations
4000 Knights Trail Road
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SECTION L

OPERATIONS PLAN

L.1 TRAINING

In accordance with Rule 62-701.500(1), Florida Administrative Code (F.A.C.), key supervisory staff at the CCSWDC Landfill have received Landfill Operator Certification training. The training plan can be found in Attachment L-1. Sarasota County staff or a qualified landfill operations contractor will operate the facility. Sarasota County will require the operating entity to provide at least one trained landfill operator certified in accordance with Chapter 62-701.320(15), F.A.C. and at least one trained spotter at each working face during operation when the landfill receives waste to detect unauthorized wastes from each load.

The spotters will be responsible for guiding vehicles and promoting an efficient operation during normal operating hours. The spotters shall also be responsible for enforcing provisions for controlling the waste received. These provisions are described in Section L.2.c.

The facility will be operated in compliance with all applicable regulations governing the operation of solid waste management facilities, and surface water management facilities. Assurance that these requirements will be met is based on the County's past record of landfill operation.

In addition, the equipment operators have sufficient training and knowledge to move waste and soil, and to develop the site in accordance with the design plans and operational standards.

L.2 LANDFILL OPERATIONS PLAN

L.2.a Designation of Responsible Persons

The Central County Solid Waste Disposal Complex (CCSWDC) is owned by Sarasota County and operated under the direction of the Sarasota County Solid Waste Operations Unit. ~~Gary Bennett~~, Frank Coggins, Solid Waste Operations Manager will be the designated responsible person for the operation of the CCSWDC. A list of the landfill personnel is given below:

Onyx Waste Services of Florida, Inc.:

- General Manager (1)
- Lead Equipment Operator (1)
- Equipment Operator (7)
- Laborer/Spotter (1)
- Laborer (1)
- Mechanic (1)

Sarasota County:

- Solid Waste Operations Manager (1)
- Engineer (1)
- Administrative Coordinator (2)
- Operations I Supervisor (1)
- Environmental Services Inspector (12)
- Environmental Specialist (21)
- Equipment Operator III (4)

Consolidated Resource Recovery, Inc.:

- Foreman (1)
- Equipment Operator/Spotter (1)
- Equipment Operator (3)
- Laborer (1)

L.2.b Contingency Operations for Emergencies**L.2.b.1 Emergency Provisions**

Emergency conditions at the landfill site may occur as a result of a natural disaster (hurricane, tornado, flooding, etc.) or fire. In the event emergency conditions will interrupt operations at the facility, the contingency plan will be implemented (see Attachment L-2) and as follows: Refuse is not normally delivered to the site during emergency conditions; however, should a major storm occur, the following actions shall be taken:

- Daily cover shall be applied to all exposed refuse before a major storm arrives, if possible.
- All landfill equipment shall be parked near any natural wind screens such as earthen mounds and berms.
- All lightweight signs and equipment shall be secured.
- When operation resumes, work shall commence in dry areas only (up from the active face). Refuse shall not be deposited in standing water.
- Contract agreements with local contractors, equipment suppliers, or cooperative lending agreements with other County departments will be pursued for backup equipment, if necessary.

Small fires on the working face will be controlled by a bulldozer, landfill compactor and a water wagon and ample cover material to extinguish the fire. On-site stockpiles of soil cover material will always be available for suppressing fires. In the event an uncontrollable fire does

occur at the landfill site, the Nokomis Fire Department will be contacted. The Nokomis Fire Department presently maintains a fire station at 111 Pavonia Road in Nokomis, approximately 7.5 miles from the proposed facility. This station has equipment capable of drafting water from surface sources.

The large stormwater retention basins adjacent to the landfill will serve as the water source for fire fighting purposes. In the event of a fire or other emergency, the ~~landfill operator~~ solid waste operations manager or his designee will notify the FDEP within twenty-four (24) hours by telephone and within seven (7) days a written report will be submitted describing the origins of the emergency, actions taken, result of the actions taken, and an analysis of the success or failure of the actions.

A hot load area will be provided in a location away from the working face to allow vehicles arriving at the landfill with a fire in their load to dump quickly in an area where the material can be spread out and quickly covered with soil. The location of the hot load area will change from time to time with the changing working face locations. Hot loads will not be dumped on the working face until sufficiently cool to avoid combustion.

As described in Sections L.11.a. and L.11.b., the Contractor will provide adequate equipment on-site to ensure proper operation of the landfill and for excavating, spreading, compacting and covering waste. As part of an agreement with a maintenance contractor, the Contractor will receive loaner equipment within forty-eight (48) hours of equipment breakdown, if required. These basic emergency procedures should protect the landfill and equipment, and allow re-activation of the operation in an orderly and timely manner.

In case of an accidental spill of oil, fuel, leachate, or chemicals, the spill will be minimized by controlling the source immediately (e.g., by closing valve, turning-off switch, or taking any other necessary action). The affected area will be controlled by diverting vehicular traffic. Runoff from the affected area will be controlled by building a berm, plugging drain or ditch, or adding absorbent material. The affected area will be cleaned, and the effectiveness of the cleanup confirmed by sampling, as needed depending on the nature of the spilled material. For spill countermeasures of secondary containment at the Leachate Holding Tank refer to Section L.2.h.2, Leachate Management System.

L.2.b.2 Wet Weather Operations

Steps to be taken for accommodating wet weather solid waste disposal include: 1) set-aside elevated tipping areas with limestone or shell approaches or other acceptable base material as needed to allow uninhibited vehicular movement, 2) set-aside elevated sandy cover material, and 3) ~~drainage and treatment facility inspection~~ erect stormwater containment berms and maintenance. During inclement weather, private parties with small vehicles will be directed to a tipping area where a container for receiving waste will be placed on a level and stabilized surface. This container will be located within the lined area of the landfill and will be manned full-time with a spotter when vehicles are allowed to use this location. When not in use, the container will be removed or access will be prohibited by barricades or other measures. The

container shall be emptied at the working face or covered at the end of each day around wet weather tipping are in accordance with Section L.2.h.3.

In order to avoid an excessive accumulation of standing water in the area of the working face a small area of daily cover will be removed by grading to allow direct percolation to the underlying refuse and leachate collection system. Pumping equipment is available onsite, if required.

L.2.c Controlling the Type of Waste Received at the Site

The CCSWDC will only accept wastes which are permitted for Class I landfills as provided in Chapter 62-701, F.A.C. Hazardous or untreated biomedical waste, as defined by the U.S. EPA and FDEP, will not be accepted at the site for disposal. All materials entering the facility must pass through the scale facility. At this point the nature of the material must be disclosed for proper charging and direction to the correct receiving facility. The automated accounting system, clerks at the scalehouse, and the site security fence help discourage unauthorized entry and uncontrolled disposal of unauthorized waste. A sign located at the entrance states the general regulations including the types of prohibited solid waste.

A trained spotter at the working face will visually inspect the waste as it is deposited. If unauthorized special waste (i.e., lead-acid batteries, used oil, yard trash, white goods, and whole tires) is found at the working face, as part of routine operations, the waste would be segregated and removed for recycling, as described in Attachment L-13.

Unauthorized special wastes such as white goods and recyclable materials are accepted for staging at the CCSWDC. These materials shall be stored in designated areas as shown on Figure L-1 in Attachment L-3. During the day electronic products that are discovered at the working face will be removed and stored in a tracker within the active working area (bermed area). At the end of the day, at a minimum, the electronic products will be transported directly to the Electronics Product storage area located as shown on Figure L-1. This storage area is a 40 foot by 35 foot concrete slab. The electronic products will be covered with a rainproof tarp at all times except when addition of or removing products for offsite transport. The tarp will not be removed when it is raining or rainfall is imminent. White goods shall be removed from the site monthly. Refrigerated units will be stored in an upright position until all liquids, CFCs and freon are removed.

Unauthorized waste such as small quantity household hazardous waste such as lead acid batteries, fluorescent tubes, pesticides, solvents, cadmium batteries, and thermometers, which are discovered at the working face, will be removed and stored in a designated 30-foot x 45-foot covered concrete pad area adjacent to the Contractor's maintenance building located as shown in Figure L-1. This facility is only for temporary storage of material removed from the working face and is not a designated public household hazardous waste disposal facility or transfer station. These wastes will be placed on a 4-drum spill pallet. These pallets will be made up of 100 percent polyethylene with UV inhibitors and have spill reservoirs which meet the uniform fire code capacity requirements. Two pallets will be placed in the designated area.

These materials will be collected each month by hazardous materials disposal companies or removed for alternate disposal. Unauthorized special wastes will be removed from the site monthly. The maximum on-site storage for special wastes will be as follows:

- 30 batteries in a secondary containment covered tray.
- 20 gallons of used oil placed upright in undamaged container.
- 20 cubic yards (cy) yard trash in one 20 cy roll-off container.
- 1250 white goods, and lawnmowers, will be placed upright until all liquids, CFC's, and freon are removed.

Sarasota County will accept contaminated soil for the purpose of landfilling (disposal) at CCSWDC in accordance with the criteria included in Attachment L-4. Waste tires removed from the working face will be stored in the area designated for waste tire processing facility within the CCSWDC. The location of the waste tire processing facility is shown on Figure L-1.

At least one trained spotter will be at each working face when wastes are received at the landfill. The spotters will be trained in accordance with Rule 62-701.320(15) and in accordance with the training plan described in Attachment L-1 to recognize unauthorized waste. Each load of waste will be visually inspected by the spotter as well as the equipment operators spreading the waste. The spotters and equipment operators will look for containers and other indicators of unauthorized waste. Upon detection of unauthorized waste the spotters will require the hauler to remove the material for disposal at a proper facility. If the hauler has departed, the spotter will remove the material from the working face for temporary storage at the maintenance building and ultimate removal from the site for proper disposal.

If any hazardous waste is detected in the load, the hauler shall be informed immediately of the violation. In the event of discovery of hazardous materials, the procedures outlined in Subparts 3, 4, 5, and 6 of Section L.6 will be followed if any prohibited wastes are discovered.

If unauthorized waste (i.e., hazardous, PCBs, untreated biomedical, or free liquid) are found at the landfill working face, the waste would be isolated and the ~~landfill supervisor~~ contractor's general manager or designee would be promptly notified. The ~~landfill supervisor~~ contractor's general manager or designee is trained in the proper procedure to follow including notification to the FDEP. Similarly, if suspect waste is found, the waste would be isolated, identified if possible, and the ~~landfill supervisor~~ County's operation manager or designee notified. The ~~supervisor~~ County's operation manager or designee would prepare a suspect waste report and ensure that the waste is properly disposed. The waste load inspection form contained in Attachment L-5 is used for this purpose. Hazardous waste would be isolated and restricted from access until it is removed and properly disposed of from the CCSWDC Landfill by a licensed hazardous waste contractor. Hazardous wastes would be removed from the site within 48 hours.

Special waste such as asbestos will be accepted and managed in accordance with the requirements of 62-701.520(3), F.A.C. The asbestos waste haulers will be required to notify the ~~landfill operator~~ landfill contract operator in advance and provide information on the estimated volume and delivery date of the asbestos. All incoming asbestos material will be required to comply with all applicable permit conditions and be wet down and double bagged. ~~Any deliveries that do not meet these specifications will not be accepted for disposal. If adverse weather conditions prohibit access to the asbestos disposal area, then incoming asbestos deliveries will not be accepted for disposal.~~ The asbestos material will be covered with a minimum 6-inch layer of ~~cover~~ material upon disposal. The asbestos material will not be compacted. If additional asbestos deliveries are scheduled on the same day, the asbestos may remain uncovered until the end of the work day. The disposal location will be recorded in accordance with 40 C.F.R., Part 61.154, and a record of the asbestos location will be maintained.

Waste oil that is collected for the purpose of recycling is accepted at the CCSWDC near the main entrance. Waste oil is stored in a secure container until removed from the site for recycling purposes. Lawn mowers are accepted at the CCSWDC, as long as they drained of all fluids, and are managed as white goods. After inspection for fluids, lawn mowers are stored in the white goods area until collected by the scrap metal vendor who collects the white goods. Waste oil, lawn mowers, and yard trash will be managed as described in the Landfill Recycling Plan, Attachment L-13.

L.2.d Weighing Or Measuring Incoming Wastes

All waste entering the landfill site will be weighed. A minimum of three (3) electronic 50-ton scales are installed at the entrance facility. An Information Management System (IMS) is linked to the scales to facilitate accurate data collection and measurement of incoming materials.

L.2.e Vehicle Traffic Control and Unloading

Directional signs will be placed to safely direct vehicles to the current waste unloading area. These signs will have large legible letters and will be cleaned when necessary. Signs will be strategically placed so that the route is clear to the drivers. Speed limit, safety, and prohibitive practice signs will be placed as necessary to encourage a safe, clean operating area. Unloading will be permitted only at the designated working face. On the fill area, temporary signs, barricades and flagged stakes will be used to direct vehicles to the proper tipping area. Haulers will be responsible for unloading their own vehicles. Wastes requiring special handling will be coordinated with and unloaded under the direct supervision of landfill contract operation personnel.

L.2.f Method And Sequence Of Filling Waste

The overall phasing plan for the facilities is depicted on Sheet 4 of the Operations Drawings included in Attachment L-3. The layout for the Cells (designated disposal units) comprising

Phase I of the Class I landfill is shown on Sheet 1. A detailed staging plan for the fill sequencing is provided on Sheets 5 through 11. The typical height for each lift is 10-15 feet. The temporary roads and swales for access and surface water drainage will be phased in as the Phase I area is filled. The maximum width of the working face will be 200 feet. However, the landfill operations may be conducted with a working face width of less than 200 feet.

Filling in New Cell

Solid waste shall be deposited in each new cell (designated disposal unit) beginning at the south end of the landfill cell. A temporary rain cell cover composed of a reinforced flexible plastic membrane and designed for landfill applications shall be deployed over portions of the landfill cell to collect rainwater separate from the leachate. A portable "trash pump" will be used at the north end (low end) of the cell to pump accumulated rainwater from off the top of the new cell cover to the stormwater system or to the adjacent unused landfill cell.

The first lift will start at the southern end of the cell. The lift will progress to the north across the entire width of the landfill cell. The working face will primarily move in an east/west direction across the width of the landfill cell. Selected solid waste loads consisting of solid waste containing no rigid objects will be used for the first lift, and it will be filled to an elevation of approximately 37.0.

The method of waste disposal for each lift is described as follows. All incoming solid waste will be directed to the working face and placed against the side slope of the previous day's refuse. The first row of waste in a new lift will be placed against the toe of a containment berm to provide a guide for the placement of refuse for the remaining rows. A slope of not more than 3 to 1 will be maintained. The working face shall be less than 200 ft. wide. A maneuvering area shall be provided for large private and commercial vehicles.

Solid waste will be placed at the working face and spread in 2-foot layers. ~~The solid waste will be compacted with a minimum of three to five passes of a compactor.~~ The spreading of refuse will be a continuous operation.

In compliance with 62-701.500(10), F.A.C., the stormwater management systems will be operated and maintained as necessary to meet applicable standards of Chapters 62-701, 62-302, and 62-25, F.A.C. The stormwater management system at CCSWDC Class I landfill is designed to avoid mixing of stormwater with leachate. Stormwater or other surface water which comes into contact with the landfilled solid waste or mixes with leachate will be considered leachate and subjected to applicable requirements.

The filling of each lined cell within the Phase I area will follow the sequence outlined below: (Refer to Sheet 3 of the Operation Drawings, Attachment L-3)

The cell area initially will be filled with an 8 to 15 ft. lift to bring the cover grade 1-2 feet higher than the cell's lined external containment berms to promote stormwater runoff.

Filling of each cell shall generally progress from the south end of the cell to the north end while providing a slope on the cover towards the side of the lift closest to the external perimeter of the landfill operation. Only select waste containing no rigid materials shall be used the first 4-ft. of the initial lift in a cell.

Subsequent lifts shall be added to the extent possible before removing the rain cover to open new cell area.

New cell areas shall be opened once insufficient room exists for the next lift. A minimum of 200 ft. width should be provided for a working lift area.

The surface runoff from unused portions of cells shall be directed away from solid waste by grading and using temporary cell covers.

Areas on the top and sides of each lift shall be adequately covered and stabilized to maximize surface runoff away from the bermed, sloped working area and towards the stormwater drainage areas to minimize leachate ~~generation~~. generation, as shown on Operation Drawings and Figures in Attachment L-3. Intermediate cover shall be applied to internal top and side slopes and completed external slopes within seven (7) days if the area will not receive more waste within 180 days. A two percent minimum slope shall be used on top of a lift ~~when additional waste will not be placed within one year.~~ Intermediate covered areas that will not be landfilled or covered with final cover within 6 months will be sodded (external slopes) or seeded and mulched (internal and top slopes) to avoid slope erosion. The areas inside the bermed working area will be contained as leachate. Efficient use of these techniques will decrease leachate volumes.

L.2.g Waste Compaction And Application Of Cover

Cover material for daily operations of the landfills will be obtained from designated stockpile area and compost generated from yard waste recycling. Compost used with soil for cover material shall be free of waste. This material will be deposited in the stockpile area location shown on Figure L-1. The designated stockpile area will result in a stockpile no higher than 25-feet with 3:1 side slopes in order to minimize erosion. Additional borrow areas will be excavated and placed within the stockpile limits during the operational life of the facility. A silt fence will be installed at the ~~toe of the~~ stockpile area and side slopes grassed to further reduce and control erosion.

Waste shall be spread in layers of approximately two feet thick on the working face and compacted to approximately one foot in thickness before application of the next ~~layer.~~ layer. The solid waste will be compacted with a minimum of three to five passes of a compactor. Initial, intermediate and final cover will be applied as detailed in Sections L.2.f, L.7.f, L.7.g and L.7.h., of this operations plan.

L.2.h Operations Of Gas, Leachate, And Stormwater Controls

L.2.h.1 Landfill Gas System

The CCSWDC is located near the center of a 6,000-acre site. The minimum distance from the Class I landfill to the nearest property line is 1,800 feet. This distance represent a substantial buffer to allow for dispersion of odors normally associated with MSW landfill operations. Therefore, it is not anticipated that collection of landfill gas will be necessary for odor control. The landfill gas monitoring plan is described in Section L.9 - Gas Monitoring Program.

In order to comply with air quality requirements, a Non-Methane Organic Compound (NMOC) emission report will be submitted to the implementing authority on an annual basis following the requirements of New Source Performance Standards (NSPS). Within twelve (12) months after reporting NMOC emission greater than or equal to 50 Mg/year (megagram per year), a detailed landfill gas collection and control system design plan submittal shall be made to the NSPS implementing agency. Within eighteen (18) months after this submittal, the installation of the landfill gas collection and control system shall be completed. Based on Tier 2 sampling and model projections, this landfill is not expected to exceed the threshold until after 2005 when a new Tier 2 analysis will be required. At a minimum, a landfill gas management system design will be developed to coincide with the initial closure construction for Phase I of the landfill.

Separate from the requirements of the NSPS, passive flares may be utilized on site to combust landfill gas from leachate collection and removal system cleanouts and pump stations, or passive vents installed within the waste mass. The flares will include a solar-powered ignition system that provides a spark at regular intervals. The flares shall be Landfill Service Corporation (formerly Landfill Technologies, Inc.) model CF-5, or similar. The flares are intended to minimize the potential for odors by combusting landfill gas that may accumulate in leachate collection and removal system pipes, or vent from passive vents. Figure L-5 provides a typical detail for installation of a passive flare connected to a leachate collection system cleanout.

L.2.h.2 Leachate Management System

Collection System

The Class I landfill leachate collection system consists of a geonet drainage layer and perforated collection pipe above the liner system to collect and convey leachate. The leachate conveyed to sumps will be pumped to a leachate holding tank onsite. The leachate collection piping system consists of 8-inch perforated polyethylene pipe sloped in such a manner that leachate flowing through the solid waste of the landfill will be collected and transported by gravity to a sump and leachate pump. The discharge line from the sump pump connects to a HDPE header line via a valve vault. Provisions for sampling the leachate as well as monitoring flows and pressure are provided in the valve vault (as shown in Attachment L-3). Any stormwater accumulated in an un-used cell will be pumped out from the collection system to

the stormwater system prior to receiving solid wastes by using the valves provided. Immediately prior to solid waste being deposited into a new landfill cell, the related valve from its leachate pump to the stormwater system shall be closed.

Leachate Disposal System: General Description

Leachate that is generated from the landfill cells will be pumped via the submersible sump pumps located in each cell to a 1,800,000 gallon storage tank. The leachate accumulating in the storage tank will be removed using leachate transfer pumps and discharged to tanker trucks for transport to an off-site wastewater treatment plant (WWTP).

The primary disposal location for CCSWDC leachate is the Bee Ridge WWTP and secondary disposal location is the Central County Utilities Water Reclamation (for facility commitment letter see Attachment L-6). CCSWDC may use other off-site secondary facilities for the treatment or disposal of leachate however will notify FDEP of the change prior to use. Another potential future leachate disposal option includes the installation of a leachate discharge pipeline from CCSWDC to a WWTP or disposal facility. In accordance with FDEP requirements, a construction permit would be obtained prior to implementing this option.

The following information provides a description of the above ground leachate storage tank in accordance with the requirements of 62-701.400(6)(c).

The leachate storage tank has a total capacity of 1.8 million gallons. The exposed plan area of the secondary containment system surrounding the leachate storage tank is 5,419 square feet. This will allow only 27,000 gallons of water to accumulate after an 8-inch rainfall event. All liquid accumulating in the secondary containment system will be tested for specific conductance. Specific conductance of the stormwater in the secondary containment shall not be more than 50-percent above the specific conductance of water in the nearest downstream stormwater pond (Stormwater Pond No. 6) or shall not exceed 1,275 $\mu\text{mhos/cm}$, whichever is greater. If the specific conductance is greater than these criteria or if a visible sheen is present, then the stormwater will be pumped directly into the leachate storage tanks and managed as leachate.

A log of discharges from the secondary containment system will be maintained. The date, specific conductance measurements and visual sheen observations shall be recorded.

An electronic water level sensor will automatically determine when the storage tank reaches capacity. The level sensor will activate an electric actuated shutoff valve in the fill line to prevent overfilling the tank. The electric actuated shutoff valve will be tested by inducing a false signal from the level sensor and confirming proper operation on a weekly schedule. The exposed tank exterior will be inspected weekly by visual observation. The inspection will include looking for leaks, corrosion or other maintenance deficiencies. This will be accomplished by inspection from platforms at the top of the 20-foot high secondary containment wall, positioned 120° apart around the circumference of the tank. The tank interior will be inspected annually when the tank is empty or at least once every three years. If any

failures are detected, the tank construction company shall be contacted immediately and appropriate repairs conducted based on the nature of the problem. Reports of the above inspections will be maintained by the County (the most recent inspection report is included as Attachment L-7).

Leachate Monitoring

A detailed plan for leachate monitoring is provided in Section M of this Permit Application.

L.2.h.3 Stormwater System

The stormwater management system for this project consists of a series of swales, culverts and detention ponds. The system is designed to comply with all of the requirements of both Chapters 62-25 F.A.C. and 40 D-4 F.A.C.

All stormwater runoff will be conveyed via a perimeter drainage ditch to detention facilities. Ditch blocks located in the perimeter ditch at strategic locations act as sediment traps and will require periodic maintenance.

The ultimate discharge of the detention facilities will be to the old slough or isolated wetlands through fixed control weirs and spreader swales.

As the filling of the waste progresses, temporary stormwater letdown structures will be installed to facilitate drainage without erosion. Temporary stormwater containment/diversion berms shall be installed around the top perimeter of each lift and connected to the temporary letdown structures. The temporary letdowns shall be located, in the approximate locations as shown on Sheet 2 of the Operations Drawings to achieve this objective. Ponding will be deterred within these containment berms by pumping the water if left standing for more than one day. See detail of letdown structure in Attachment L-3, Operations Drawings.

Sediment collection provided by perimeter ditches and ditch blocks will minimize siltation of the main retention areas. In addition, the active fill area(s) will be surrounded by berms to capture stormwater that comes in contact with waste and to prevent run-on and mixing with the stormwater from outside the active fill area, as shown in Figure L-6 in Attachment L-3. Stormwater collected within the berms surrounding the active fill area(s) is considered to be leachate and will be allowed to percolate into the landfill for collection by the leachate collection system. Prolonged ponding of water in contained areas may be minimized system or removed by pumping the water to the sand drainage layer or to a leachate collection pipe trench/cleanout, as described on Figures L-7 and L-8 in Attachment L-3. This water may also be pumped to a leachate cleanout pipe as a backup to the collection trench. This water will be filtered through a screen on the pump intake prior to discharge to a cleanout pipe.

Operation and Maintenance Procedures

The stormwater management system for the CCSWDC consists of a variety of treatment and conveyance methods. The treatment system for the main solid waste handling and disposal areas includes seven wet detention basins. Conveyance to these ponds is through a series of letdown structures, perimeter ditches and swales, and culverts. Stormwater collection along the entrance road is provided by the roadside swales. All portions of the stormwater system will be visually inspected by the County weekly and immediately following a storm event of 0.5 inch or greater. The inspections will identify buildup of debris, surface sheen, erosion and sedimentation, overgrown or exotic vegetation, and structural problems. Any problems identified by these inspections will be corrected within three (3) days. The wet detention basins will be inspected to estimate quantities of sediment within each pond. If the sediment occupies 30 percent of the volume below the normal pool elevation, the sediment will be removed and disposed of in the landfill. Vegetation in all portions of the conveyance systems will be removed on an as needed basis to prevent blockage.

L.2.i Groundwater Monitoring Plan

The groundwater monitoring network and the results of the background water sampling are discussed in Section M of this application. The proposed long term monitoring network for the site is also presented in Section M of this application. This plan complies with Chapter 62-701 F.A.C. Monitoring well locations are shown on Figure L-1.

L.2.j Maintaining and Cleaning Leachate Collection System

Leachate collection system maintenance will include daily inspection of all leachate pump control panels. All running data will be recorded and checked for irregularities. Pumps are pulled and checked for operational parameters at least once every two years. An example leachate pump data form is provided in Attachment L-8. The leachate collection system will be cleaned and inspected as described in part L.8.h of this Operations Plan.

L.3 LANDFILL OPERATION RECORD

The Administrative office located adjacent to the scale facilities at the entrance of the CCSWDC is shown on Figure L-1. The office will include facilities for employees including a training/meeting room, sanitary facilities, and first aid equipment. Similar additional facilities are located at the Equipment Maintenance building. Files will be located in the Administrative office to contain the operating record for the facilities as required by regulatory agencies/permits. The Laboratory Certification are included in the plan as Attachment L-9. Items which shall be stored in the operation record include:

- This Operations Plan.
- All Permits for the facility.

- All Records and drawings used for developing permit applications.
- All monitoring information calibration and maintenance records copies of reports required by permit (maintained for at least 10 years).
- Background water quality records.
- Annual estimates of the remaining life of the constructed landfill and other permitted landfill areas.
- All Monthly waste records which shall include tonnages received for Class I, C&D, yard waste and recyclables.
- Asbestos location records.
- All Monitoring reports for groundwater, stormwater, leachate and landfill gas.
- Waste tire processing records.
- Copies of all notifications required by 62-701 F.A.C.
- On-site precipitation record.
- DEP inspection reports.
- Load checking reports.
- Leachate storage tank inspection reports
- All Training verifications.
- All Other reports related to the design, operation, monitoring or permitting for the facilities.

L.4 LANDFILL WASTE REPORTS

Each month, a summary report of waste tonnage received for Class I waste-, C&D debris, yard waste, and recyclables will be compiled. Copies of the monthly report will be submitted to FDEP quarterly or upon request.

L.5 EFFECTIVE BARRIER/ACCESS CONTROL

Access control at CCSWDC includes a perimeter fence with a locking access gate at the scalehouse, which is the only entrance/exit for the facility. The access gate normally will be kept open during hours of operations and an attendant will be at the scalehouse during those times. When CCSWDC is not in operation, this access gate normally will be kept closed and locked.

L.6 LOAD CHECKING PROGRAM

At least three random loads of Class I Municipal Solid Waste (MSW) delivered to the landfill each week will be examined in accordance with the following procedure:

Mechanism For Inspections

- (1) Specific locations within the active landfill cell are to be dedicated to load examination. The areas should be relatively free from extraneous debris and capable of maintaining isolation of the material for one calendar week.
- (2) The inspection of the load shall be controlled by a Contract Operator employee. Training of contract personnel shall continue on an ongoing basis. In accordance with Rule 62-701.500(6)(a), FAC, a minimum of three random loads will be checked at the active working face(s) each week. The selected driver will be directed to discharge his/her load at a designated location adjacent to the working face. If any unauthorized special waste (i.e., lead-acid batteries, used oil, yard trash, white goods, and whole tires) is found by the random inspection, or as part of routine operations, the waste will be segregated and removed from the site for recycling as described in Section L.2.c. These special wastes will be stored adjacent to the working face and removed from the site within 30 days.
- (3) The inspection form (see Attachment L-5) shall be filled out and signed off by the Contract Operator inspector. The inspector will identify and note all unauthorized waste found during the random load inspection, estimated quantity, and the action taken. The inspector will sign the inspection form that will be retained at the CCSWDC. It shall be the County's responsibility to file/store/distribute the reports.
- (4) The Sarasota County Solid Waste Operations Unit or the Solid Waste's Hazardous Waste Section will investigate violations found during the inspection process. The Contract Operator will attempt to remove or clean-up the disposed materials. If Contract Operator is unsuccessful, Solid Waste will remove or clean-up the disposed materials.
- (5) Violations involving hazardous waste dumping shall be handled by the Solid Waste's Hazardous Waste Section. Every attempt shall be exhausted to place responsibility on the generator relative to having the hazardous waste in question removed from the landfill at the expense of the generator. In the event that generator responsibility cannot be determined and that the waste appears to be from a commercial source, it shall be the County's responsibility to segregate and secure the waste and pay all costs relative to safely disposing of said waste.

- (6) A list of offenders shall be compiled by the Solid Waste's Hazardous Waste Section and the list shall be provided to the County with updates on a periodic basis.

L.7 PROCEDURES FOR SPREADING AND COMPACTING WASTE AT THE LANDFILL

The following guidelines will provide an efficient and environmentally sound method of operation for the CCSWDC.

- Portable litter fencing will be placed at the working face where needed to reduce windblown litter.
- Cracks or eroded sections in the surface of any filled and covered area will be repaired and a regular maintenance program will be followed to eliminate pockets or depressions that may develop as waste settles.
- If 12 inches of intermediate cover (free of waste) has been placed over a partially filled area, it will be removed, reused, and stockpiled for later use prior to the placement of a new lift.
- Tire chips, tarps, soil, or a mixture of soil/mulch may be used for initial cover. Stormwater runoff will not be allowed from waste filled areas covered with tire chips or tarp. Runoff from outside of the bermed working face area will be considered stormwater only if the flow passes over areas that have no exposed waste and have been adequately covered with at least 6 inches of compacted soil (or a mixture of soil/mulch), free of waste and stabilized to control erosion.
- Sufficient cover material will be stockpiled near the working face to provide an adequate supply for initial cover operations. In some areas, daily stockpiling may not be necessary because of the proximity of the borrow area.

L.7.a Waste Layer Thickness and Compaction Frequencies

Waste shall be spread in layers of approximately two feet thick on the working face and compacted to approximately one foot in thickness before application of the next layer. The solid waste will be compacted with a minimum of three to five passes of a compactor.

L.7.b First Layer of Waste

Selected solid waste loads consisting of solid waste containing no large rigid objects shall be used for at least the first four feet of the first lift of a new cell in order to protect the liner and leachate collection system. This first lift must be a minimum of four feet thickness and be filled to an elevation of ~~approximately~~ at least 37.0 NGVD in order to promote shedding of stormwater. Waste shall be deposited at the inside toe of the cell's lined external containment

berm on the south end of the cell and spread to the north. No solid waste shall be placed beyond the litter fences. For the initial lift, hauling vehicles will reach the working face by traveling on top of the previously deposited waste and depositing the loads at the top of the working face. The fill will be spread and compacted "down slope" to prevent vehicles from traveling on the protective sand layer. Also see Section L.2.f. in this Operations Plan.

L.7.c Slopes, Side Grades and Lift Height

The typical height for each lift is 10-15 feet. All incoming solid waste will be directed to the working face and placed against the toe of the side slope of the previous day's refuse. The first row of waste in a new lift will be placed against the toe of the containment berm to provide a guide for the placement of refuse for the remaining rows. A maximum slope of 3 to 1 will be maintained on the working face. ~~Covered~~ All top slope areas shall maximize surface runoff away from the working face and to the stormwater drainage areas to minimize leachate generation be sloped to drain using a 2 percent minimum slope. All areas which promote stormwater runoff will receive sufficient cover and stabilization so that stormwater discharge from the facility will meet the requirements of 62-3 and 62-302, F.A.C.

L.7.d Maximum Width of Working Face

Maximum width of the working face will be 200 feet. This will provide a sufficient area for maneuvering large private and commercial vehicles, as well as minimize the exposed area and unnecessary use of cover material.

L.7.e Initial Cover

For the Class I landfill, a minimum of six inches of initial cover consisting of native sandy soils, top soil, soil, yard waste compost mixture, shredded tires, or other FDEP approved initial cover will be applied to the top of the lift and to the working face at the end of each day. Attachment L-10 provides a description and specification for initial cover materials previously approved for this facility. A 2-inch layer of shredded yard waste may be applied when needed to the initial cover ~~to promote clean stormwater runoff and~~ minimize erosion during rainy weather. The application of initial cover over the landfilled waste will assure control of disease vector breeding/animal attraction, odors, waste combustion (fire), blowing litter, and moisture infiltration.

The initial cover material will be spread over the exposed waste and, with the exception of tarps, compacted by the equipment used to spread the cover (likely a bulldozer or scraper). The initial cover material will not be removed prior to placement of successive lifts of waste, with the exception of tarps, which would be removed prior to placement of successive lifts. Any remaining litter and cleanings from equipment will be placed at the bottom of the completed cell and covered.

Before moving the working face between landfills (i.e., monthly), the area that will remain inactive will be covered with compacted cover (free of waste), soil or a mixture of 50 percent

unscreened wood mulch and 50 percent soil, with sufficient thickness (minimum 6-inches) to prevent erosion and the mixing of leachate with stormwater.

L.7.f Application of Initial Cover

Initial cover will be applied at the end of each working day, except when solid waste will be placed on the working face within 18 hours, and a temporary cover such as a tarpaulin is used to cover the working face.

L.7.g Intermediate Cover

Intermediate cover consisting of at least 1 foot of compacted native sandy soils or composted yard trash screened through ½-inch mesh mixed with 25 percent soil, by volume, will be applied within 7 days if final cover or an additional lift is not to be applied within 180 days. Intermediate covered areas that will not be landfilled or covered with final cover within 6 months will be sodded (external slopes) or seeded and mulched (internal and top slopes) to avoid slope erosion. Also see Section L.2.f. in this Operation Plan.

To conserve the intermediate cover material, a portion of the intermediate cover will be removed immediately before placement of additional solid waste on top of the lift or before placement of additional waste. The intermediate cover material (free of waste) will be stripped and reused as intermediate cover material. The stripped intermediate cover will be pushed ahead as needed for the perimeter interceptor berms constructed around the active working face area. The intermediate cover areas will be graded to promote drainage (minimum 2 percent slope) and seeded to prevent erosion.

L.7.h Final Cover

Following the receipt of a closure permit, final cover will be applied to the Class I landfill on the completed portions of Phase 1 of the landfill operation. The perimeter sides of all completed cells will have a slope of 3:1.

The cap and final cover will consist of a geomembrane layer that complies with Department rules and 24 inches of local common soil of which upper 6-inches will be capable of supporting vegetative cover.

L.7.i Scavenging and Salvaging Control Devices

Scavenging and salvaging is not allowed on the working face at CCSWDC. In the event spotters working in this area observe scavenging or salvaging activities on the working face, the landfill manager will be notified.

L.7.j Litter Control Devices

Litter will be controlled by requiring covered loads, efficient unloading and cover operations, litter fences, perimeter fencing, and by routine clean-up. Litter outside the working area will be picked up within twenty-four (24) hours.

A small litter fence will be placed at the limit of each landfill cell area as shown in Figure L-2 for the full length of the active working area of the cell.

L.7.k Erosion Control Procedures

Erosion control procedures at CCSWDC mainly consist of stormwater management for active cell areas and in areas surrounding the landfill cells. Stormwater management for unused portions of active cells is achieved by applying rain covers to the cell to divert stormwater from these unused areas away from the working face. Stormwater management for used portions of active cells, whereby initial cover or intermediate over the waste has been placed in accordance with FDEP requirements, is achieved by:

- Grading the waste-in-place ~~and initial cover material~~ with a minimum 2% slope and adequately covering the waste to divert stormwater away from the working face.
- Use of terraces and letdown pipes, see Operation Drawings in Attachment L-3.
- Maintaining internal and external ~~berms.~~ berms, see Figure L-6 in Attachment L-3.

Of critical importance will be maintaining the stormwater management system during the filling sequence. As each lift is constructed, ~~two sets of~~ temporary diversion berms will be constructed, as shown on Figure L-6 in Attachment L-3.

~~constructed. One set~~ An Interceptor berm will isolate the working face from the remaining covered areas. Stormwater which accumulates behind the interceptor berm in the area of the working face is leachate and will be retained and allowed to percolate into the landfill where it will eventually be collected in the leachate collection system.

~~The second set of berms~~ Other berms will divert stormwater from top slopes to let down structures and will serve as erosion and sediment traps on the newly covered landfilled areas. ~~This set of berms will be placed around the perimeter of each lift to control runoff down the control to protect recent covered side slopes.~~ These external berms will be sodded to prevent erosion and will be directly connected to the temporary letdown structures to facilitate proper management of stormwater runoff.

Sediments which reach the perimeter ditch (shown on Sheet 3 of the Operation Drawings, Attachment L-3) will collect behind the ditch blocks and will require periodic removal. ~~Prior to application of final cover, and after final grades are reached, sod shall be applied to the external slopes that have~~ Within 30 days after applying intermediate cover to reduce erosion side slopes

that have reached designed dimensions, sod shall be applied. As filling progresses above the first terrace, the first set of temporary letdown structures will be constructed as shown on Sheet 5 of 16 of the Operations Drawings. This operating procedure will minimize the amount of erosion and sediment accumulation that must periodically be removed from the perimeter ditches.

~~Prolonged ponding of water behind the stormwater containment berm shall be prevented by pumping excess water to the sand drainage layer above the leachate collection system. If there are no areas of exposed sand drainage layer in an active cell, the water shall be pumped directly into a leachate collection pipe cleanout.~~ Intermediately covered areas, or other areas that discharge to the stormwater management system, which exhibit significant erosion, will be repaired as follows:

- If greater than 50 percent of the soil cover material has eroded, then the area will be repaired within 7 days.
- If waste or liner is exposed, then the area will be repaired by the end of the next working day.

L.8 PROCEDURE FOR LEACHATE MANAGEMENT

L.8.a Leachate Monitoring, Sampling and Analysis

The sump pumps located in Cells 1 through 5 will operate in an automatic mode based on the liquid level in the sump. Figure L-3 shows the operation levels for the sump pumps. The pressure transducer located at the end of the pump housing accurately measures the level of liquid in the sump and provides a digital readout of this level at the control panel mounted on the valve box at the top of the each cell's lined external containment berm. As shown on Figure L-3, the high water alarm will result if leachate levels rise to cause 12 inches of head on the liner system adjacent to the sump area.

Two additional pump units will be provided for backup. This allows for removal of each pump on a regularly scheduled basis to perform preventative maintenance. When a sump pump is removed for scheduled maintenance, a spare pump will be reinstalled immediately while the maintenance is being performed. Each pump will receive preventive maintenance in accordance with the manufacturer's recommendations at a frequency based on run time.

Additional details on leachate sampling location, sampling and analysis schedule, and data submission is provided in the Groundwater Monitoring Plan Addendum, Section M.

L.8.b Leachate Collection and Removal System

The Class I landfill leachate collection system consists of a geonet drainage layer and perforated collection pipe above the liner system to collect and convey leachate. The leachate conveyed to sumps will be pumped to a leachate holding tank onsite. The leachate collection

pipng system consists of 8-inch perforated polyethylene pipe sloped in such a manner that leachate flowing through the solid waste of the landfill will be collected and transported by gravity to a sump and leachate pump. The discharge line from the sump pump connects to a HDPE header line via a valve vault. Provisions for sampling the leachate as well as monitoring flows and pressure are provided in the valve vault (see Sheet 14, Attachment L-3). Any stormwater accumulated in a landfill cell will be pumped from the collection system to the stormwater system prior to receiving solid wastes by opening the stormwater valve in the valve box located at each landfill cell pump station. Immediately prior to solid waste being deposited into a new cell, the valve from its leachate pump to the stormwater system shall be closed.

Leachate generated within the landfill cells will be pumped via the submersible sump pumps located in each cell to a 1,800,000 gallon storage tank. Leachate that accumulates in the storage tank will be transferred, to tanker trucks using leachate transfer pumps and transported to an offsite wastewater treatment plant (WWTP).

L.8.c If Leachate Becomes Regulated As Hazardous Waste

Sarasota County will evaluate options for pretreating the leachate and alternate disposal if it becomes regulated as a hazardous waste.

L.8.d Off-site Treatment of Leachate

The primary disposal location for CCSWDC leachate and alternate disposal is the Bee Ridge WWTP with secondary disposal location at the Central County Utilities Water Reclamation (see Attachment L-6 for facility commitment letter). CCSWDC may use other secondary facilities for the offsite treatment or disposal of leachate; however, the County will notify FDEP of the change prior to use.

The CCSWDC will dispose of leachate at the primary treatment location provided the leachate meets the disposal quality requirements. Should leachate quality change such that it is no longer acceptable at the primary treatment location, the CCSWDC will dispose of leachate at the secondary facility.

L.8.e Contingency Plan for Leachate Management

Should one of the following events occur, the leachate contingency management plan shall be implemented.

- Any mechanical failure of the leachate management system that would prevent operation of the landfill leachate collection system pumps or the leachate transfer pumps for more than three (3) consecutive days.
- Liquid accumulation in the holding tank leak detection system in amounts greater than expected from rainfall.

- Rise of leachate levels inside the holding tank greater than 52.6 (high water alarm elevation represented by 31 foot mark on the external tank gauge).

Implementation of the contingency plan includes the following actions.

- (1) The landfill manager shall notify the FDEP (within twenty-four (24) hours) and leachate disposal facilities of the emergency event.
- (2) If the problem is excess leachate in the detection system of the holding tank, remedial measures shall be taken immediately to eliminate the leak. Additional tractor trailer tanker unit or units and operators shall be called to the site to expedite transport of leachate to the receiving wastewater treatment plant. The primary holding tank shall be emptied completely, if required, to facilitate repairs.
- (3) If the problem is excessive levels of leachate in the holding tank (elevation exceeds 52.6), the maximum amount of leachate shall be diverted from the tank by increasing the number or frequency of tanker trucks hauling leachate to the primary or secondary WWTPs.
- (4) Once the problem causing the implementation of the contingency plan has been resolved to an acceptable degree, the landfill manager shall notify FDEP (within three (3) days) that the facility is ready to return to normal operating conditions.

L.8.f Recording Quantities of Leachate Generated

A control panel for each sump pump in Cell Nos. 1 through 5 is mounted on the valve box at the top of each cell's lined external containment berm. Each control panel will be equipped with a pump hour meter.

The following information will be recorded once per operating day from each cell sump pump location.

Cell No.	_____
Flow Meter Reading	_____
Hour Meter Reading	_____
Sump Liquid Level	_____

The above information is recorded on the form provided as Attachment L-8.

L.8.g Precipitation and Leachate Generation Rates

Rainfall for each 24-hour period measured at an official gauge located onsite will be recorded and entered onto a spreadsheet (format included in Attachment L-11) to compare precipitation to leachate generation.

L.8.h Leachate Collection System Inspection and Cleaning

CCSWDC will conduct a video inspection of the leachate collection system at least once every five years in accordance with Rule 62-701.500 F.A.C. requirements, and cleaned as necessary. The most recent inspection of the leachate collection system at CCSWDC was completed on June 14, 2001. Leachate pumps at CCSWDC will be inspected for operation failures at least daily. Control panels will be inspected and operational data recorded as described in L.8.f.

L.9 GAS MONITORING PROGRAM

A gas monitoring program will be implemented to prevent explosions and fires and to minimize off-site odors and damage to vegetation. The landfill gas monitoring program for CCSWDC will include monitoring of the landfill perimeter at the monitoring locations shown on Figure L-1, as well as, inside the Contractor's maintenance building, the County's Maintenance Building, and all enclosed structures at the C&D recycling facility. Monitoring shall be conducted on a quarterly basis. The outside monitoring locations (gas monitoring probes) shall consist of a monitor probe as shown on Figure L-4.

The gas monitoring locations shall include four (4) gas monitoring probes as described above and numbered GP-1, GP-2, GP-3 and GP-7 and six (6) gas monitoring locations GM-1, GM-2, GM-3, GM-4, GM-5 and GM-7 in structures as shown on Figure L-1. Low areas, base boards, floor drains, and floor mounted cabinets shall be monitored inside the structures. Other structures on the site are not monitored because the great distance from the landfill (over 3,400 feet), and the shallow groundwater table (5-7 feet below surface) at the site would cause any migrating gas, if it existed, to purge to the atmosphere before it would travel to these structures through the ground. Also, there are no connections via conduit pipes, etc. between these structures and the landfill area.

The monitoring will be conducted for the Lower Explosive Limit (LEL) of methane. A ~~Scott Aviation Gas Tester Model G15~~ Gasman II CEA Instruments or an equivalent unit will be used. No purging of the probe shall be allowed. Once the meter is connected to the sampling port, the valve shall be opened and the meter pump shall be engaged and meter reading observed. The highest value observed is recorded as well as the steady state value observed.

If the LEL is greater than 25 percent inside any monitor location probe, a temporary monitor probe shall be established 50 feet from the monitor location in the opposite direction from the landfill. The temporary monitor probe shall be of the design as shown in Figure L-4. The temporary monitor probe will be monitored on a monthly basis for at least one quarter and until the temporary monitor station records zero percent LEL and the monitor location probe records less than 25 percent LEL. If the LEL is greater than 25 percent inside the structures, or equal to, or greater than 100 percent at any monitor probe, the landfill operator will submit to the FDEP within seven (7) days a remediation plan detailing the nature and extent of the problem and the proposed remedy. The remedy will be completed/ implemented within sixty (60) days of the detection unless otherwise approved by the FDEP.

L.10 STORMWATER MANAGEMENT SYSTEM

The landfill stormwater management system for CCSWDC is discussed in Section L.2.h.(3) - Stormwater System.

L.11 EQUIPMENT AND OPERATION FEATURE REQUIREMENTS

L.11.a Adequate In-Service Equipment

Equipment proposed for the CCSWDC will include the equipment listed in Table L-1. The exact equipment complement may vary from time to time and additional equipment will be acquired if needed. Two roll-off containers will be placed in the yard waste compost area and the other at the Class I landfill area.

TABLE L-1. EQUIPMENT USED AT THE CCSWDC

NUMBER	EQUIPMENT
1	Bulldozers
2	Compactors
1	Dump Truck
1	Front-end Loader
1	Graders
1	Hydraulic Excavator
1	Water Truck
1	Fuel Truck
2	Pick-up Truck
2	UD Gators
3	Roll-off Containers
1	Compressor
1	Pressure Washer
1	Welder

Emergency Electrical Generation Equipment is of adequate size to assure complete operation of the Leachate Disposal and Collection Systems.

L.11.b Reserve Equipment

Cooperative lending agreements with the Contract Operator's company and standing agreements with local equipment suppliers will provide a means for procuring additional back-up equipment.

L.11.c Communication Facilities

A telephone will be available at the scale house and the maintenance/administration building. Radios and other communication devices will be in select landfill equipment to provide safe conditions for landfill personnel.

L.11.d Dust Control Methods

Dust from unpaved haul roads and construction areas within the Class I landfill area will be controlled through the use of a water spray truck. An alternate dust control measure that may be used in active cells of the Class I landfill area is leachate reuse (see Attachment L-12 for FDEP approval letter). This reuse of leachate involves spraying small quantities of leachate from a spray bar mounted on the rear of a tank truck onto active fill areas of the landfill. The landfill operation crew will monitor the rate of leachate application, soil moisture conditions, and the specific landfill areas used to prevent the generation of leachate runoff. Leachate will only be applied under the following conditions.

- Leachate may only be sprayed on active, bermed fill areas, including the working face, and areas with the required six (6) inches of initial cover.
- Leachate may not be sprayed on areas with intermediate or final cover.
- The maximum grade leachate will be sprayed on is 10H:1V slope. Areas within 150 feet of a 4H:1V or steeper side slope will not be sprayed on. At all times areas receiving leachate must be controlled to prevent run-off from entering the stormwater system.
- Leachate may will not be sprayed during a rainfall event, and when the application area is in a saturated condition.
- The tank truck spray bar method maximizes evaporation. The application rate of leachate should be such that leachate does not accumulate on the landfill surface, and infiltrates quickly into the covered refuse. It is evaporation that is the main goal of this leachate disposal method, rather than recirculation of leachate.
- Leachate should will not be sprayed at the end of the day on the initial cover of the working face or other areas. Spraying should be done early in the morning after any dew evaporates and continue until early afternoon or until all available areas have been utilized.

The Site Manager will record daily the gallons of leachate sprayed per this method.

If needed, dust masks will be available to personnel working in excessively dusty areas.

L.11.e Fire Protection And Fire Fighting Facilities

Small fires on the working face will be controlled by use of dump trucks, a landfill compactor, and a bulldozer to move earth cover material over hot areas. Additionally, the water truck will be available to apply water to any fires. In the event that an uncontrollable fire does occur at the CCSWDC site, the Nokomis Fire Department will be contacted immediately. The Nokomis Fire Department is equipped with pumper trucks capable of drafting water from surface sources. In the event of a fire, the landfill operator will notify the FDEP within twenty-four (24) hours. Within seven (7) days, a full written report on the fire will be submitted to FDEP describing the origins of the fire, the actions that were taken to deal with it, the results of the actions taken and an analysis of the success or failure of the actions.

A hot load area will be provided in a location away from the working face to allow vehicles arriving at the landfill with a fire in their load to dump quickly in an area where the material can be spread out and quickly covered with soil. The location of the hot load area will change from time to time with the changing working face locations. Hot loads will not be dumped on the working face until sufficiently cool to avoid combustion.

No chemicals will be accepted at the landfill. All waste coming through the scale house will be observed to eliminate unwanted chemicals capable of starting a fire. In the event a chemical accident does occur, the following steps will be taken:

- Call local Fire Department (911).
- Contain fire in small area until Fire Department arrives. To eliminate inhalation of potentially toxic fumes, fight fire from upwind side.
- Stay with fire until out and cover with sand.

L.11.f Litter Control Devices

See Section L.7.ji. in this Operations Plan.

L.11.g Signs Indicating Name Of Operating Authority, Traffic Flow, Hours Of Operation, And Charges For Disposal

There is a permanent sign at the south property line along the access road to the facility identifying the Sarasota County Central County Solid Waste Disposal Facility and indicating hours of operation and charges for different types of loads. The sign indicates materials that are not accepted for disposal in the landfill. Signs indicating approach and exit routes and one-way roads are strategically placed so traffic at the landfill will move smoothly and efficiently to and from the working face area.

L.12 ALL WEATHER ACCESS ROADS

A paved entrance from Knights Trail Road terminates at the landfill perimeter roadway. In addition, paved perimeter roads around the landfill areas are shown on Sheet L-1. All weather access roads will be constructed within the Class I area to route traffic to the active working face. The all weather access roads will be constructed of earth, ground shingles, crushed rock, shell or any other stabilizing material, as appropriate.

L.13 ADDITIONAL RECORD KEEPING AND REPORTING

See Section L.3 of this Operations Plan.

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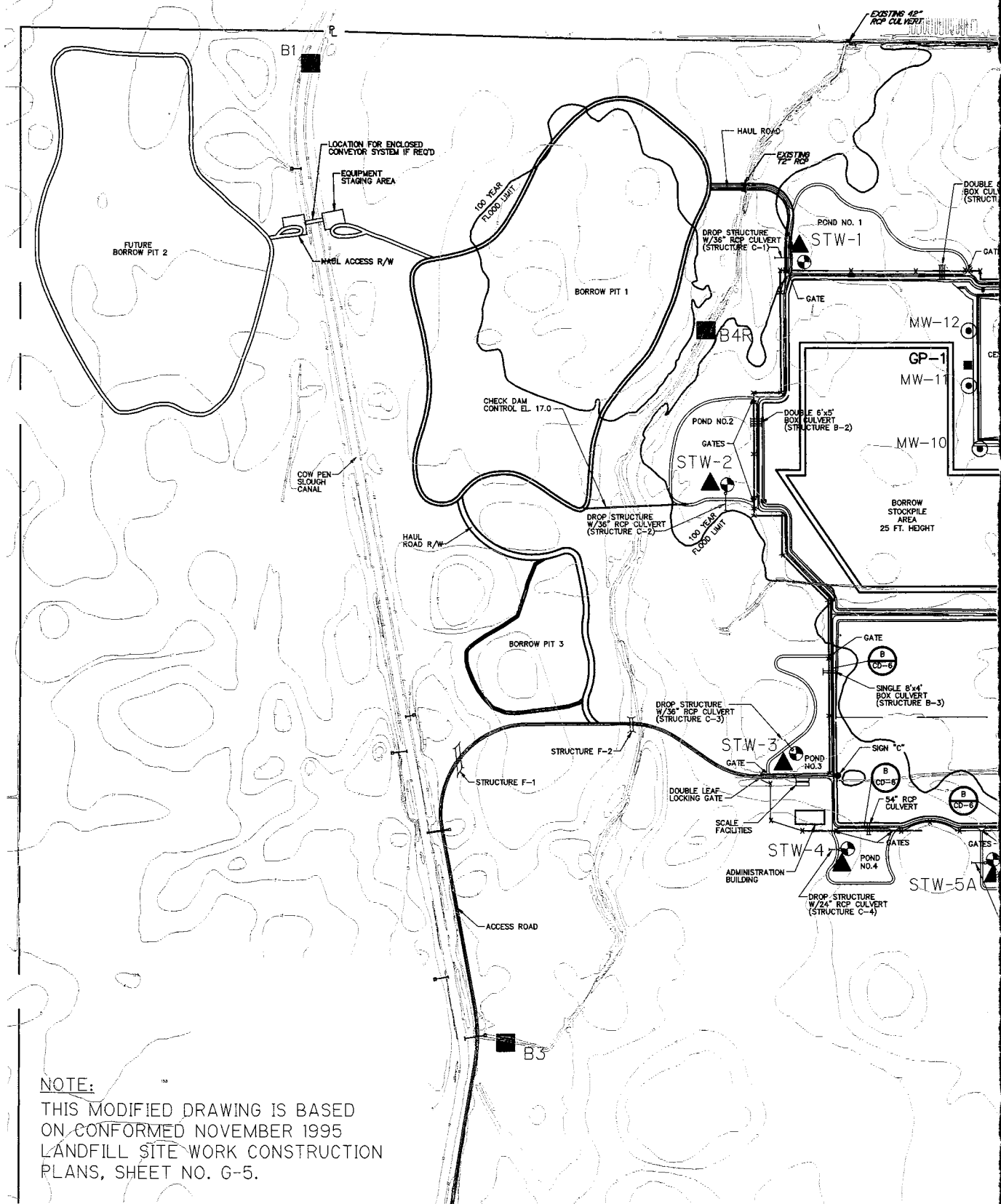
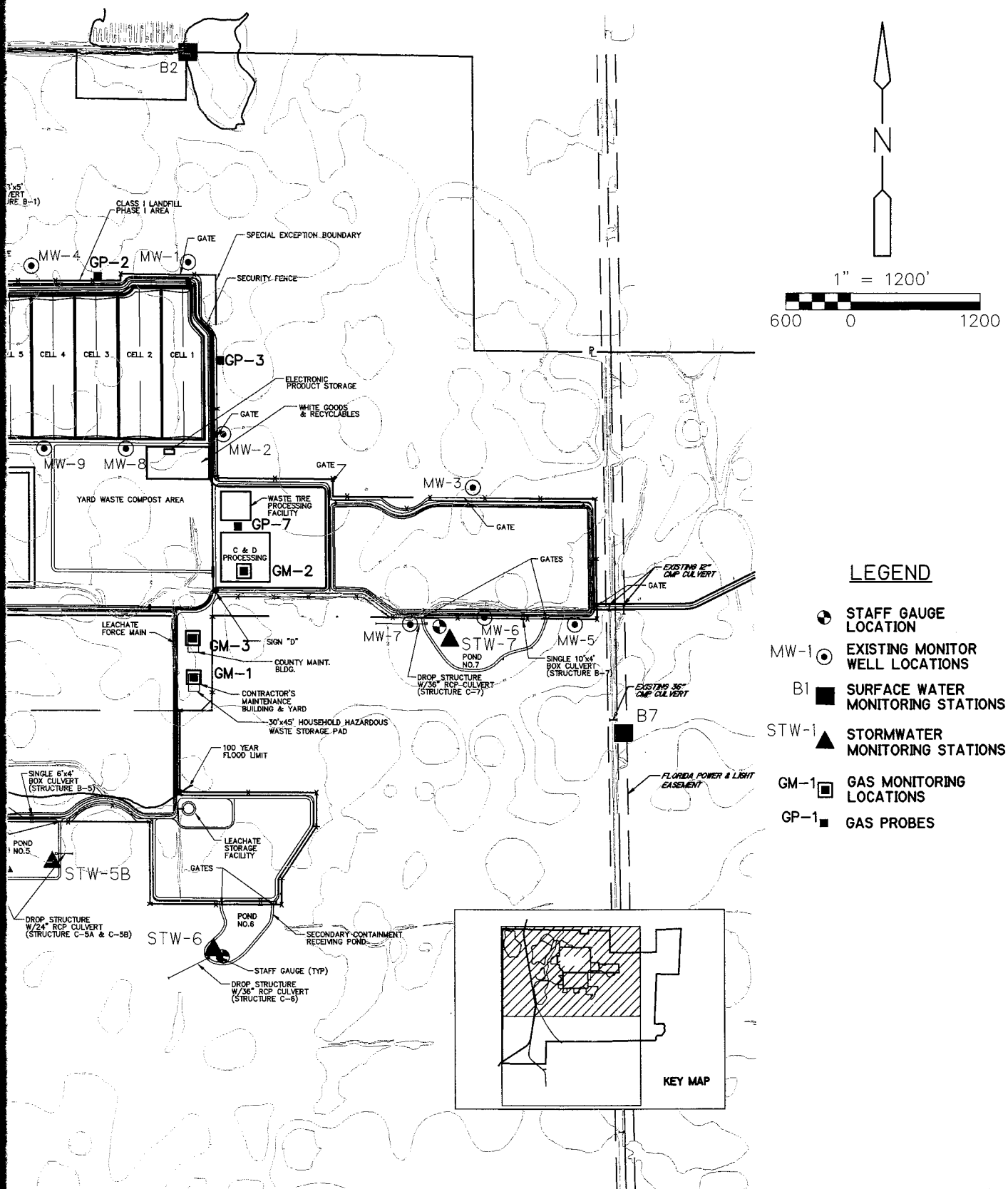


Figure L-1. Site Plan, Central County Solid Waste



LEGEND

- STAFF GAUGE LOCATION
- MW-1 ● EXISTING MONITOR WELL LOCATIONS
- B1 ■ SURFACE WATER MONITORING STATIONS
- STW-1 ▲ STORMWATER MONITORING STATIONS
- GM-1 ■ GAS MONITORING LOCATIONS
- GP-1 ■ GAS PROBES

Revised on 10/6/03.
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C-1
LEGEND
LOCATION OF LEACHATE PUMP VALVE BOX

NOTE:
 SOURCE: MODIFIED FROM CDM,
 1996 OPERATION PERMIT APPLICATION
 SHEET NO. 1. DECEMBER 1996.

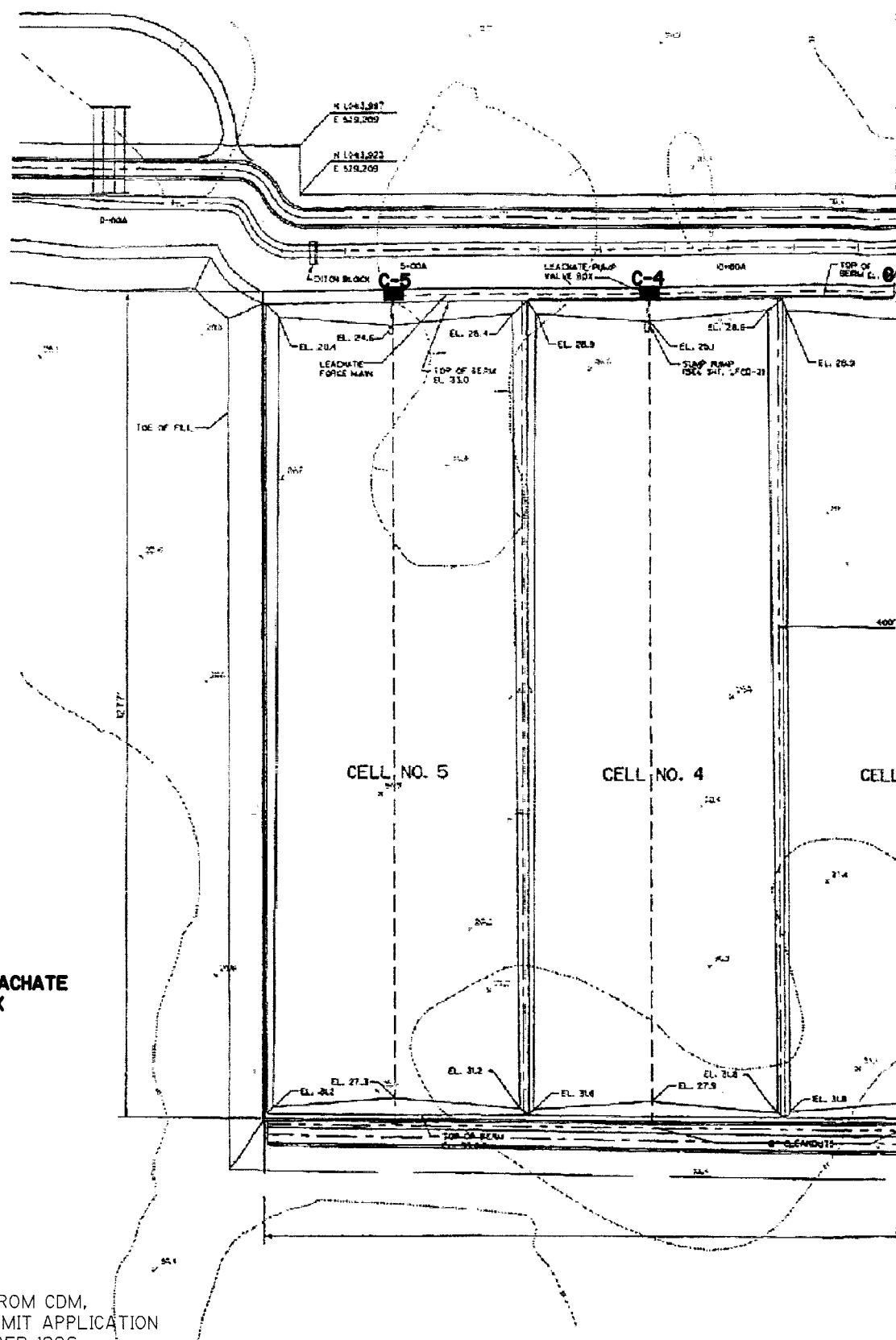
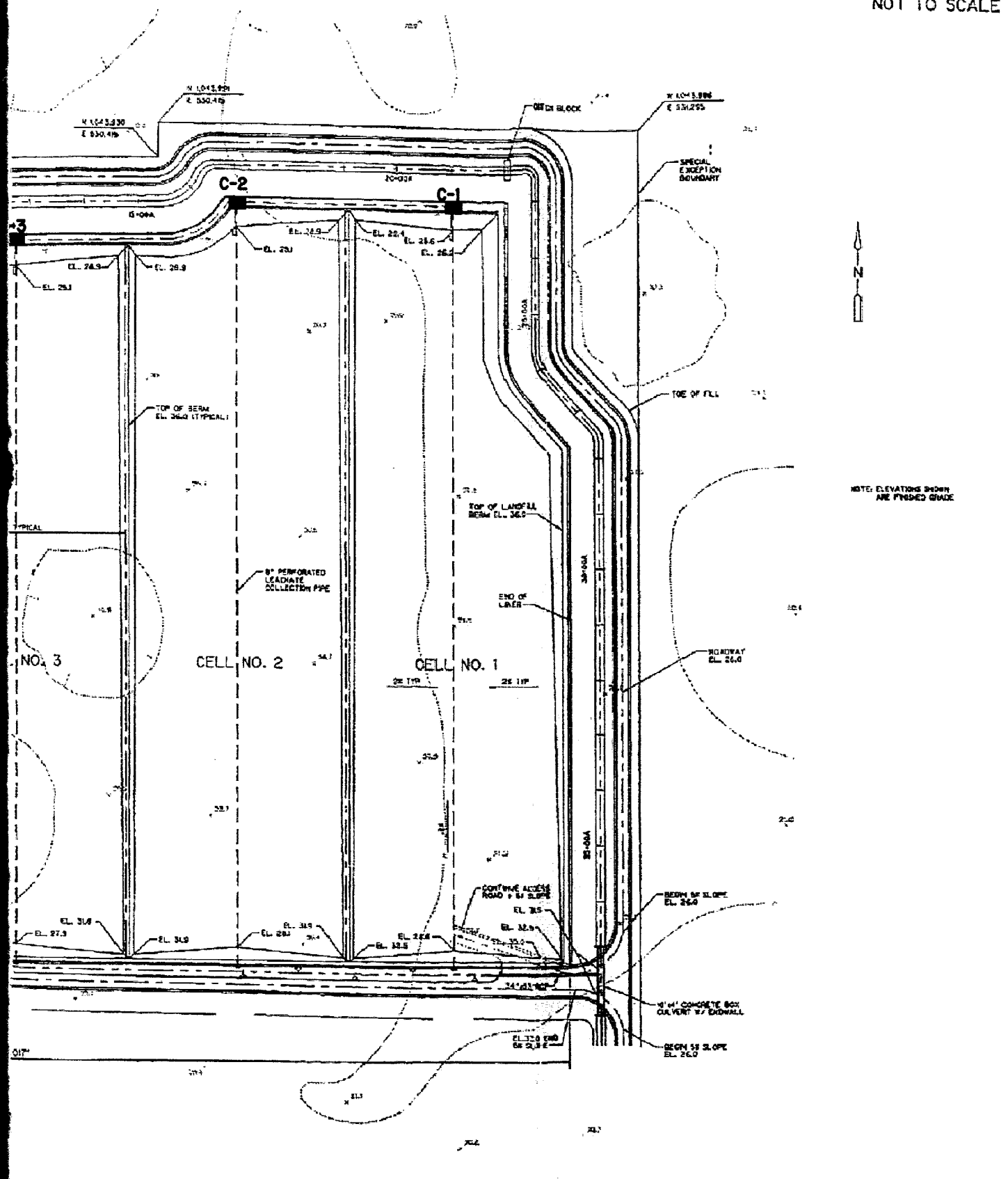


Figure L-1A. Site Plan Showing Leachate Pump

NOT TO SCALE



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Valve Boxs, Central County Solid Waste Disposal Complex, Sarasota County, Florida.

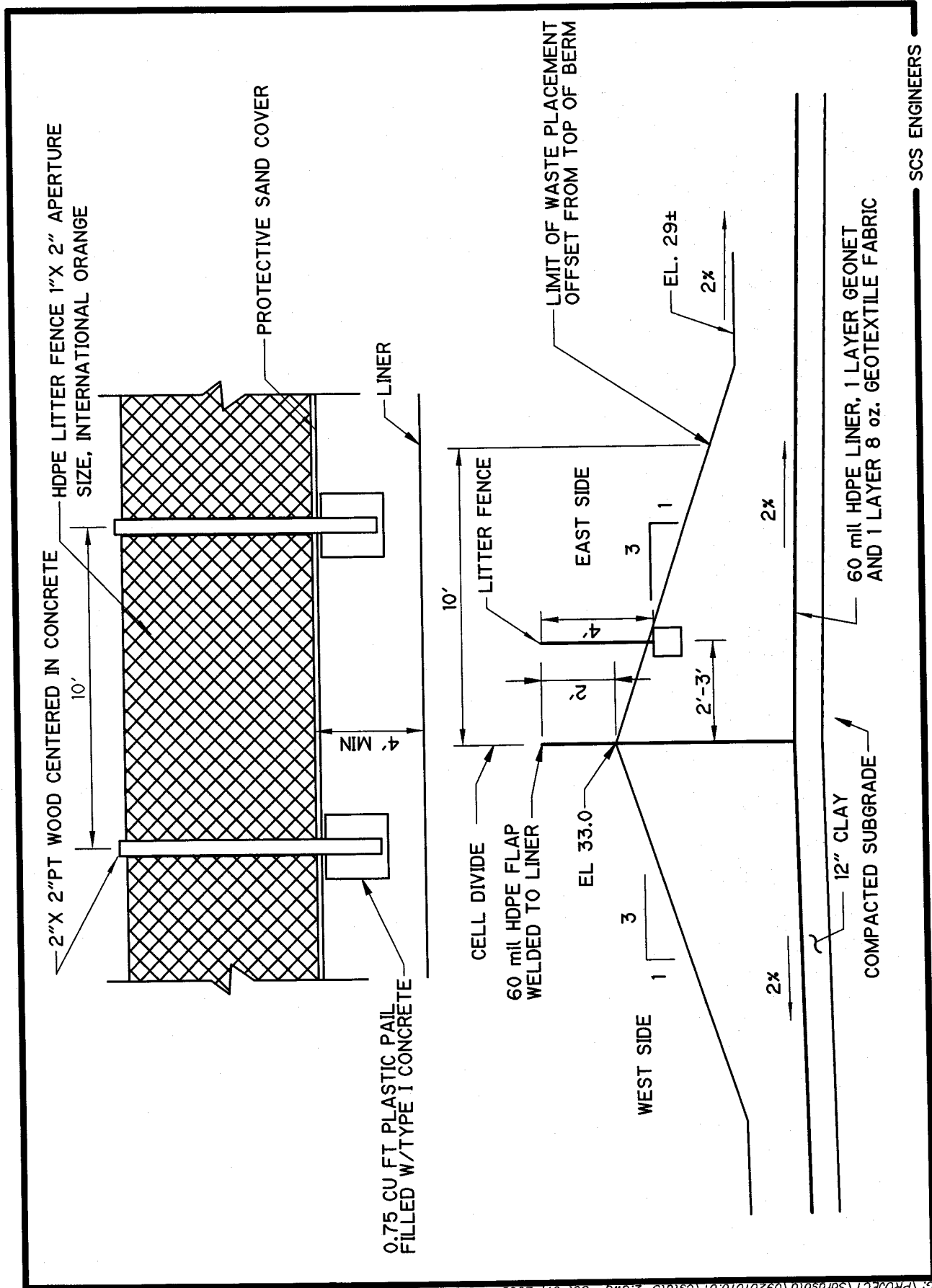
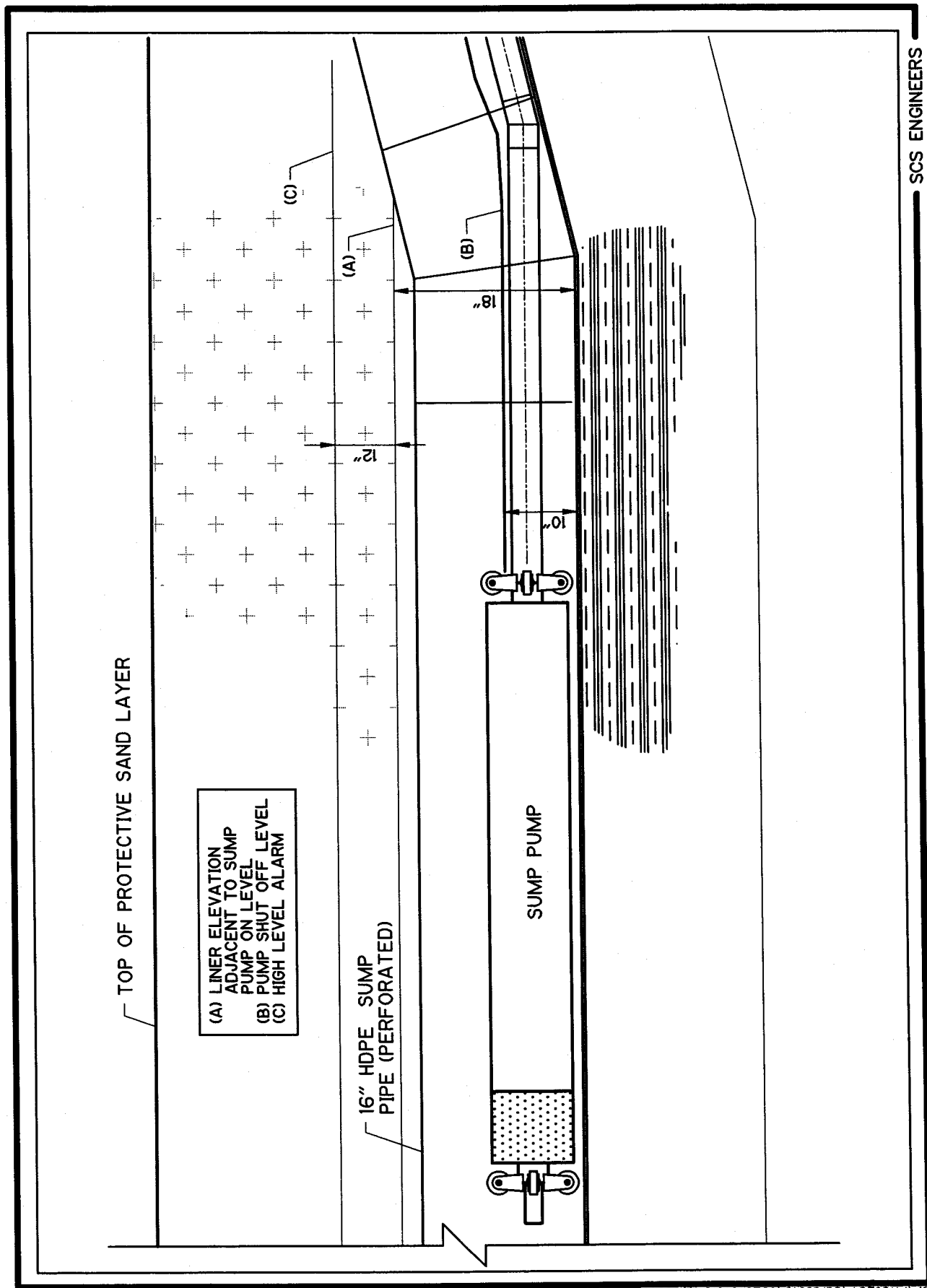


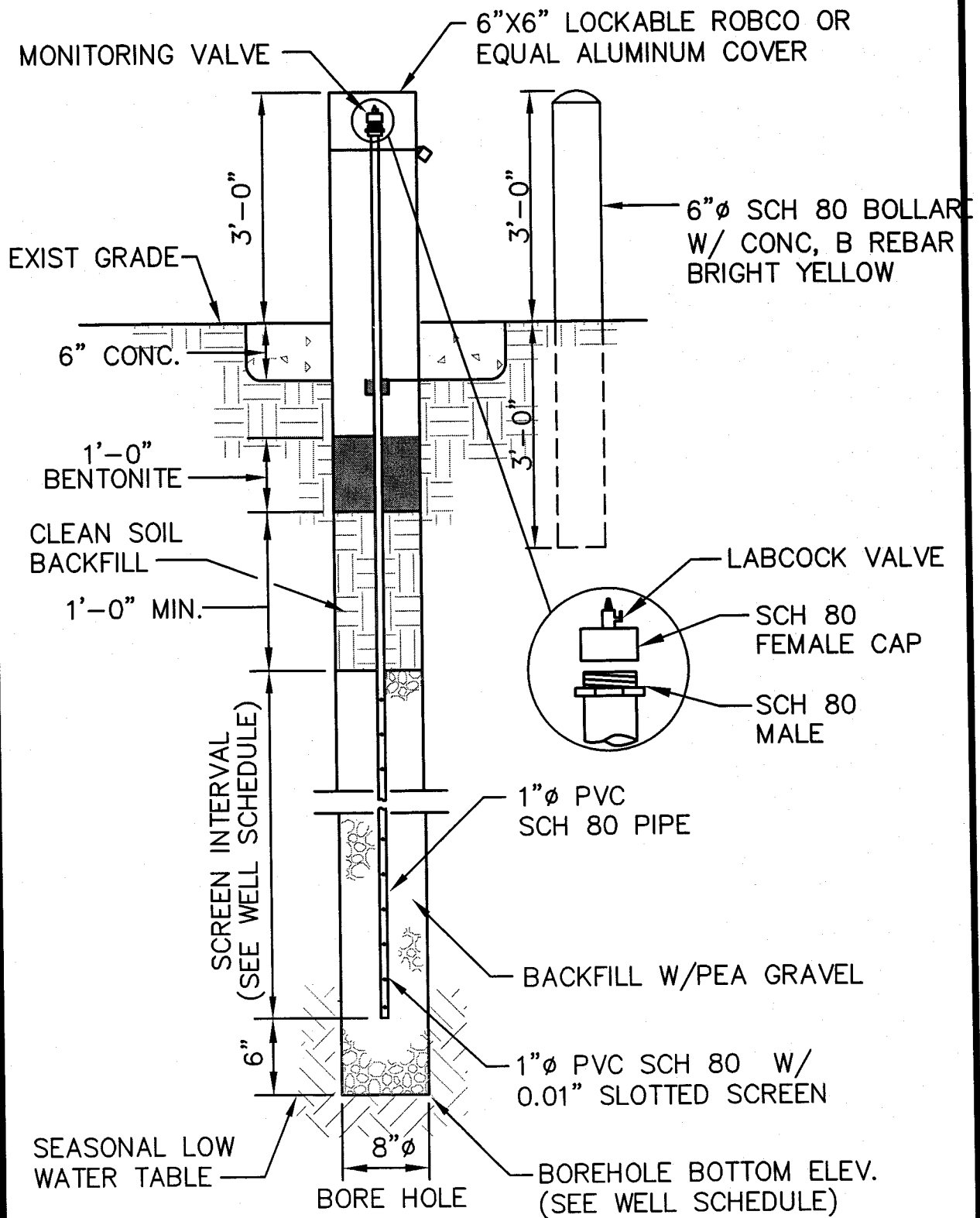
Figure L-2. Litter Fence Detail and Typical Interior Berm Low End, Central County Solid Waste Disposal Complex, Sarasota County, Florida.



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Figure L-3. Operating Levels, Central County Solid Waste Complex, Sarasota County, Florida.

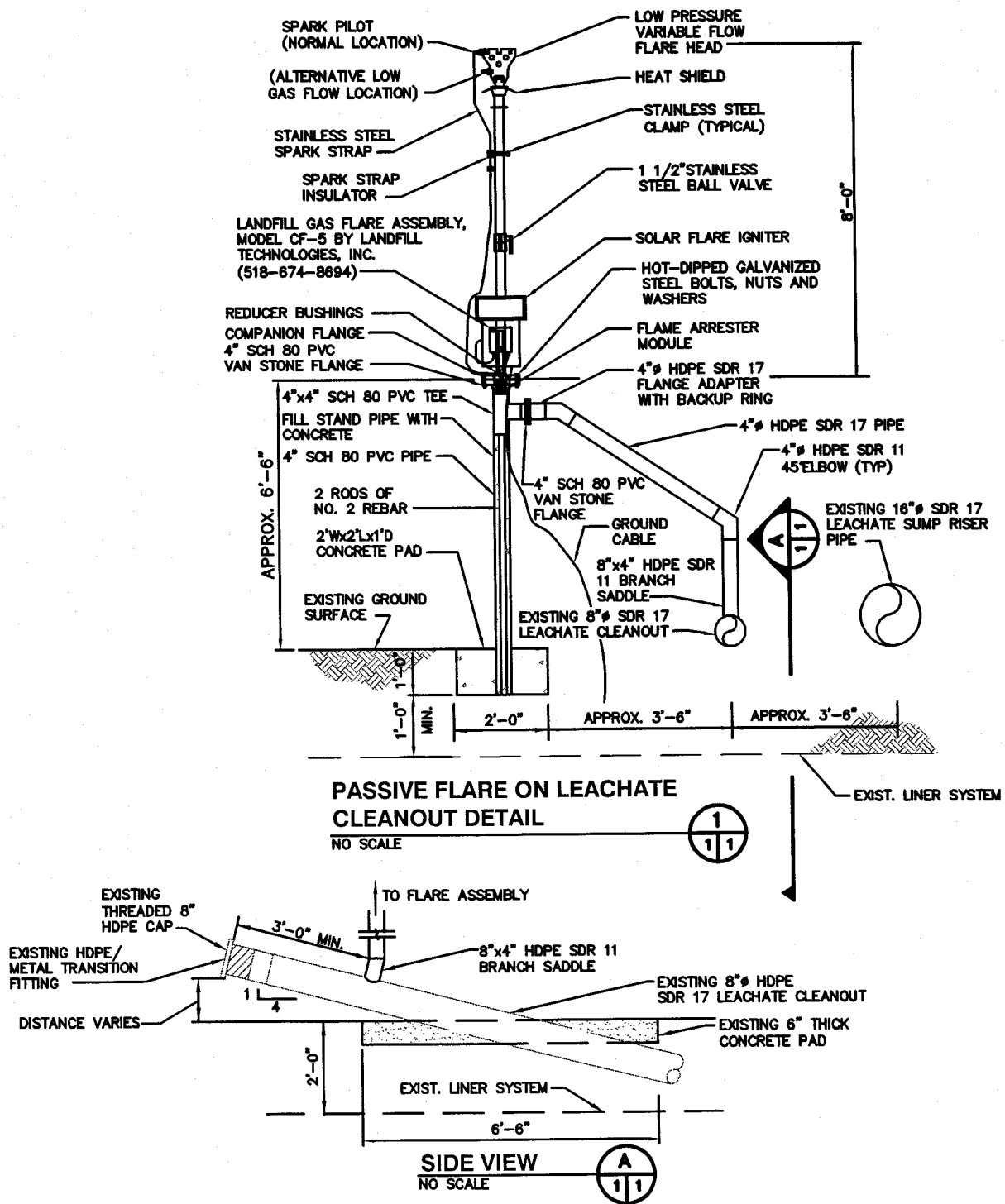
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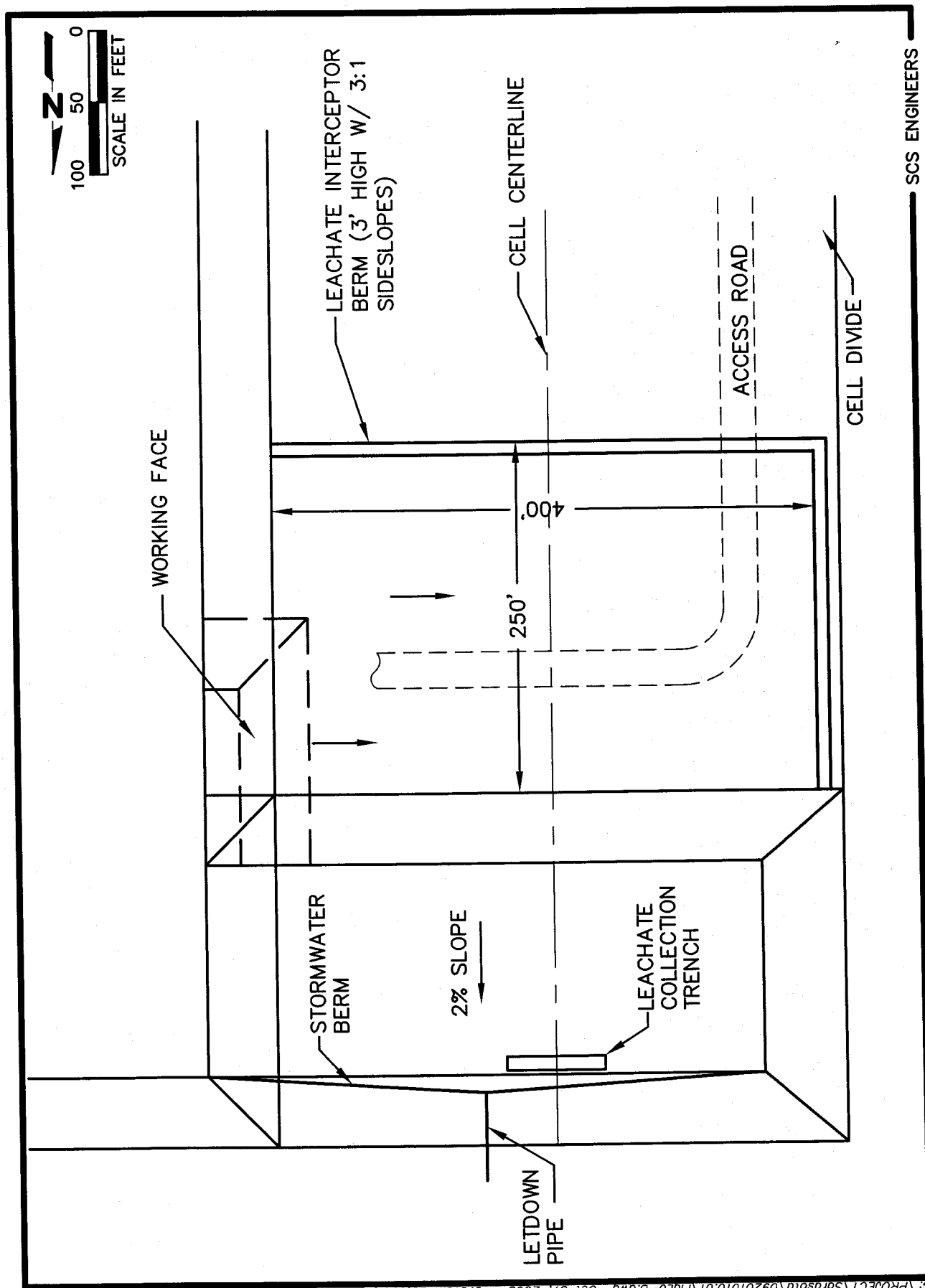
Figure L-4. LFG Monitor Probe, Central County Solid Waste Disposal Complex, Sarasota County, Florida.

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Figure L-5. Passive Vent Installation at LCRS Cleanouts, CCSWDC



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Figure L-6. Typical Active Working Area.

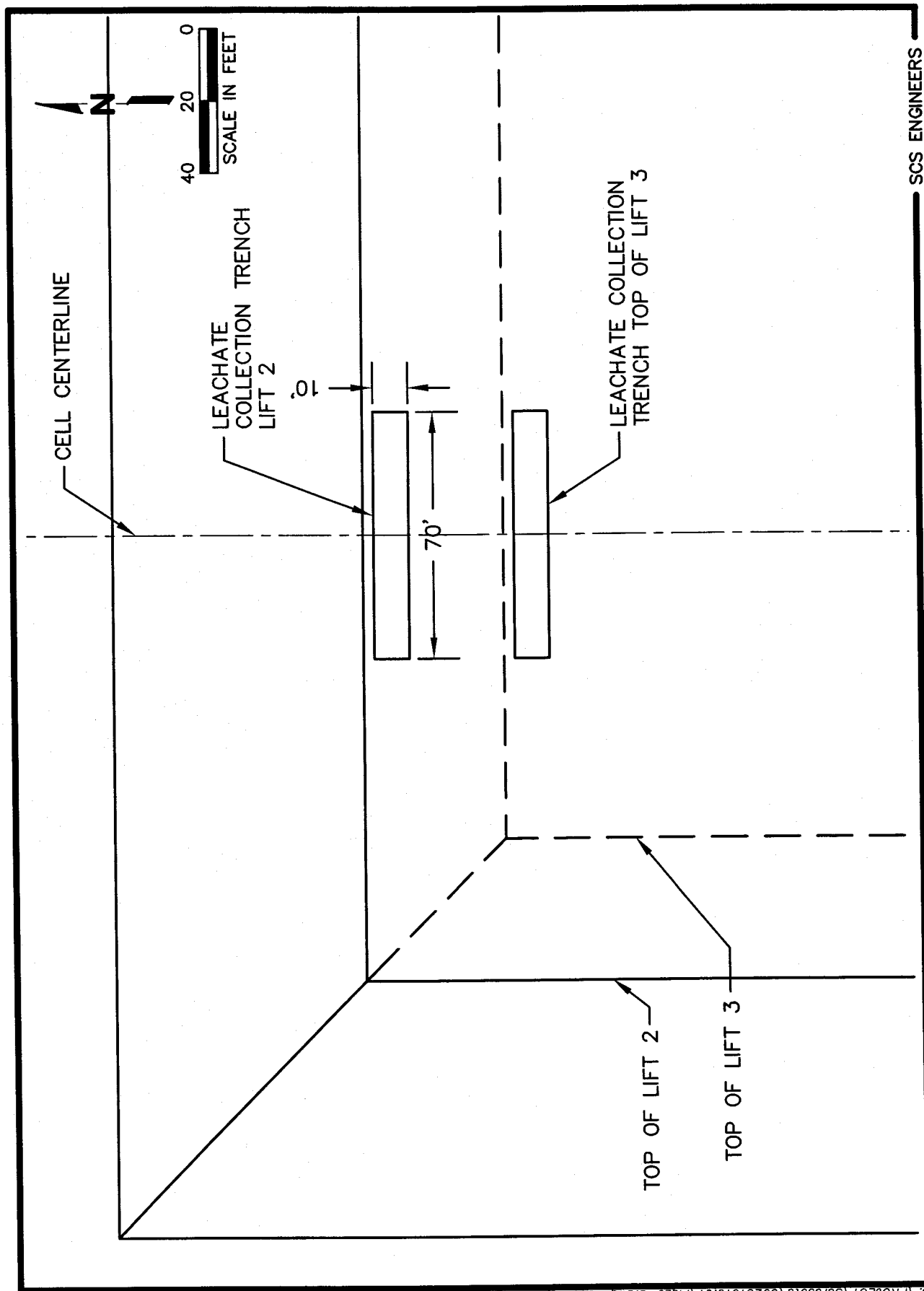
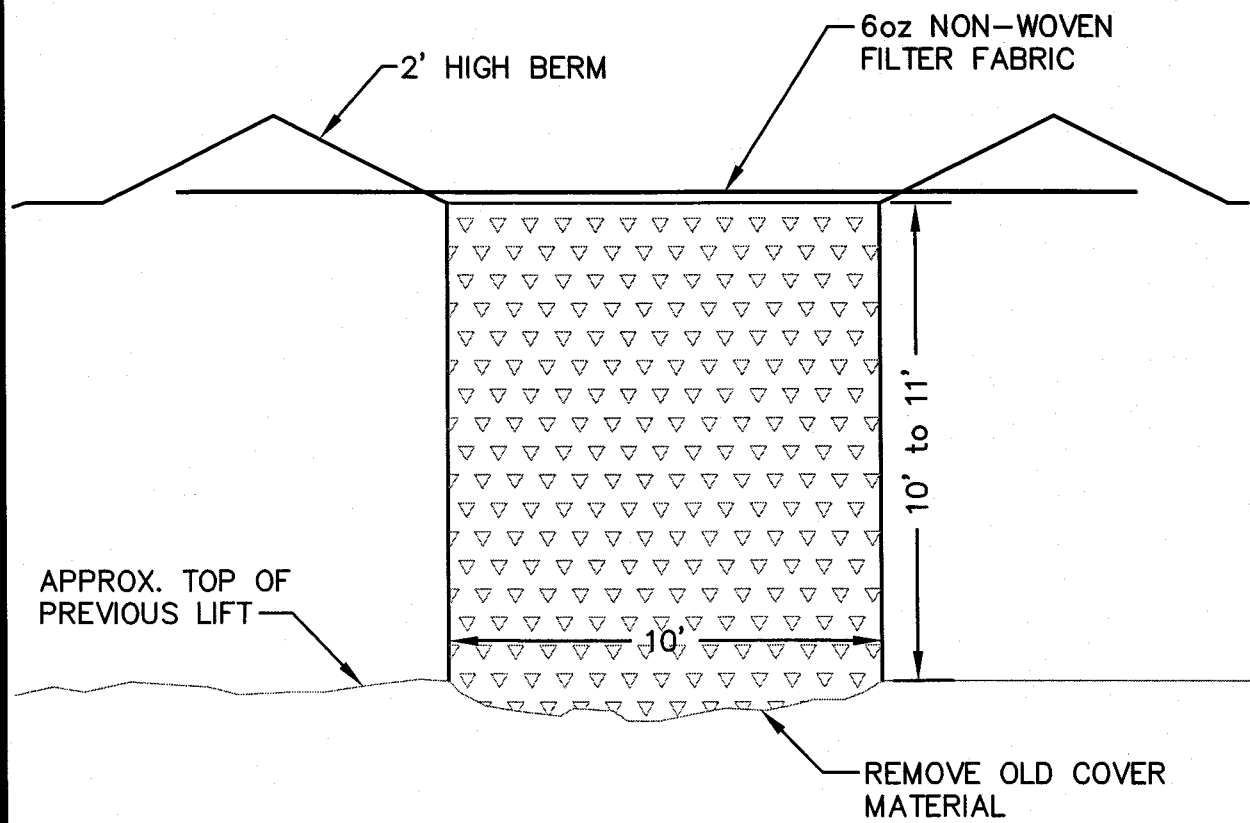


Figure L-7. Typical Leachate Collection Trench.

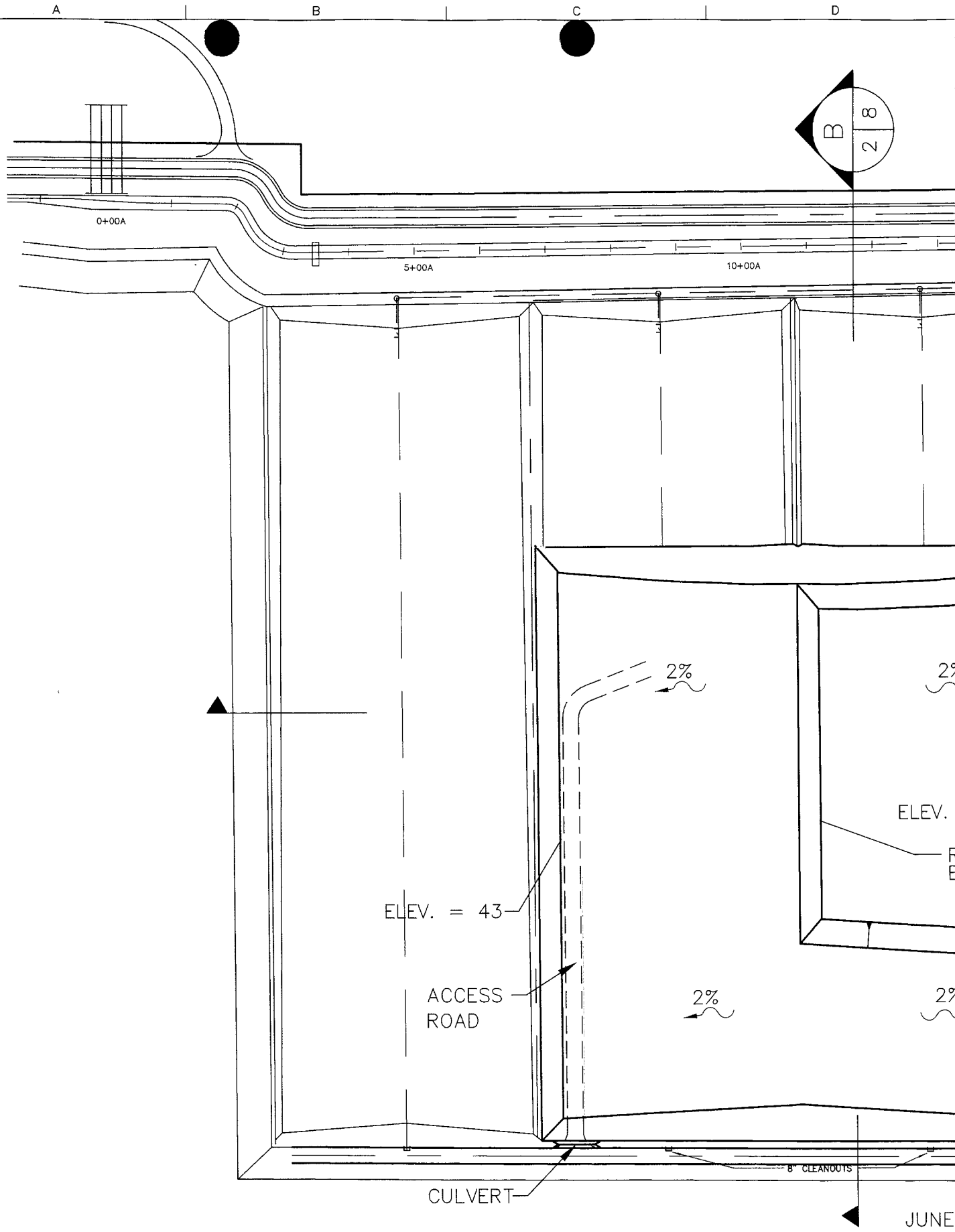
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Figure L-8. Leachate Collection Trench Detail.

G:\PROJECT\Sarasota\09201041.00\PHASES.dwg 09/16/2002 12:16:12 PM EDT



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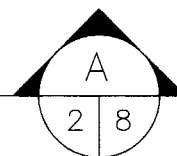
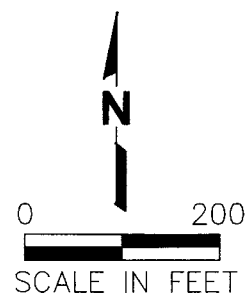
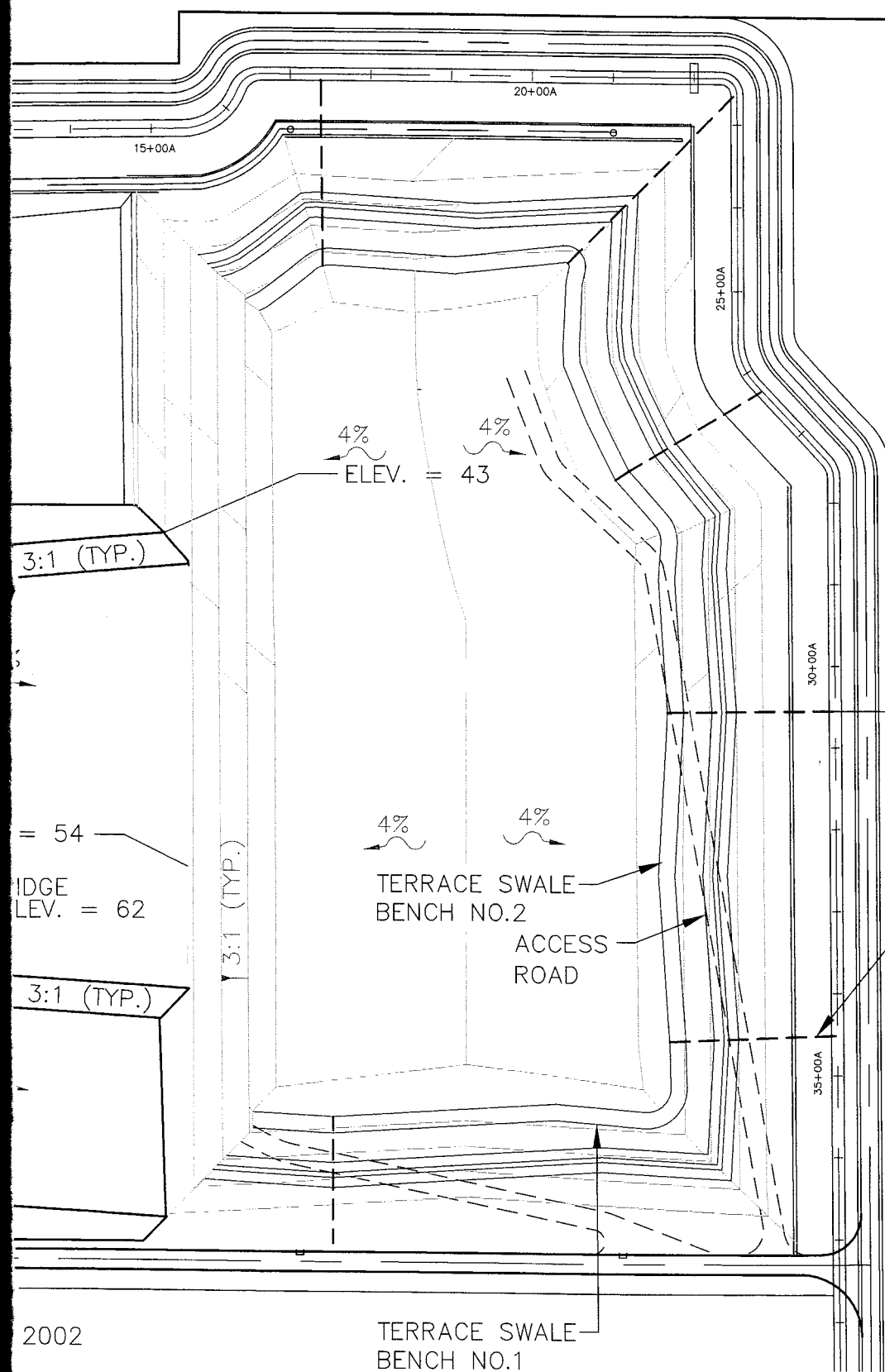
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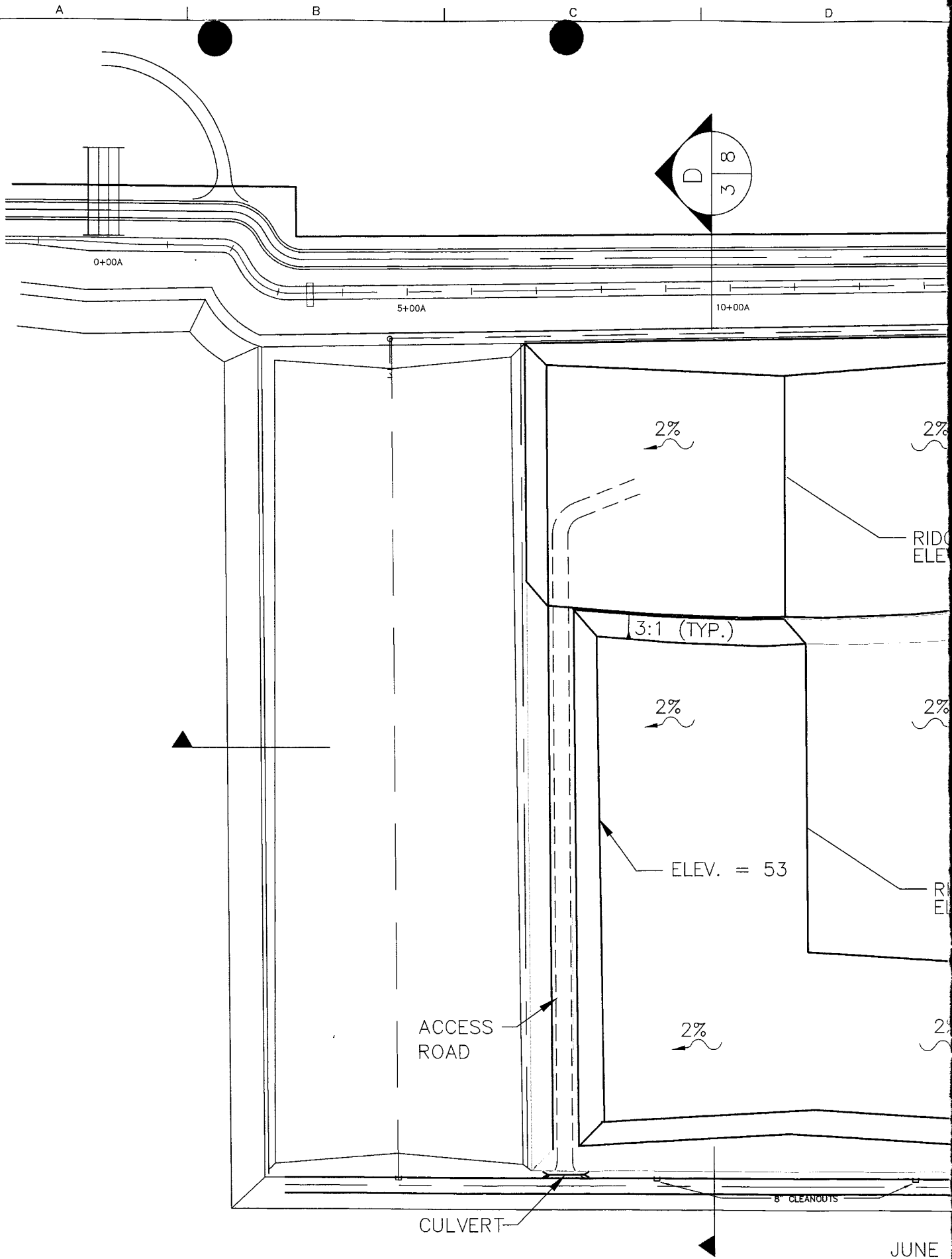
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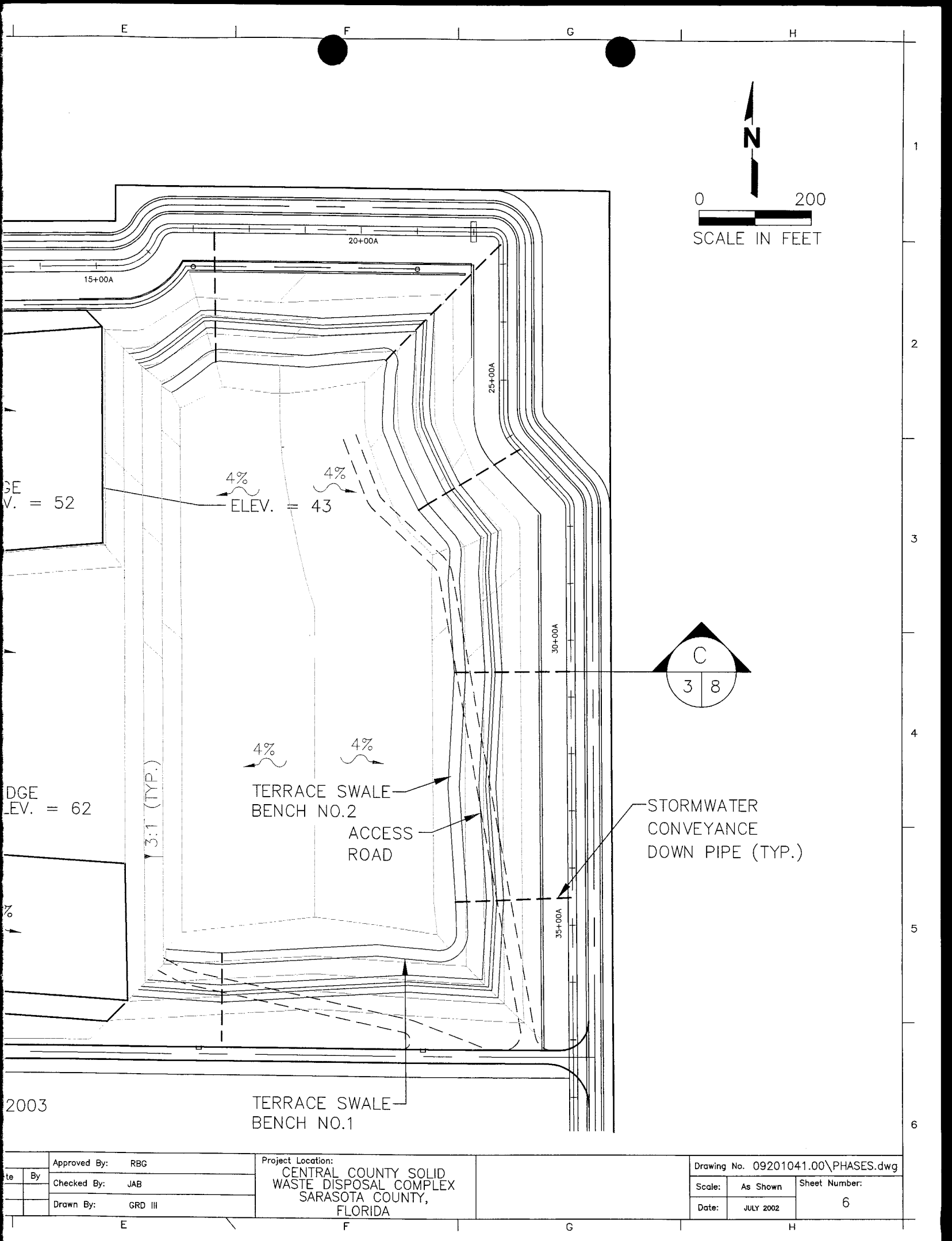
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DGE
V. = 52

DGE
EV. = 62

%

2003

TERRACE SWALE
BENCH NO.1

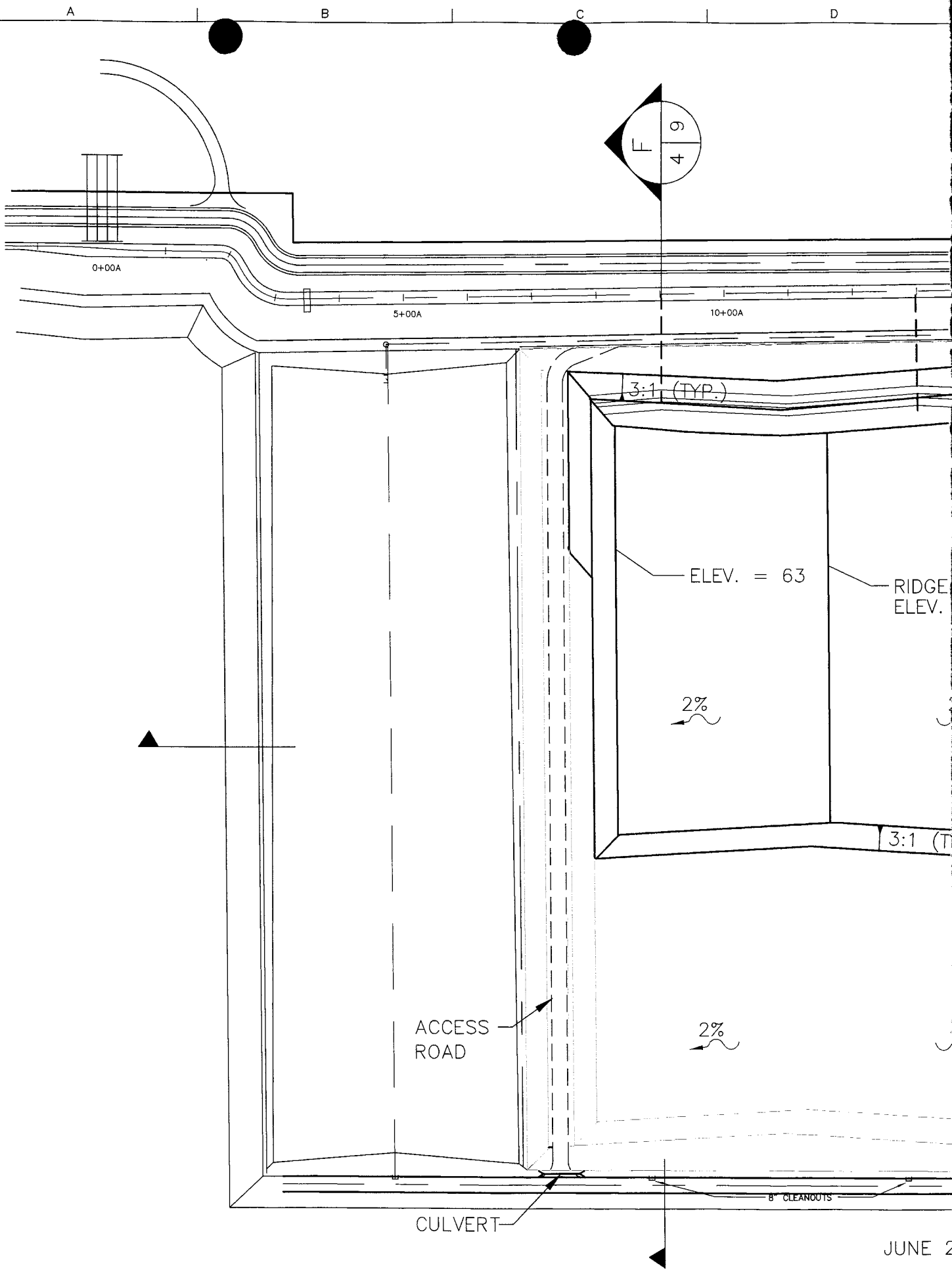
TERRACE SWALE
BENCH NO.2

ACCESS
ROAD

STORMWATER
CONVEYANCE
DOWN PIPE (TYP.)

Date	By	Approved By: RBG	Project Location: CENTRAL COUNTY SOLID WASTE DISPOSAL COMPLEX SARASOTA COUNTY, FLORIDA	Drawing No. 09201041.00\PHASES.dwg		
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JUNE 2

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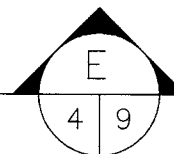
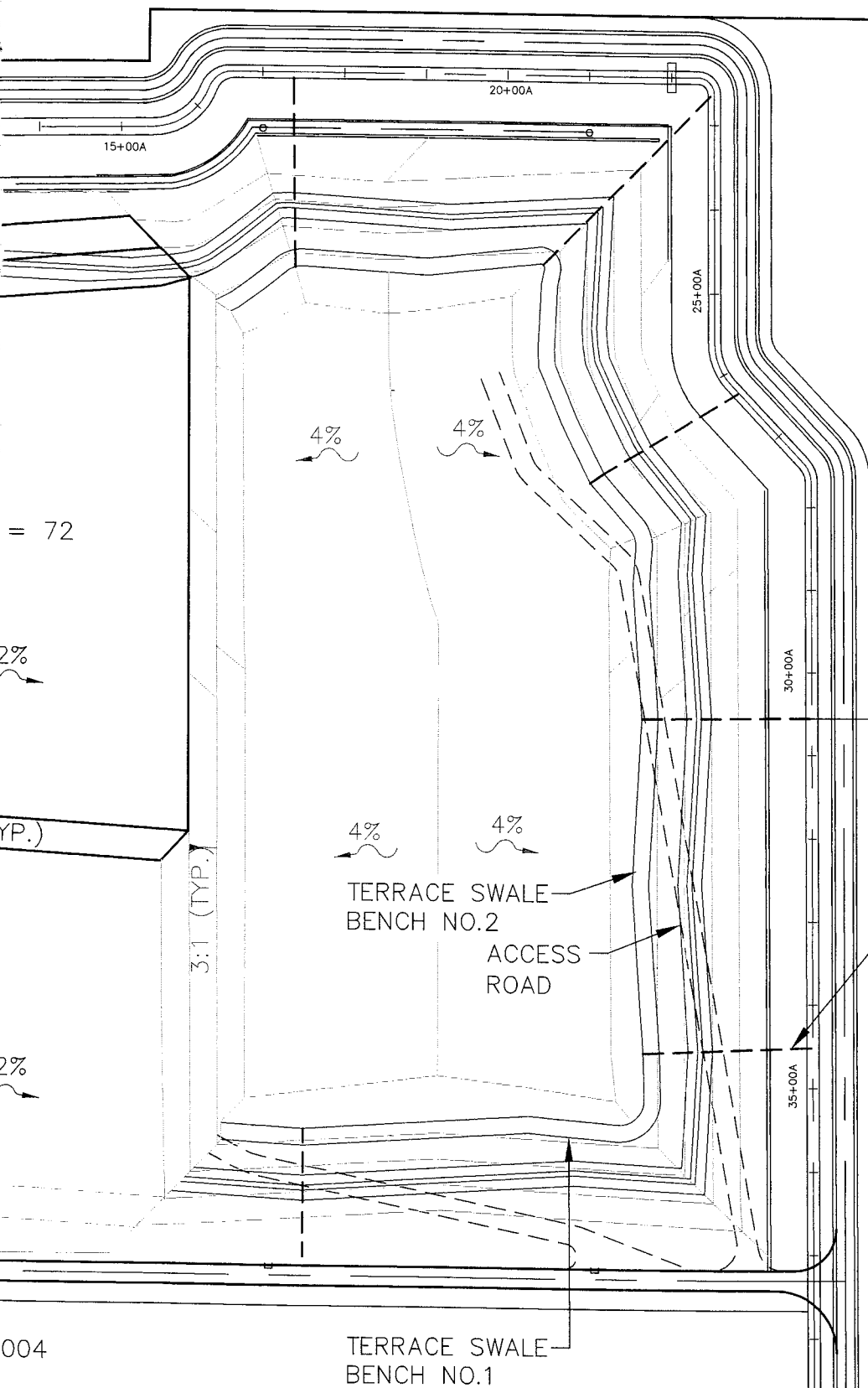
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SCALE IN FEET



TERRACE SWALE
BENCH NO.2

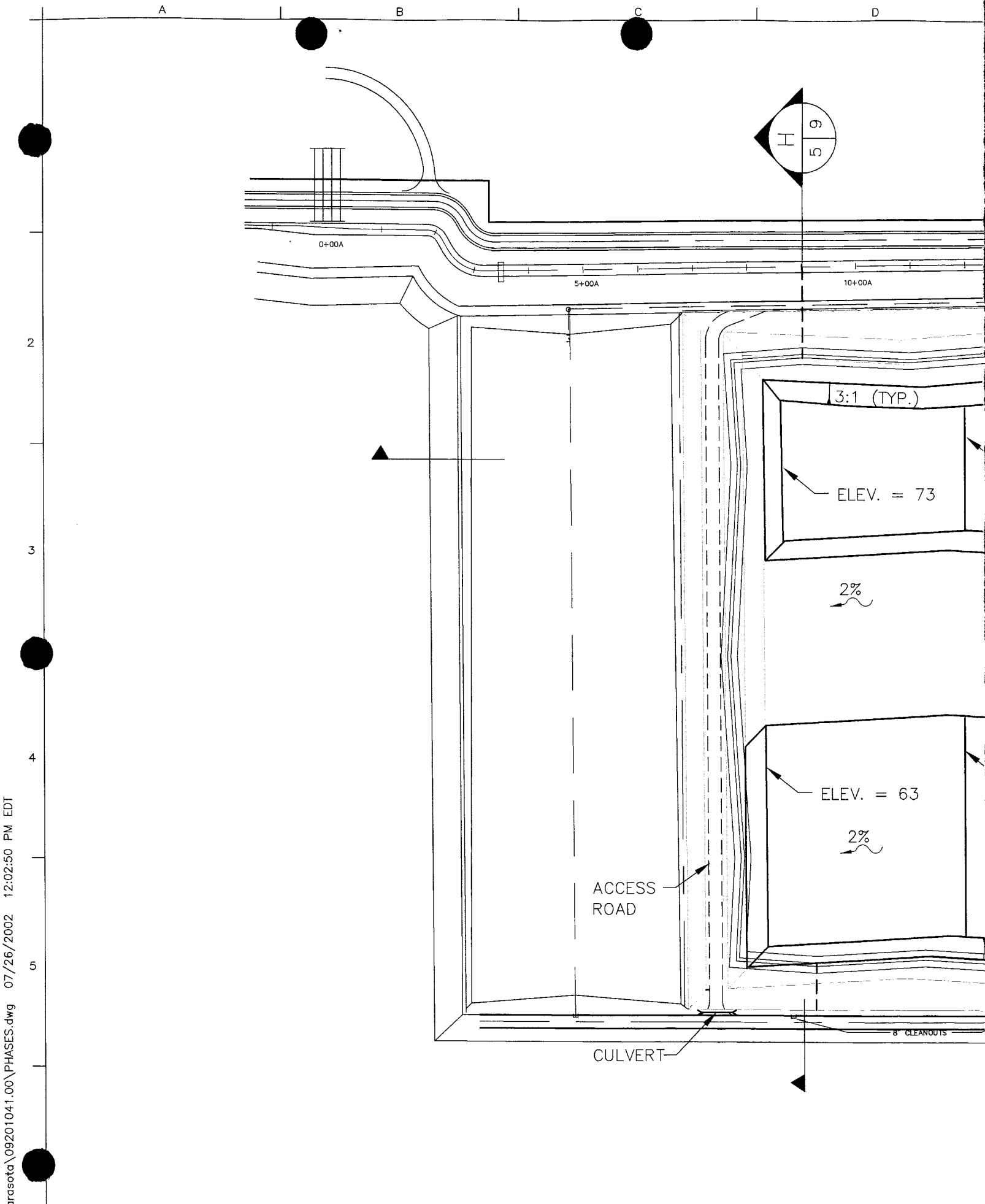
ACCESS
ROAD

STORMWATER
CONVEYANCE
DOWN PIPE (TYP.)

TERRACE SWALE
BENCH NO.1

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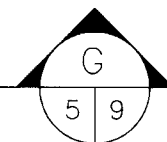
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SCALE IN FEETRIDGE
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2%

RIDGE
ELEV. = 72

2%

3:1 (TYP.)

4%

4%

4%

4%

TERRACE SWALE
BENCH NO.2ACCESS
ROAD

30+00A

35+00A

STORMWATER
CONVEYANCE
DOWN PIPE (TYP.)TERRACE SWALE
BENCH NO.1

JUNE 2005

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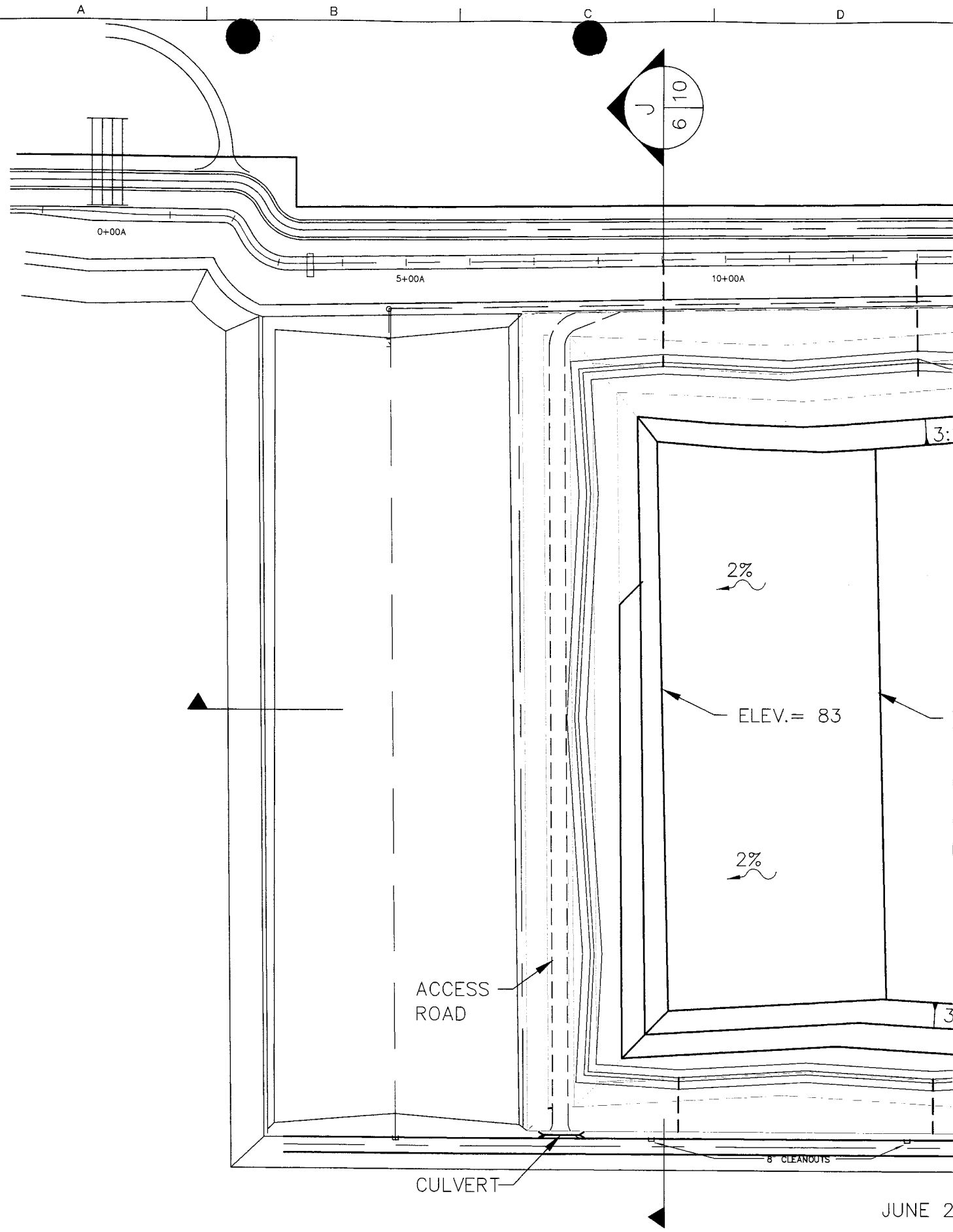
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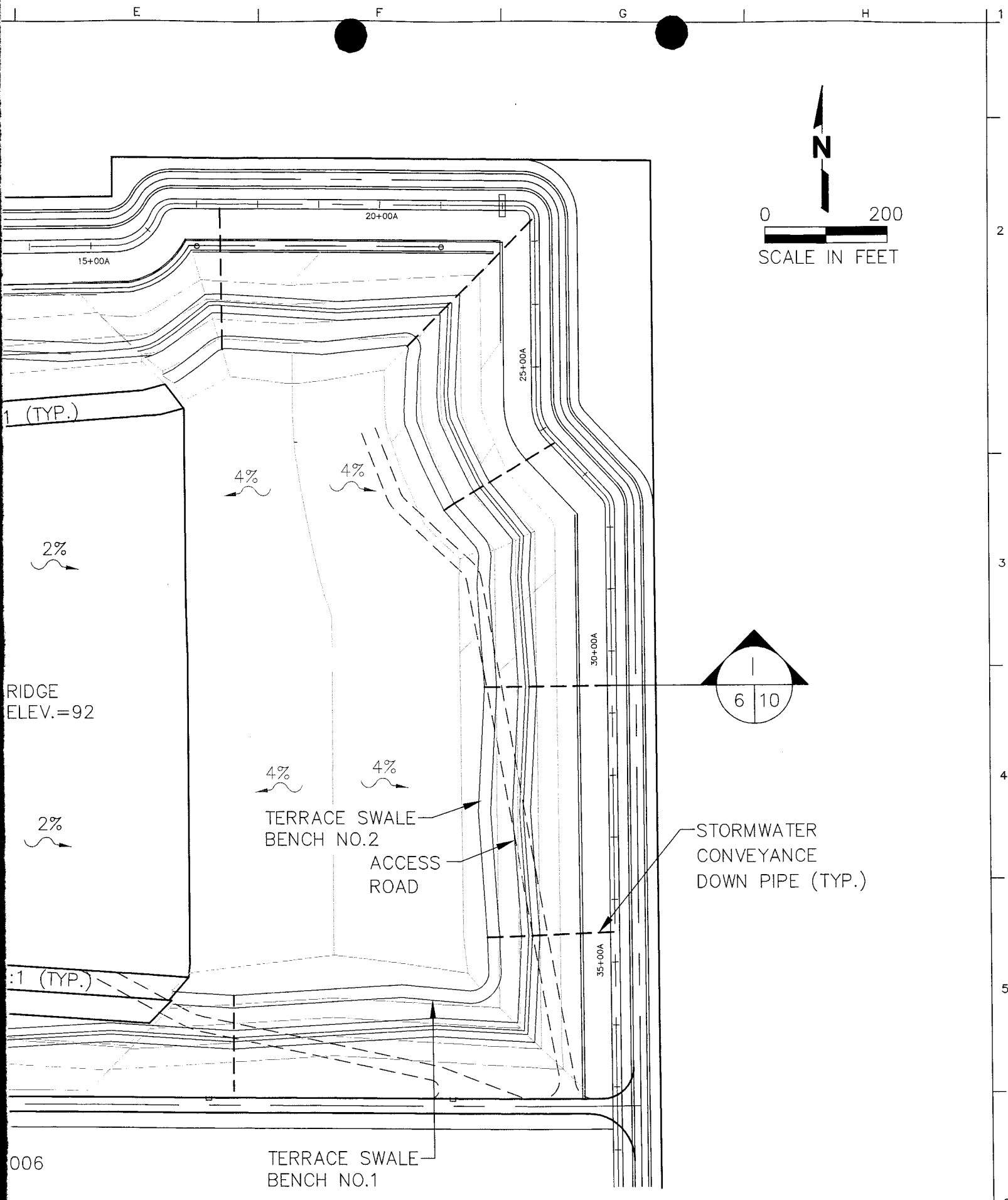
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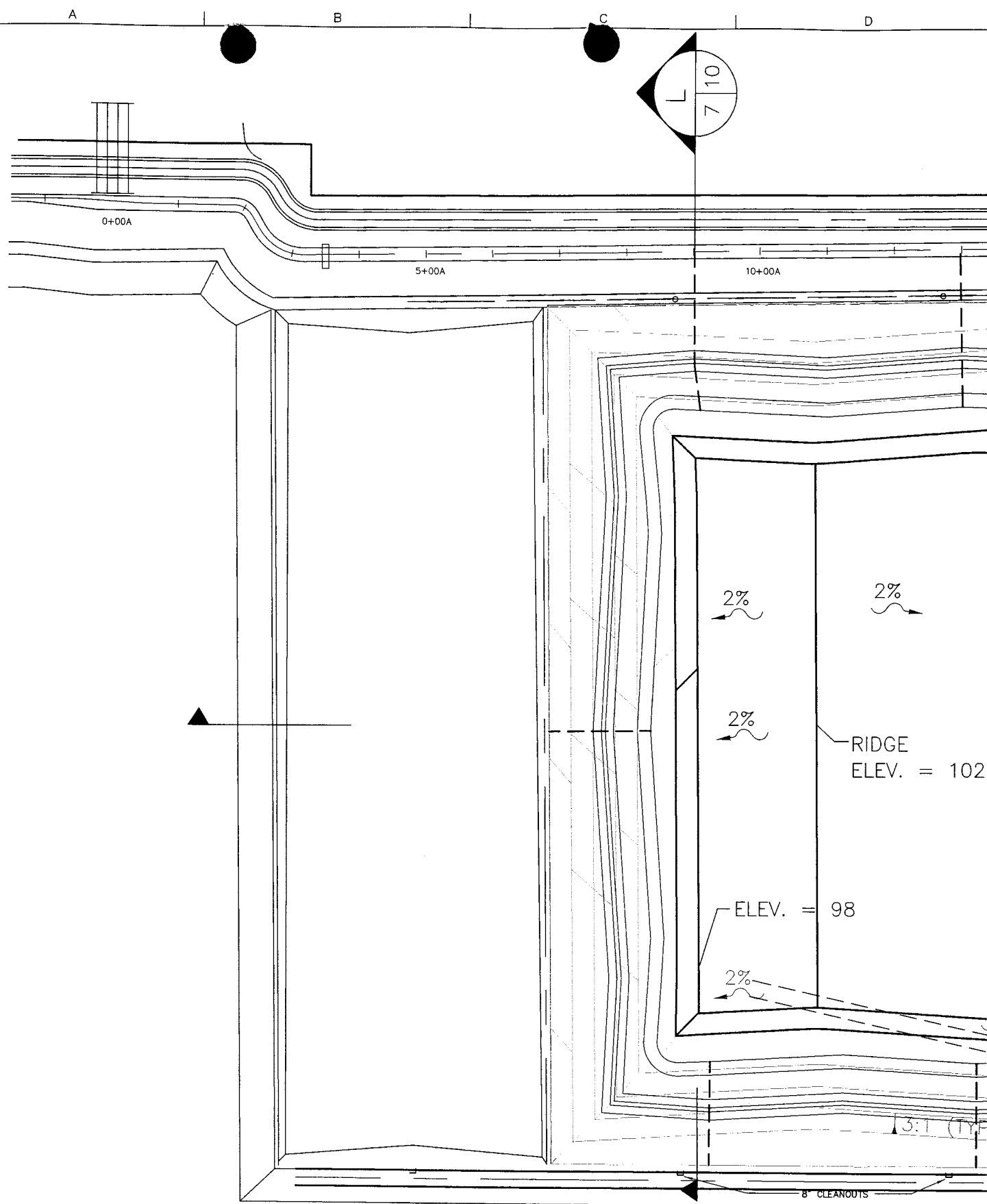


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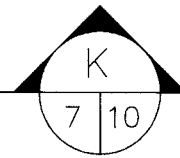
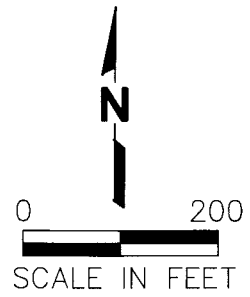
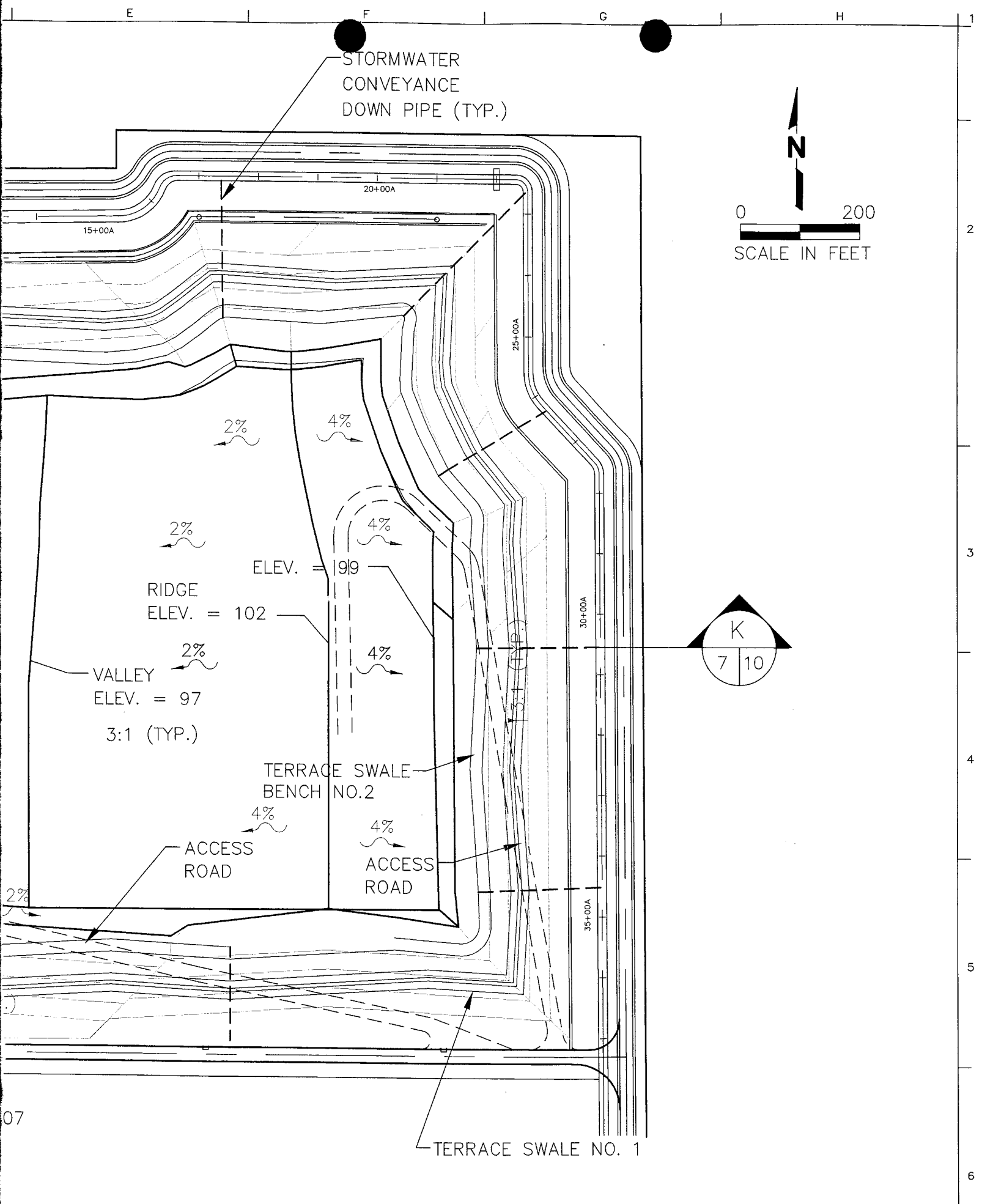


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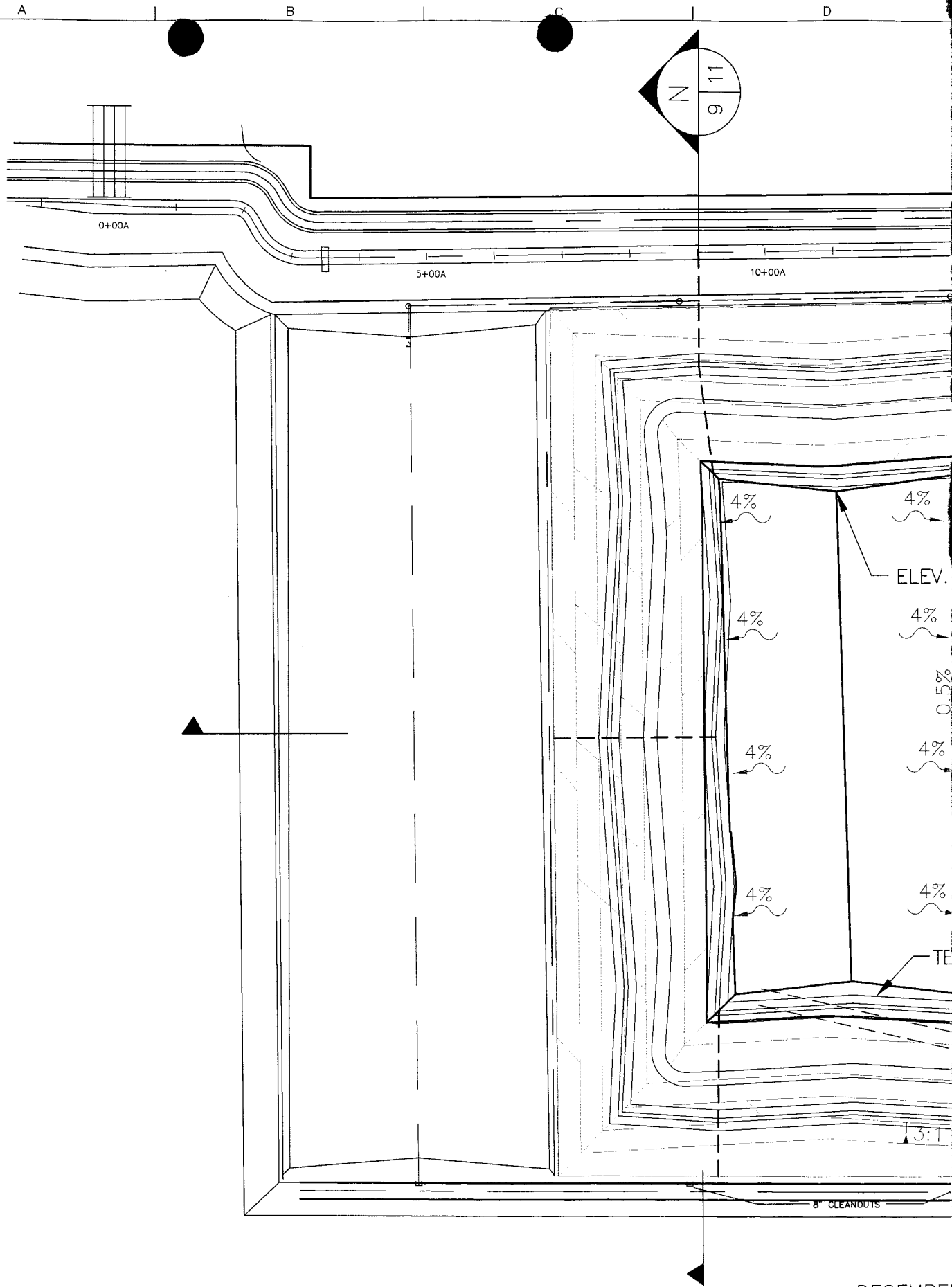


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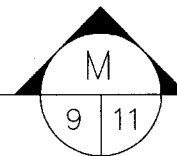
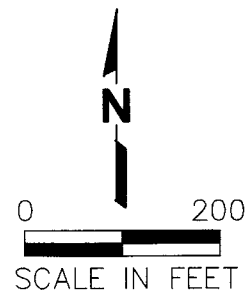
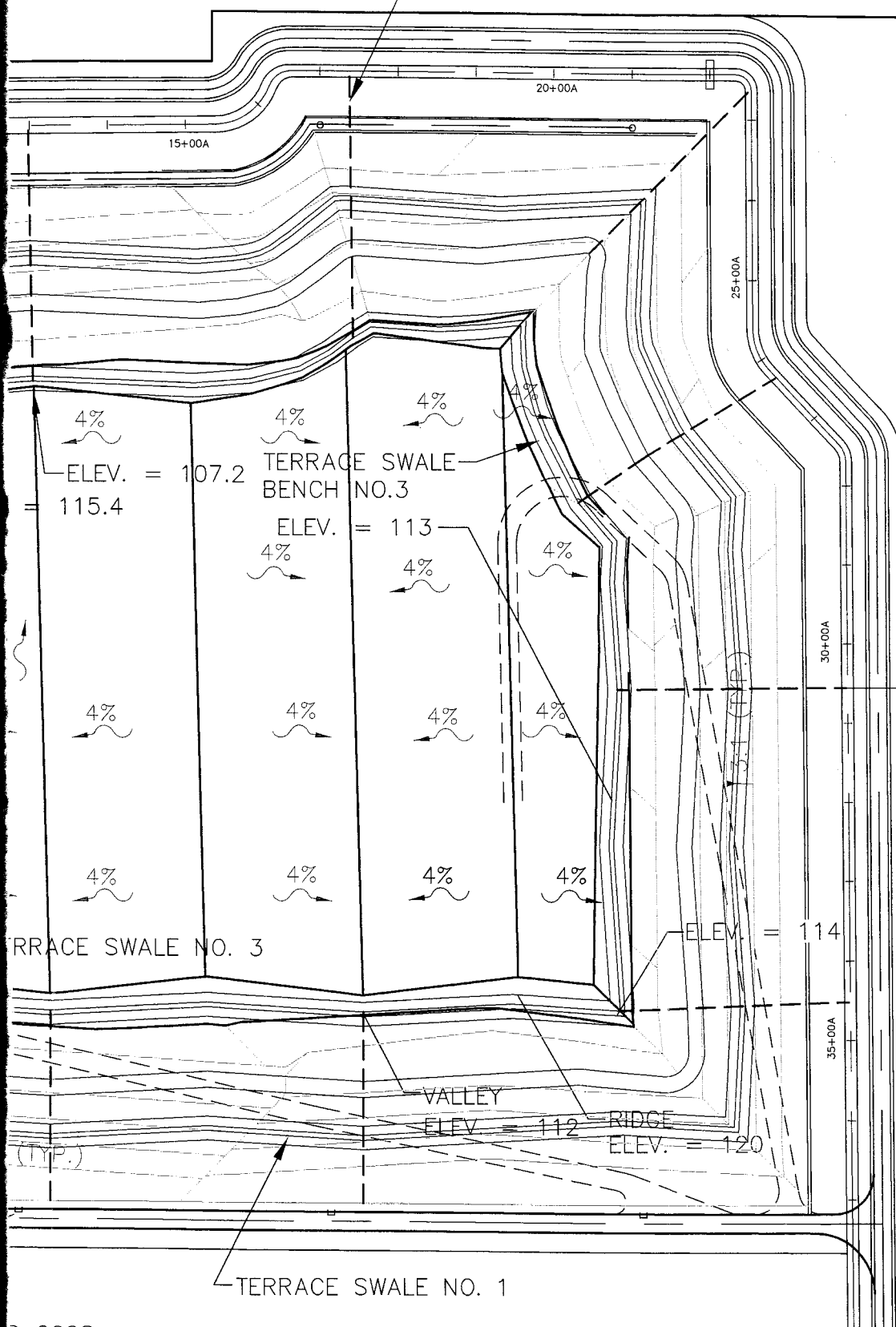
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STORMWATER
CONVEYANCE
DOWN PIPE (TYP.)



TERRACE SWALE NO. 3

VALLEY

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RIDGE

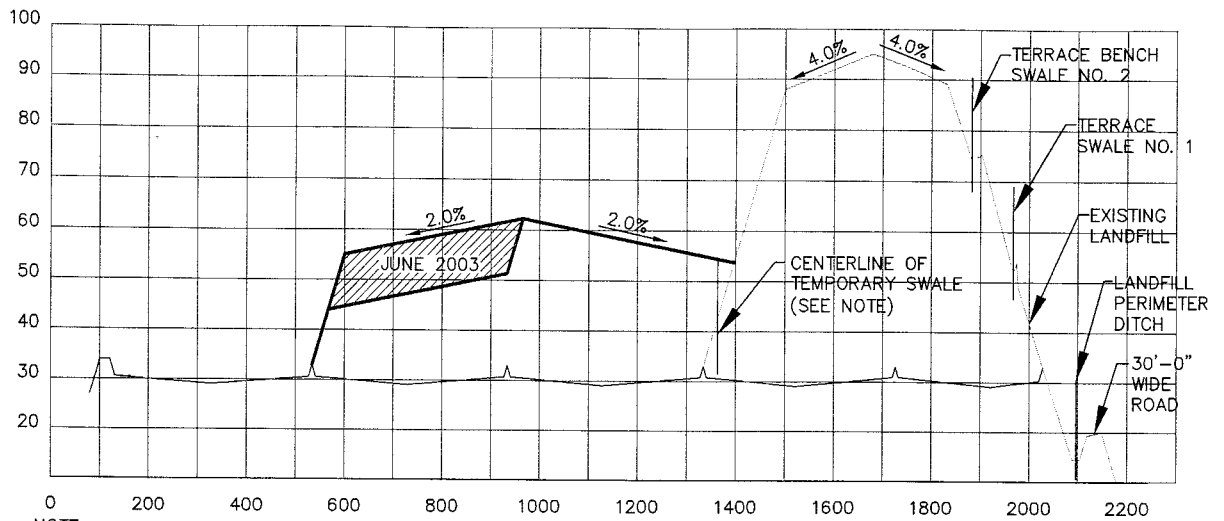
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TERRACE SWALE NO. 1

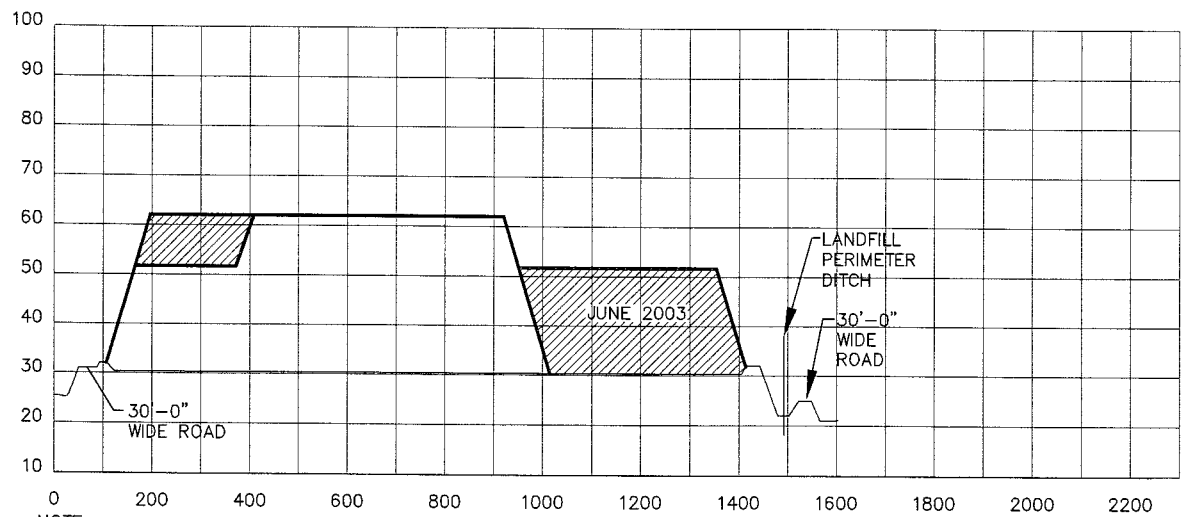
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NOTE:
 PROVIDE TEMPORARY STORMWATER
 SWALE AT CELL INTERFACE WITH A NEGATIVE
 GRADE AT 0.5% TOWARDS THE PERIMETER
 OF THE LANDFILL.

SECTION C
 NOT TO SCALE 3/8



NOTE:
 PROVIDE TEMPORARY STORMWATER
 SWALE AT CELL INTERFACE WITH A NEGATIVE
 GRADE AT 0.5% TOWARDS THE PERIMETER
 OF THE LANDFILL.

SECTION D
 NOT TO SCALE 3/8

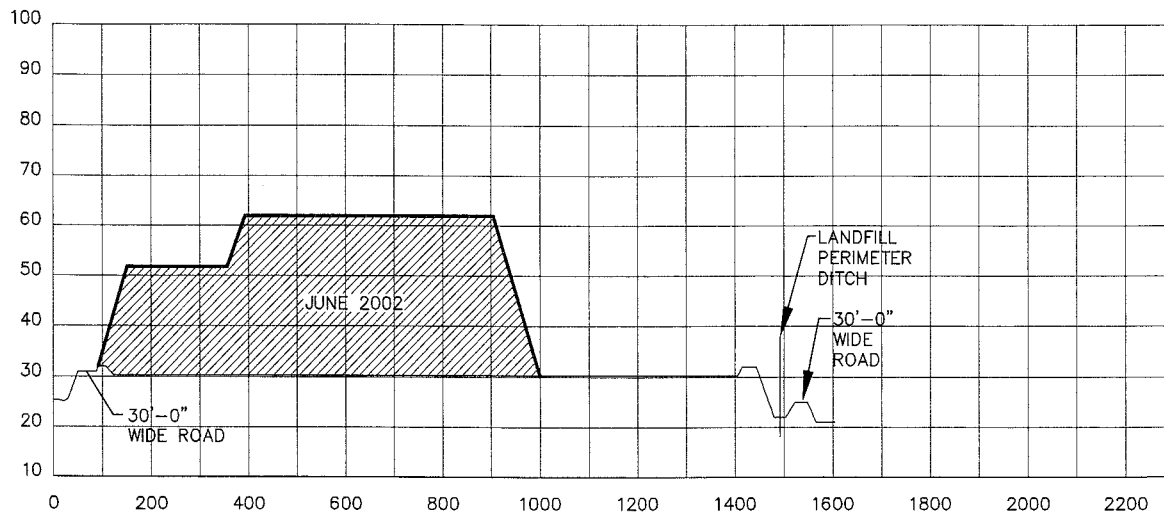
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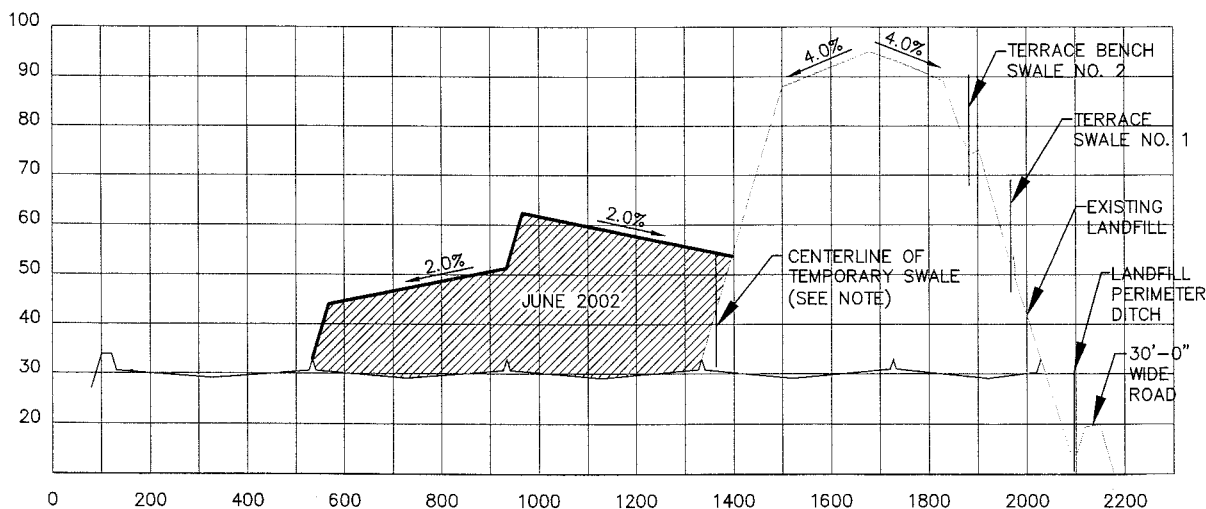
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NOTE:
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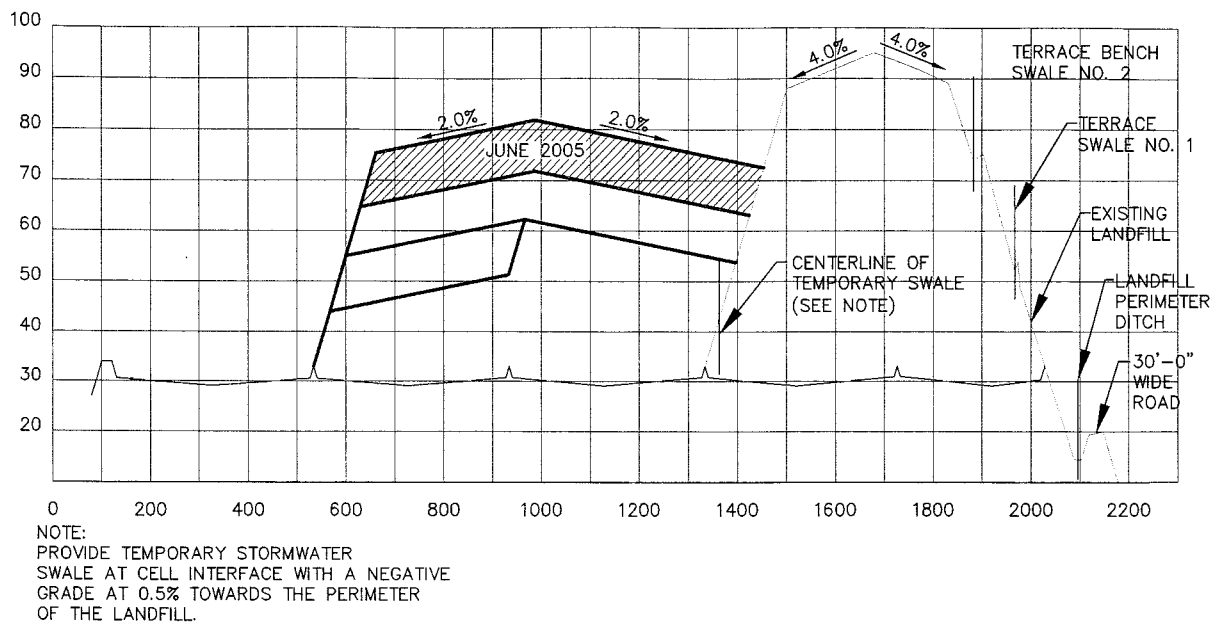
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NOT TO SCALE 2 8



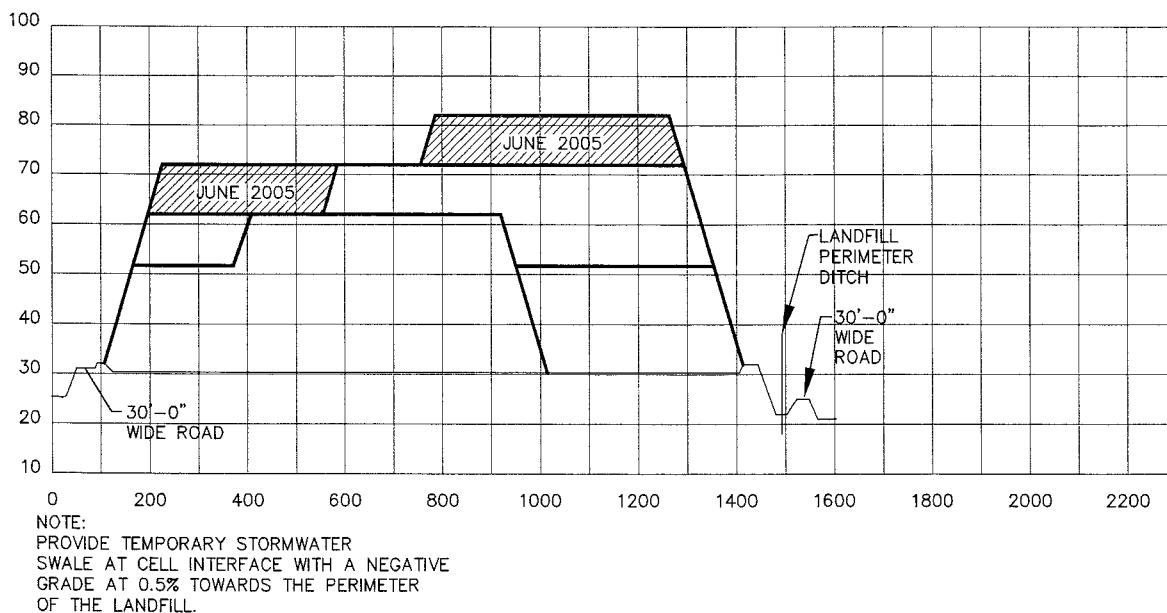
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SWALE AT CELL INTERFACE WITH A NEGATIVE
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OF THE LANDFILL.

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SECTION G
5 9
NOT TO SCALE



SECTION H
5 9
NOT TO SCALE

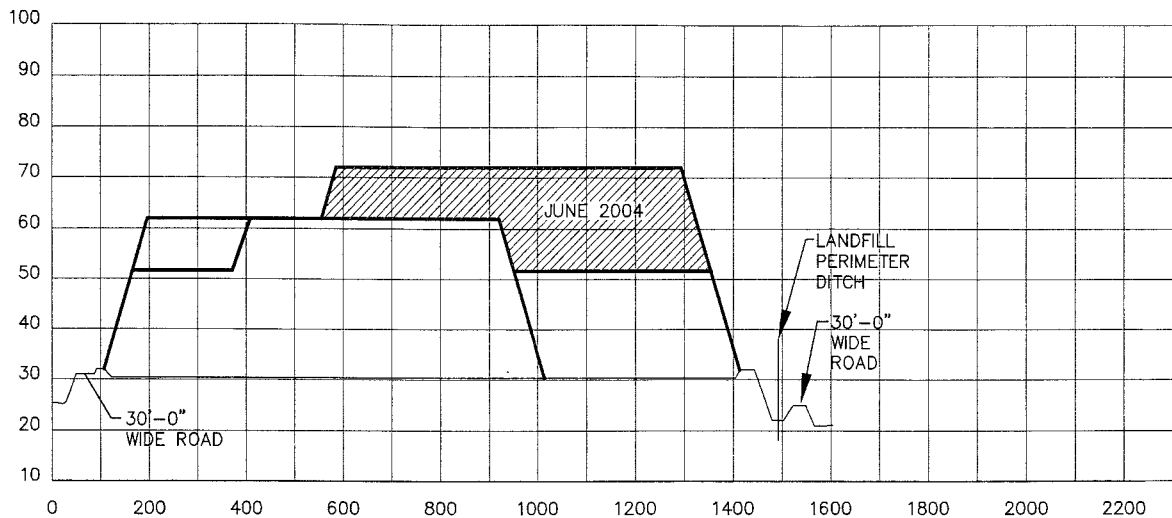
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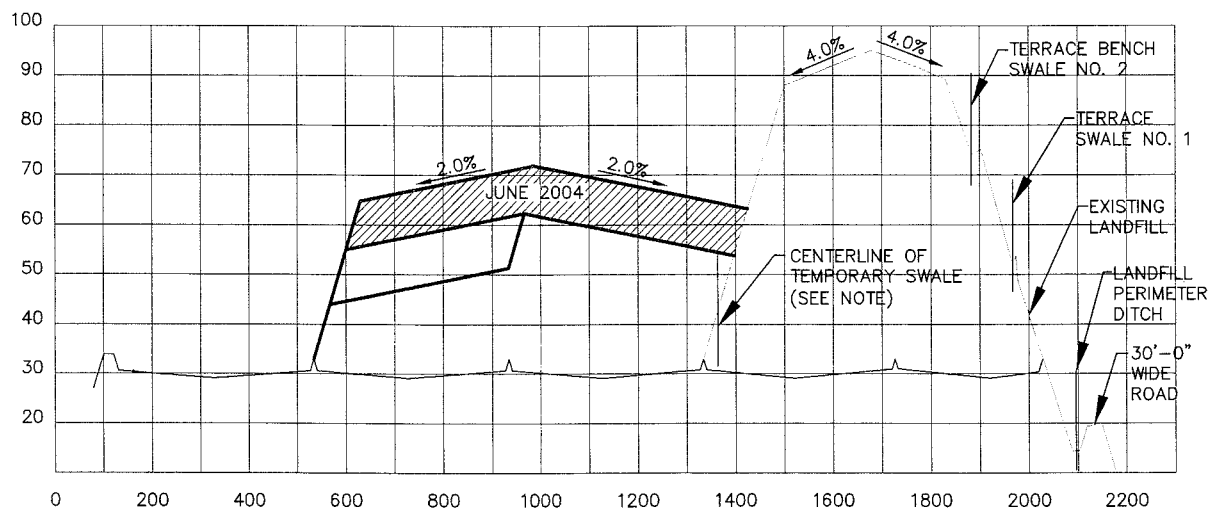
Revisions

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NOTE:
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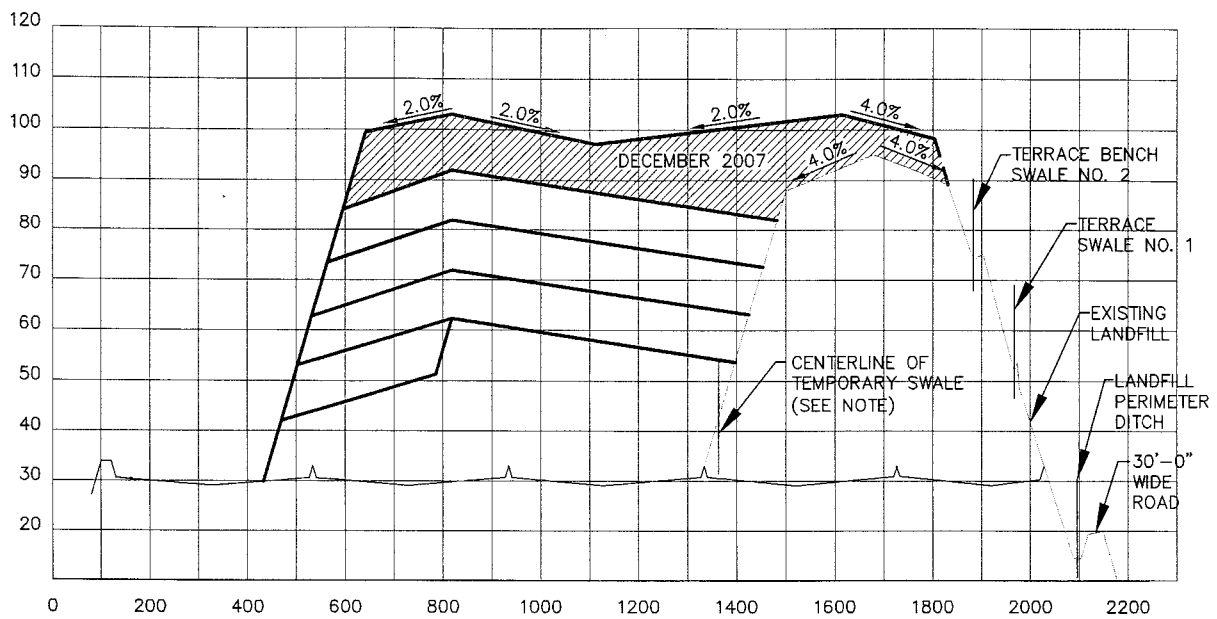
SECTION F
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NOT TO SCALE



NOTE:
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SECTION E
4 9
NOT TO SCALE

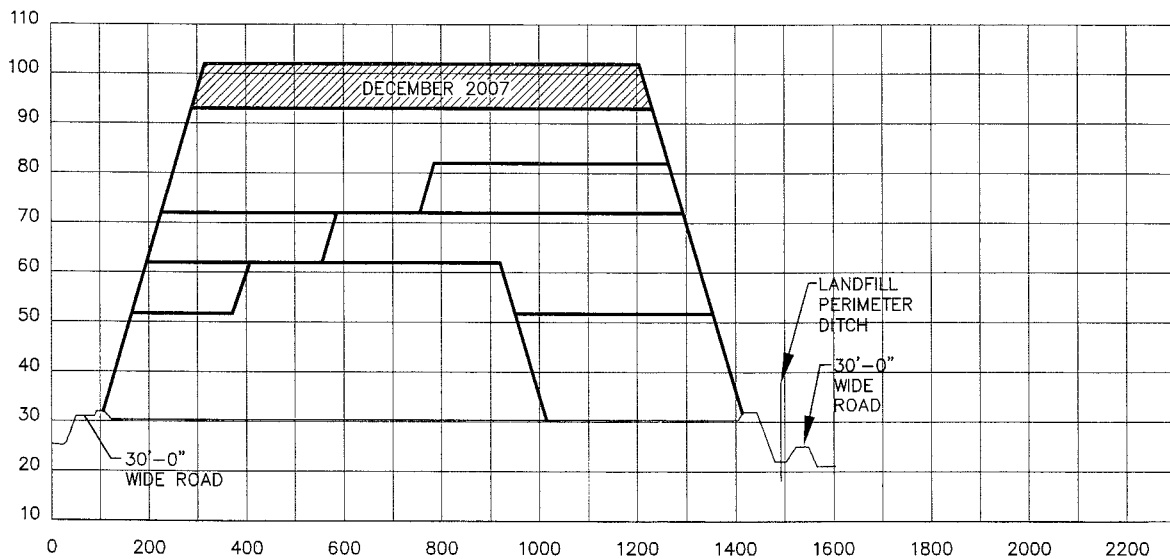
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		Drawn By: GRD III				



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 GRADE AT 0.5% TOWARDS THE PERIMETER
 OF THE LANDFILL.

SECTION

NOT TO SCALE



NOTE:
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 SWALE AT CELL INTERFACE WITH A NEGATIVE
 GRADE AT 0.5% TOWARDS THE PERIMETER
 OF THE LANDFILL.

SECTION

NOT TO SCALE



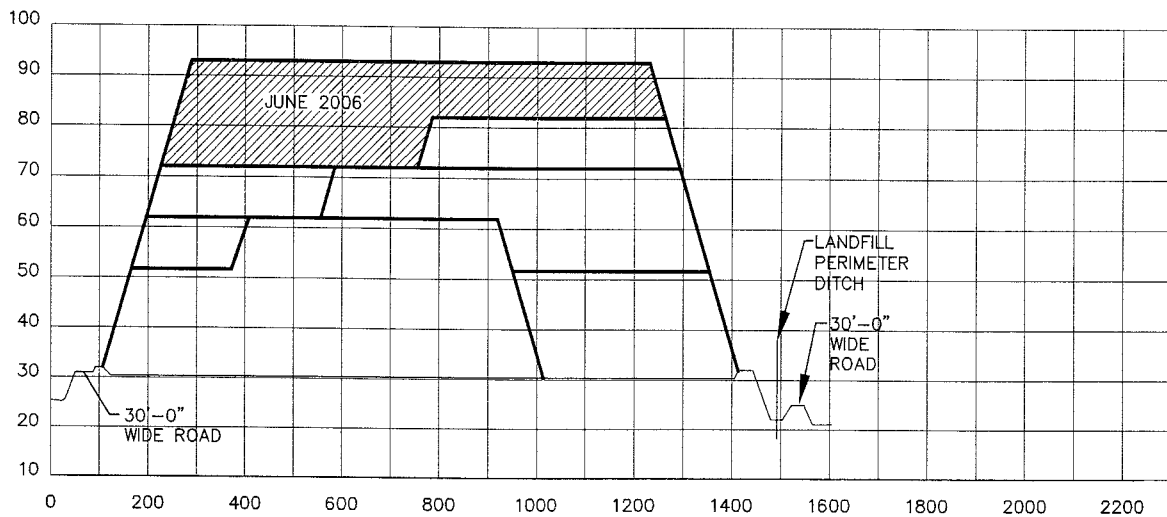
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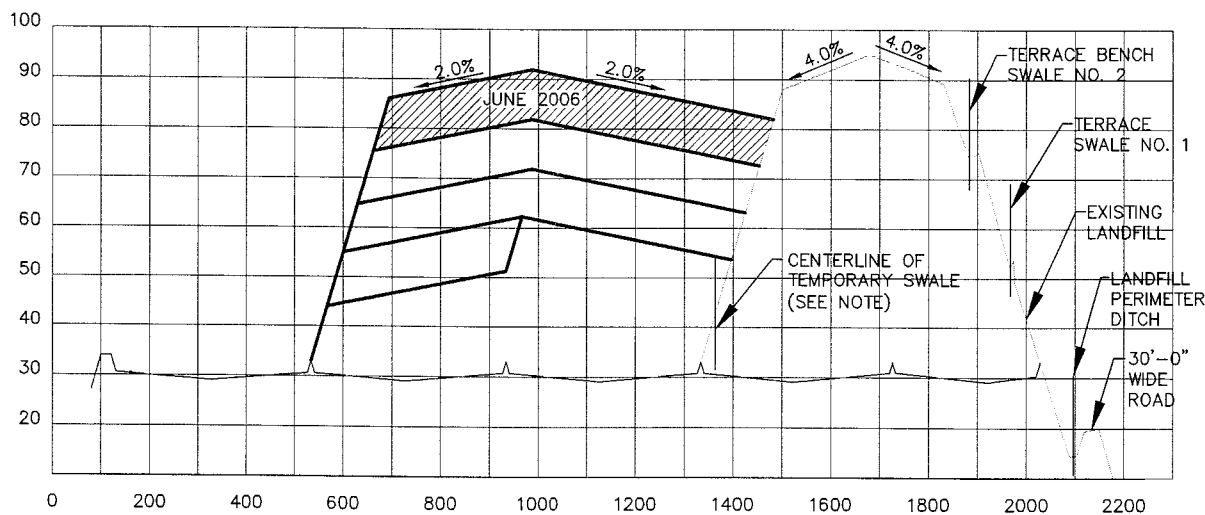
Revisions

No.	Description	Date	By	No.	Description	D



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 SWALE AT CELL INTERFACE WITH A NEGATIVE
 GRADE AT 0.5% TOWARDS THE PERIMETER
 OF THE LANDFILL.

SECTION J
 NOT TO SCALE 6/10



NOTE:
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 SWALE AT CELL INTERFACE WITH A NEGATIVE
 GRADE AT 0.5% TOWARDS THE PERIMETER
 OF THE LANDFILL.

SECTION I
 NOT TO SCALE 6/10

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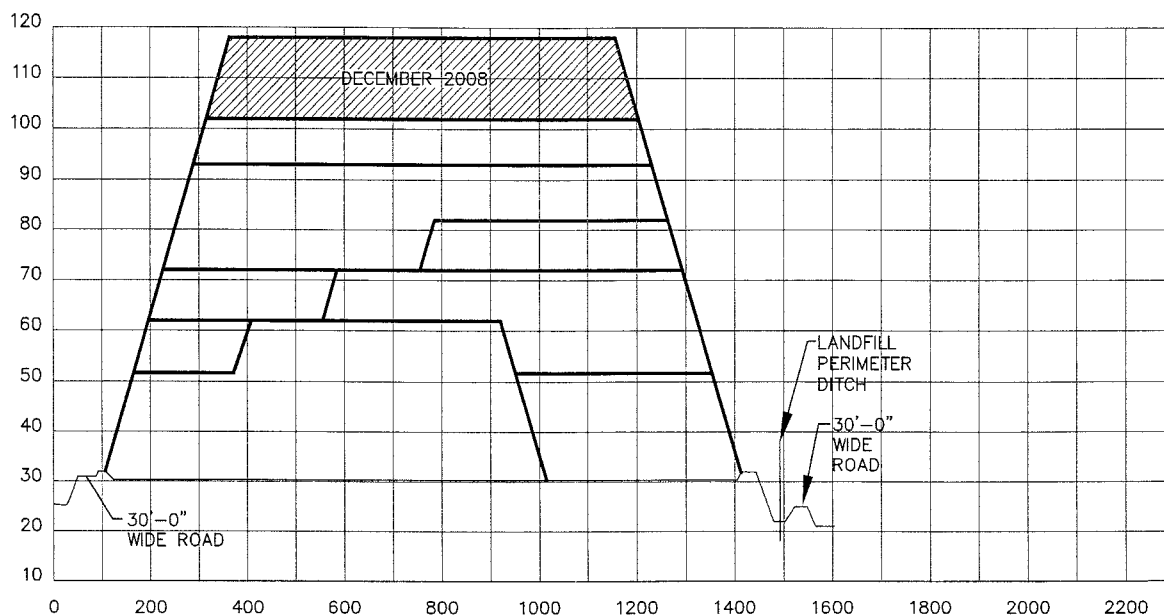
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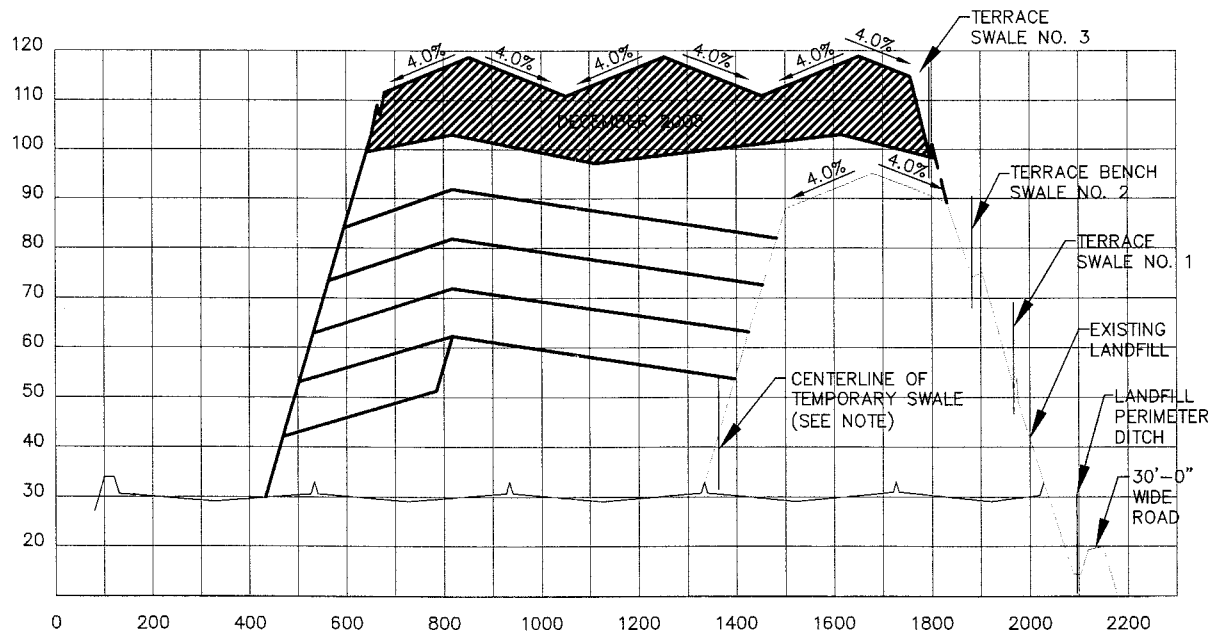
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NOTE:
PROVIDE TEMPORARY STORMWATER
SWALE AT CELL INTERFACE WITH A NEGATIVE
GRADE AT 0.5% TOWARDS THE PERIMETER
OF THE LANDFILL.

SECTION

NOT TO SCALE



NOTE:
PROVIDE TEMPORARY STORMWATER
SWALE AT CELL INTERFACE WITH A NEGATIVE
GRADE AT 0.5% TOWARDS THE PERIMETER
OF THE LANDFILL.

SECTION

NOT TO SCALE



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BASED ON CDM ORIGINAL
DRAWINGS DATE: 2/97

Revisions

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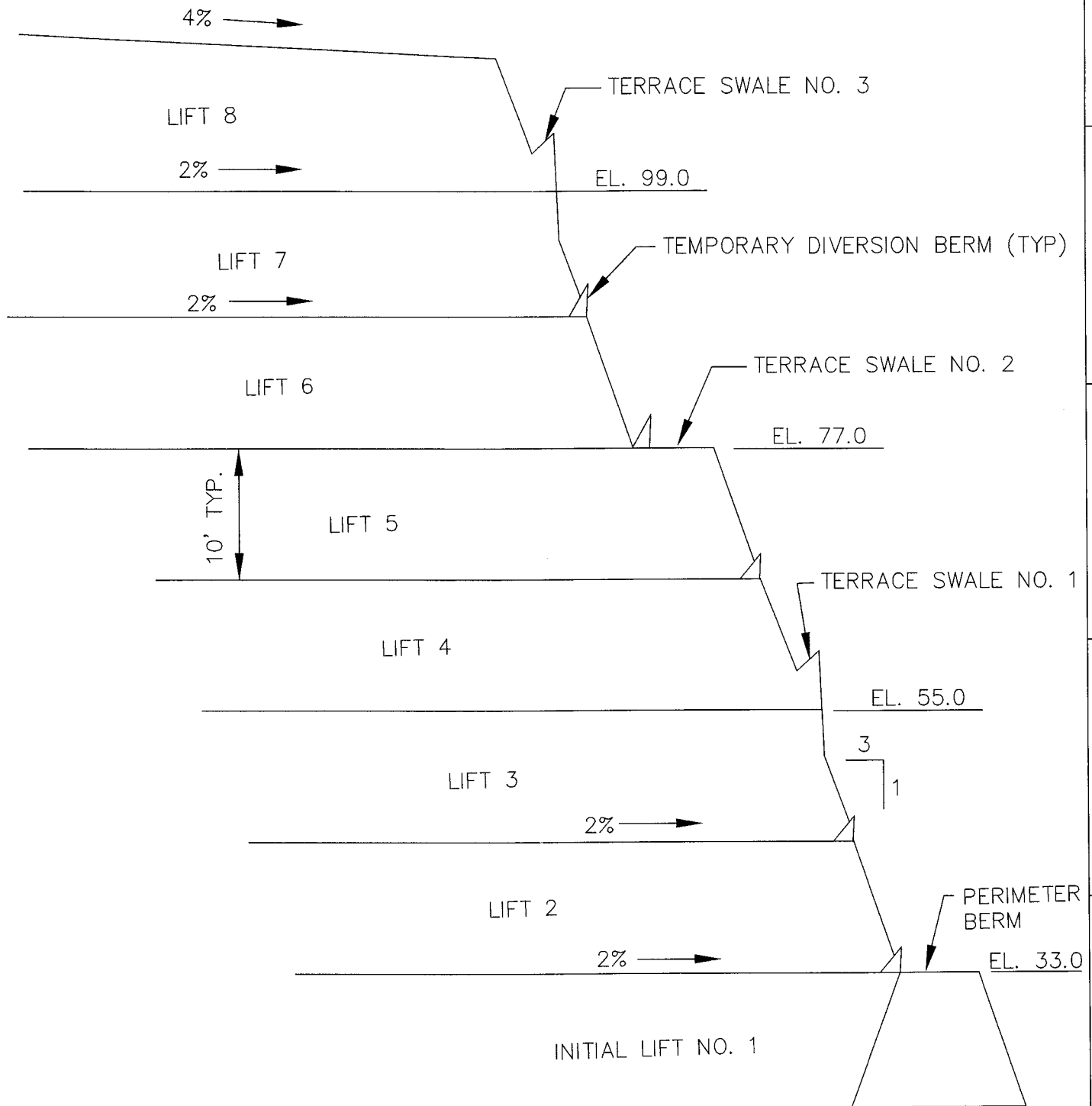
C

D

E

G

H



NOTE:

THIS MODIFIED DRAWING IS BASED ON
AUGUST 1993 CONSTRUCTION, OPERATION,
AND CLOSURE PLANS, SHEET NO. LFC-10
FROM ORIGINAL CDM DRAWINGS DATE: 2/97.

REVISED ON 10/06/03

te	By	Approved By: RBG	Project Location: CENTRAL COUNTY SOLID WASTE DISPOSAL COMPLEX SARASOTA COUNTY, FLORIDA	Drawing No. 011004CDMORIG	Scale: As Shown	Sheet Number: 3
		Checked By: JAB				
		Drawn By: GRD III				
				Date: JULY 2002		

G:\PROJECT\Sarasota\09201010.04\011004CDMDetails.dwg Oct 06, 2003 - 3:31pm Layout Name: Sheet 16 By: 1916xrh

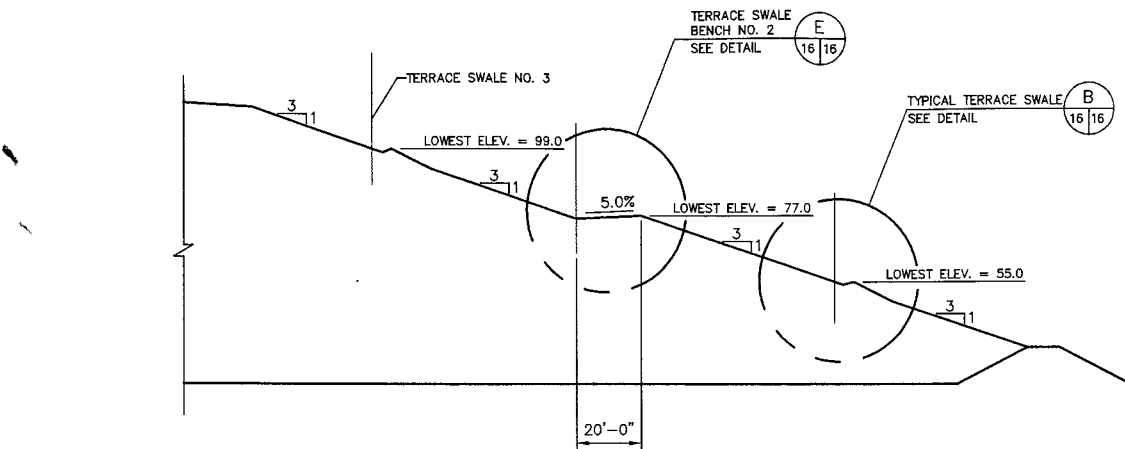
A B C D

2

3

4

5



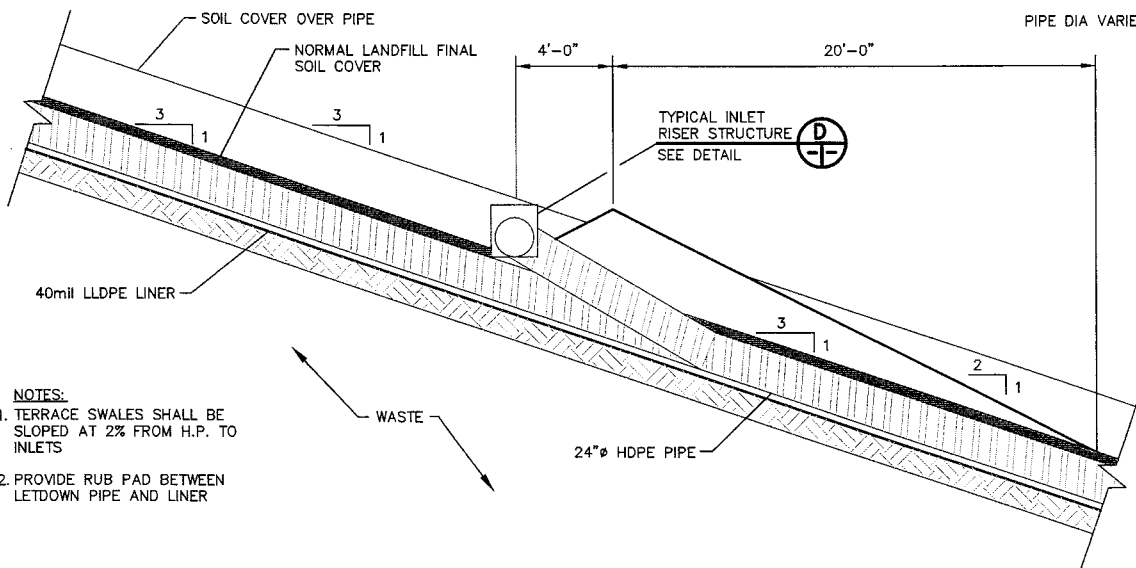
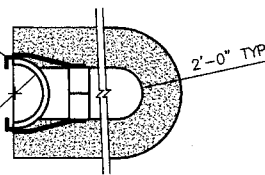
TYPICAL SIDESLOPE DETAIL

NOT TO SCALE



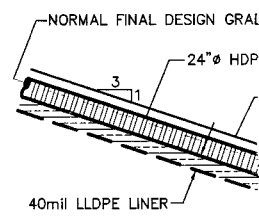
S.S. ANGLES
AND CHANNEL

PIPE DIA VARIES



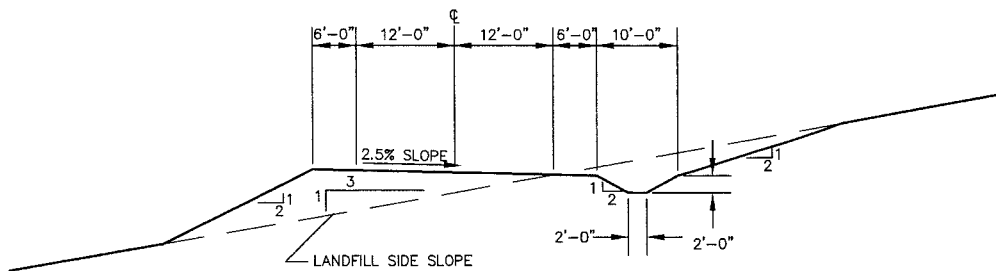
TYPICAL INLET STRUCTURE

NOT TO SCALE



TYPICAL TERRACE SWALE DETAIL

1"=4'



TYPICAL ACCESS RAMP DETAIL

NOT TO SCALE



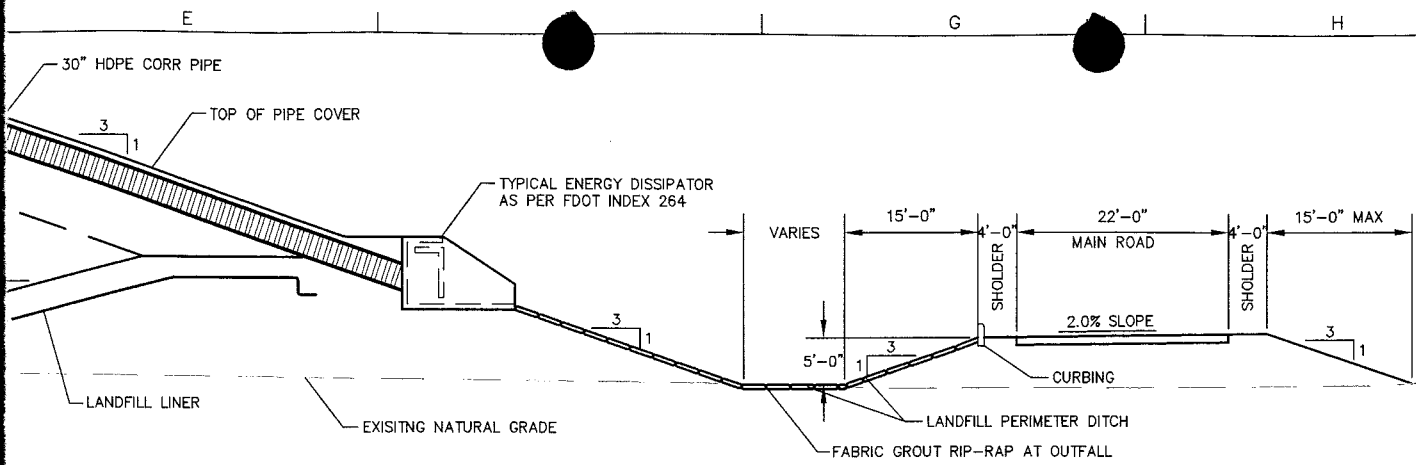
SCS ENGINEERS

STEARNS, CONRAD AND SCHMIDT
CONSULTING ENGINEERS
3612 U.S. HWY. 301 NORTH, SUITE 700, TAMPA, FL 33619
PH (813) 621-0080 FAX NO. (813) 623-6757

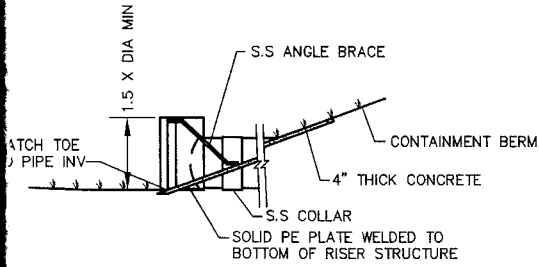
BASED ON CDM ORIGINAL
DRAWINGS DATE: 2/97

Revisions

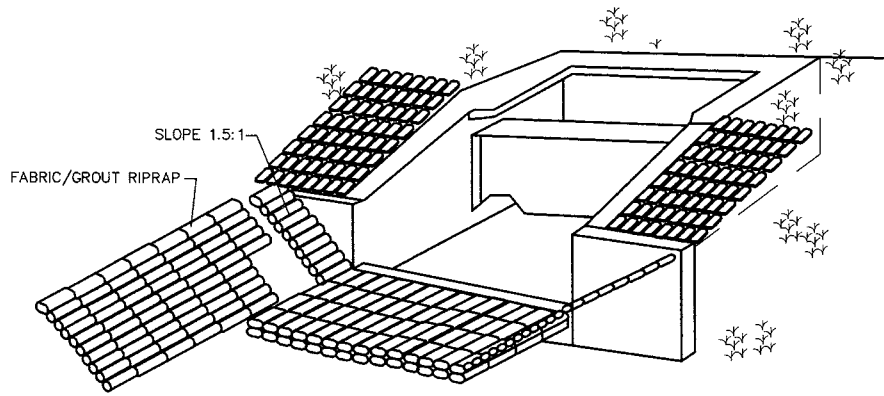
No.	Description	Date	By	No.	Description	Date



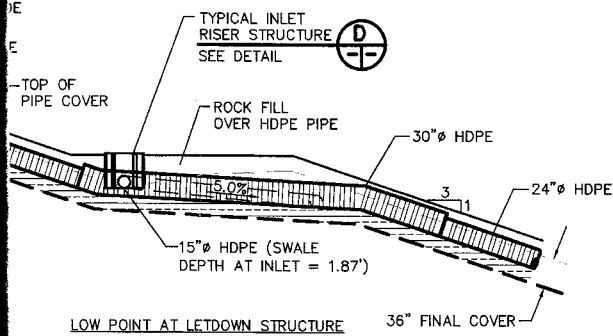
**TYPICAL DISCHARGE
STRUCTURE DETAIL** (F)
NOT TO SCALE



**TYPICAL INLET
RISER STRUCTURE DETAIL** (D)
NOT TO SCALE

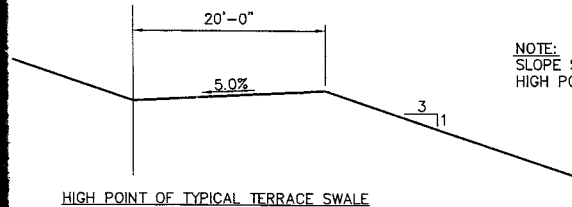


**TYPICAL ENERGY
DISSIPATOR DETAIL** (G)
NOT TO SCALE



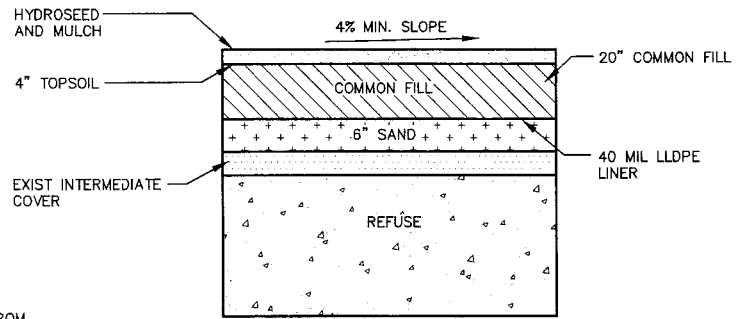
LOW POINT AT LETDOWN STRUCTURE

AL DESIGN GRADE



HIGH POINT OF TYPICAL TERRACE SWALE

**TYPICAL TERRACE
BENCH DETAIL** (E)
NOT TO SCALE



FINAL CAP PROFILE DETAIL (H)
NOT TO SCALE

NOTE:
DRAINAGE STRUCTURES ARE FOR FINAL
CLOSURE AND PERMANENT INSTALLATION.
TEMPORARY DRAINAGE PIPES SHALL BE
MINIMUM SIZE OF 18 INCHES INSTALLED AT
LOCATIONS OF PERMANENT STRUCTURES.

REVISED ON 05/28/03

Approved By: RBG	Project Location: CENTRAL COUNTY SOLID WASTE DISPOSAL COMPLEX SARASOTA COUNTY, FLORIDA	LANDFILL CLOSURE AND DRAINAGE DETAILS	Drawing No. 09201010.01\CDMDetails.dwg	
By: Checked By: JAB			Scale: As Shown	Sheet Number:
Drawn By: GRD III			Date: JULY 2002	16

Sarasota (central)
permit file



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

FEB 13 2003

SOUTHWEST DISTRICT

Date: February 11, 2003

To: Susan Pelz, Professional Engineer III, Solid Waste Program Manager
Department of Environmental Protection

From: Sharon J. Williams, Environmental Specialist I

Subject: Biomedical Waste at the Central County Solid Waste Disposal Complex

Enclosed are the most recent documentation and inspection reports detailing the biomedical waste disposal activities of the local hospitals at the county solid waste facility. This documentation should bring your files up to date.

Please send us a copy of your enforcement letter for our files.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Williams".

Sharon J Williams
Environmental Specialist I

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Landfill (Central County Solid Waste Disposal Complex) on February 07, 2003

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On February 07, 2003, I received a call from Mac Rhoades, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste. He stated Chad with Onyx found biomedical waste in a solid waste load at the landfill. This waste was identified to have originated from 1941 Waldemere St., Cape Surgery Center is located at this address and is owned by Sarasota Memorial Hospital.

Chad with Onyx found a needle in a clear bag.
During my inspection of the load I opened approximately ten clear bags and found one blood saturated piece of gauze, and one empty red bag.

I called SMH and spoke to Jim Heseman with Environmental Services to inform him of this situation. Greg Rosenberger and Jim Heseman responded to this complaint at the landfill. They looked through the open bags to determine where the biomedical waste originated. The name of one Doctor was found among the waste, no other identifiers were available. Greg and Jim stated that Waldemere Towers and Cape Surgery share a solid waste compactor, so the biomedical waste could have come from any where within the two facilities. I asked them to send me a copy of their corrective action plan.

Mr. Heseman called the hospital's biomedical waste transporter, Medico to have the entire load hauled and treated as biomedical waste.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

*Comp on
Cape Surgery Ctr
Smith*

NAME Laurel Land Bill
ADDRESS 4000 Knights Trail **CITY** Sarasota
PHONE _____ **ZIP** 34275
OWNER/CONTACT PERSON Mac Rhoades

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
1:30 P	4:15 P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
020703
000000 95
111111 96
222222 97
333333 98
444444 99
555555 00
666666 01
777777 02
888888 03
999999 04

POSITION #
29487
000000
111111
222222
333333
444444
555555
666666
777777
888888
999999

ID NUMBER
58-64-
000000
111111
222222
333333
444444
555555
666666
777777
888888
999999

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0000 95
1111 96
2222 97
3333 98
4444 99
5555 00
6666 01
7777 02
8888 03
9999 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method:
☐ 4. Records ☐ 8. Transport Vehicle(s)

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received call from Mac re; Contaminated Solid Waste Load - Mac states this Solid Waste Load Came from 1941 Waldemere ST & that Chad found a needle in the load I opened appx 10 bags & found one blood saturated Piece of gauze & one empty red bag
 Jim Heleman & Greg Rosenberger responded to this Complaint they Called med:co to have this Load hauled as BMW

INSPECTION CONDUCTED BY: Shawn Williams PHONE: 861-6133

COPY OF REPORT RECEIVED BY: _____ DATE: 2/7/03

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Landfill (Central County Solid Waste Disposal Complex) on January 30, 2003

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 30, 2003, I received a call from Mr. Dan McAllister, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste. He stated Fausto with Onyx found biomedical waste in a solid waste load from Sarasota Memorial Hospital at the landfill.

Upon arrival I observed one (1) large clear bag torn open in the solid waste load. This clear bag contained one (1) safety needle. Fausto with Onyx states he found this needle in a small brown paper bag within the larger clear bag.

I called SMH and spoke to Jim Heseman with Environmental Services to inform him of this situation. Greg Rosenberger with SMH arrived at the landfill and removed the clear bag to help identify the source of the problem. Mr. Rosenberger stated he contacted his medical waste transporter Medico, for proper disposal of this contaminated load.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

*SMH
Comp @ Landfill*

NAME Careel Landfill
 ADDRESS 4020 Knights Trail CITY Nokomis
 PHONE _____ ZIP _____
 OWNER/CONTACT PERSON _____

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
1:30P	2:30P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
01/30/03
00-00-00
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2-2-2-2
3-3-3-3
4-4-4-4
5-5-5-5
6-6-6-6
7-7-7-7
8-8-8-8
9-9-9-9

POSITION #
29487
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8-8-8-8-8
9-9-9-9-9

ID NUMBER
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6-6-6-6-6
7-7-7-7-7
8-8-8-8-8
9-9-9-9-9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
00-00-95
1-1-1-96
2-2-2-97
3-3-3-98
4-4-4-99
5-5-5-00
6-6-6-01
7-7-7-02
8-8-8-03
9-9-9-04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method:
☐ 4. Records ☐ 8. Transport Vehicle(s)

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Comp from Dan McAllister
 re; illegal disposal of BMW by SMH
 Dan States Fausto w/onyx found a safety needle
 in a brown paper bag in a lg Clear bag

 Observed a safety needle in load
 only 2 to 3 bags were opened

INSPECTION CONDUCTED BY:

Sharon Williams

PHONE:

861-6133

COPY OF REPORT RECEIVED BY:

DATE:

1/30/03

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
Petitioner,

vs.

DOH Case No.: 2003-

SARASOTA COUNTY PUBLIC HOSPITAL BOARD,
Respondent.

Serve: G. Duncan Finlay, M.D.
Chief Executive Officer
Sarasota County Public Hospital Board
1700 South Tamiami Trail
Sarasota, Florida 34239

/SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Sarasota County Public Hospital Board, operating under the Registered Fictitious name Sarasota Memorial Health Care System, operates a hospital located at

1700 Tamiami Trail S., Sarasota, Florida 34239 in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00606 issued by the Department of Health.

3. On January 30, 2003, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, one clear bag containing biomedical waste including at least one needle. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. Done this 4th day of February 2003 by the Department of Health, Sarasota County Health Department.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Susan Mastin Scott
SUSAN MASTIN SCOTT
Florida Bar #0000736
Chief Legal Counsel
2295 Victoria Avenue, Room 206
Fort Myers, Florida 33901
(239) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to G. Duncan Finlay, M.D., Chief Executive Officer, Sarasota County Public Hospital Board, 1700 South Tamiami Trail, Sarasota, Florida 34239 via Federal Express #7901 9767 2009 this 4th day of February 2003.

Susan Mastin Scott
Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Jeb Bush
Governor

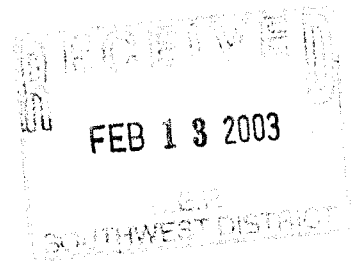


John O. Agwunobi, M.D., M.B.A.
Secretary

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on February 05, 2003

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department



On February 05, 2003, I received a call from Mr. Don Shaulis, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill. Fausto an employee with Onyx stated Chad with Onyx found biomedical waste in the solid waste load originating from Englewood Community Hospital.

Chad with Onyx found a needle in a clear bag that was torn open during routine examination of the solid waste load. When I arrived Fausto pointed out the needle and the bag it was found in.

Ted Green, Director of Environmental Services arrived and I advised him of what was found in the clear bag. He took the clear bag with him so he could review the paperwork to determine it's source.

Mr. Green, called the hospitals biomedical waste transporter, Medico Environmental Services. They removed the entire load this date.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

*Comp on
Englewood Hospital*

NAME Laurel Cantrell
 ADDRESS 1000 Knights Trail CITY Nokomis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON Complainant Don Shaul's

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
10:30A	12:45P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
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9:40	9:40
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11:50	11:50
12:55	12:55

DATE
02 05 03
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

ID NUMBER
58 64 -
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Received Complaint this date regarding illegal disposal of Biomedical waste at the Cantrell's upon arrival observed clear bag torn open + one uncapped needle on a cardboard box Facisto w/ myx States Chad found the needle in Englewood Hospital ^{Solid waste} road.
	Called + spoke to Ed Wrightson w/ Eng Hosp. They called Medica for proper disposal of Contaminated and

INSPECTION CONDUCTED BY: Sharon Williams PHONE: _____

COPY OF REPORT RECEIVED BY: _____ DATE: 2/5/03

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on January 29, 2003

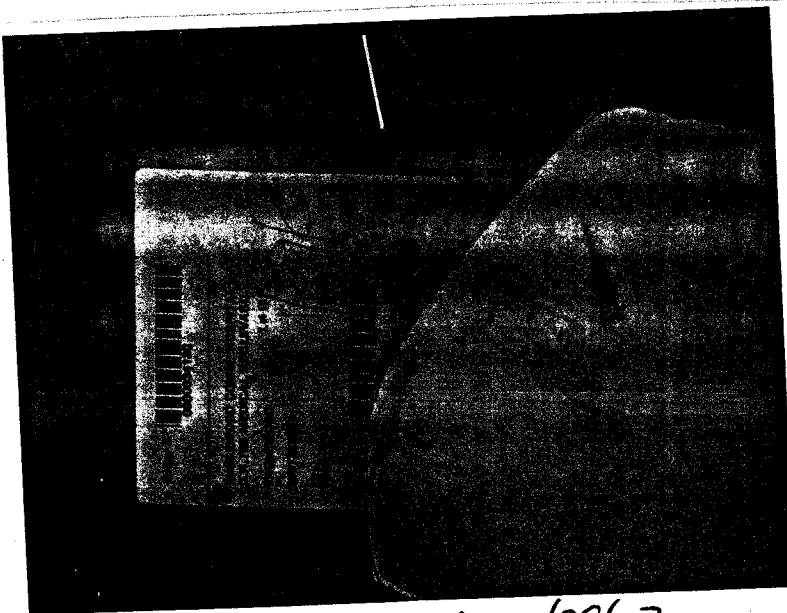
From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 29, 2003, I received a call from Mr. Terry Foxworthy, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill. Mr. Foxworthy stated Fausto with Onyx found biomedical waste in the solid waste load originating from Englewood Community Hospital.

Terry Foxworthy, states Fausto with Onyx found a needle in a clear bag that was torn open during routine examination of the load.
During my inspection of the load I found a second needle in the same clear bag.

Ted Green, Director of Environmental Services arrived and I advised him of what I found in the clear bag. He reviewed the paperwork found in the same clear bag to determine it's source.

Mr. Green, called the hospitals biomedical waste transporter, Medico Environmental Services. They removed the entire load this date.



Englewood 1/29/03

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

Camp or Eng Hospital

NAME Laurel Landfill (Central County)
 ADDRESS 4000 Knights Trail CITY Norcross
 PHONE _____ ZIP 30275
 OWNER/CONTACT PERSON Terry Foxworthy

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
1:00 P	3:00 P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
01/29/03
0-0-0-0-95
1-1-1-1-96
2-2-2-2-97
3-3-3-3-98
4-4-4-4-99
5-5-5-5-00
6-6-6-6-01
7-7-7-7-02
8-8-8-8-03
9-9-9-9-04

POSITION #
29487
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8-8-8-8-8
9-9-9-9-9

ID NUMBER
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9-9-9-9-9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0-0-0-0-95
1-1-1-1-96
2-2-2-2-97
3-3-3-3-98
4-4-4-4-99
5-5-5-5-00
6-6-6-6-01
7-7-7-7-02
8-8-8-8-03
9-9-9-9-04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
 (continue on attached sheet)

Received complaint from Terry Foxworthy from Santa County Env. Serv. Solid Waste Division he said a needle was found in a clear bag from a Solid Waste load originating from Englewood Community Hospital

During my Review of the contents I found a second needle in the same clear bag

INSPECTION CONDUCTED BY: Shawn Williams PHONE: 861-6133

COPY OF REPORT RECEIVED BY: _____ DATE: 1/29/03

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
Petitioner,

vs.

DOH Case No.: 2003-

ENGLEWOOD COMMUNITY HOSPITAL, INC.,
Respondent.

Serve: CT Corporation System, Registered Agent
1200 South Pine Island Road
Plantation, Florida 33324

/SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Englewood Community Hospital, Inc., operating under the Registered Fictitious name Englewood Community Hospital, operates a hospital located at 700 Medical Boulevard, Englewood, Florida 34223, in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual

biomedical waste operating permit, permit number 58-64-00074 issued by the Department of Health.

3. On January 29, 2003, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least one clear bag containing at least two needles. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. Done this 4th day of February 2003 by the Department of Health, Sarasota County Health Department.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Susan Mastin Scott

SUSAN MASTIN SCOTT
Florida Bar #0000736
Chief Legal Counsel
2295 Victoria Avenue, Room 206
Fort Myers, Florida 33901
(239) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to ENGLEWOOD COMMUNITY HOSPITAL, INC., CT Corporation System, Registered Agent, 1200 South Pine Island Road, Plantation, Florida 33324 via Federal Express # 7921 8383 5500 this 4th day of February 2003.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary

Memo of Record

Regarding Biomedical waste at the landfill on February 06, 2003

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On February 06, 2003, I received a call from Dan Mc Allister, Environmental Services, Solid Waste Division, Sarasota County regarding illegal disposal of biomedical waste at the landfill. Mr. Mc Allister stated Chad with Onyx found biomedical waste in the solid waste load originating from Doctors Hospital of Sarasota.

During Chad's inspection of the solid waste load he found a needle in a clear bag, and a blood contaminated needless catheter in a second clear bag. Gary Bouchard of Doctors Hospital inspected the waste to determine what area of the hospital may have generated it.

Mr. Bouchard called the hospital's biomedical waste transporter Medico to remove the entire load. The entire load was removed this date.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

*Complaint on
Doctors Hospital*

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Laurel Landfill (Central County Disp. Comply)
 ADDRESS 4000 Knights Trail CITY Nokomis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON Dan McAllister

BEGIN	END	DATE	POSITION #	ID NUMBER	TYPE	DATE
11:30 A	1:40 P	020603	29487	58-64-		000095
1:00	1:30				<input type="checkbox"/> Generate	111196
2:05 AM	2:05 AM				<input type="checkbox"/> Transport	222297
3:10 PM	3:10 PM				<input type="checkbox"/> Store	333398
4:15	4:15				<input type="checkbox"/> Treat	444499
5:20	5:20				<input type="checkbox"/> Other	555500
6:25	6:25					666601
7:30	7:30					777702
8:35	8:35					888803
9:40	9:40					999904
10:45	10:45					
11:50	11:50					
12:55	12:55					

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<p>Received Call from Dan McAllister regarding illegal disposal of BMW at the Solid Waste Landfill</p> <p>Dan Stated. Chad w/ onyx found a needle in clear bag + a visibly blood contaminated needleless catheter in a second clear bag.</p> <p>Gary Bouchard w/ Doctors Hospital responded to this complaint he called medics to have the load hauled + treated as BMW</p>

INSPECTION CONDUCTED BY: Shawn Williams PHONE: 861-6133
 COPY OF REPORT RECEIVED BY: _____ DATE: 2/6/03

Memo of Record

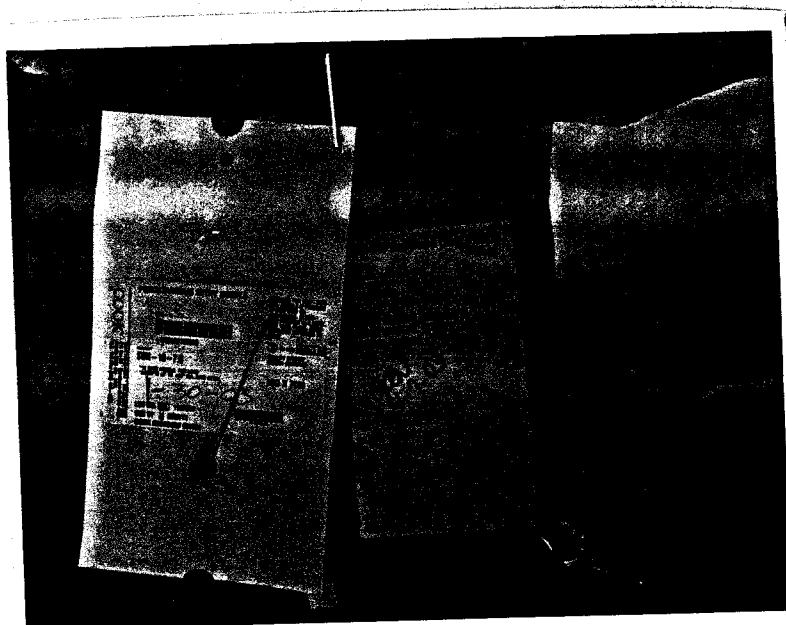
Regarding Biomedical waste at the landfill on January 30, 2003

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 30, 2003, I received a call from Dan Mc Allister, Environmental Services, Solid Waste Division, Sarasota County regarding illegal disposal of biomedical waste at the landfill. Mr. Mc Allister stated Fausto and Chad with Onyx found biomedical waste in the solid waste load originating from Doctors Hospital of Sarasota.

During inspection of the solid waste load Fausto opened a clear bag and found one large needle. Gary Bouchard of Doctors Hospital inspected the waste to determine what area of the hospital may have generated it, the paperwork indicates it could have originated on the 3rd Cardiac, or 5th Medsurg, floor of the hospital.

Mr. Bouchard called the hospital's biomedical waste transporter Medico to remove the entire load. The entire load was removed this date.



Doctors 1-30-03

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

Comp Doctors Hospital

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Laurel Landfill
 ADDRESS 4000 Knights Trail CITY Nakomis
 PHONE _____ ZIP _____
 OWNER/CONTACT PERSON _____

BEGIN	END
1230P	130P
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
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<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE	
013003	
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<input type="checkbox"/> 6	<input type="checkbox"/> 01
<input type="checkbox"/> 7	<input type="checkbox"/> 02
<input type="checkbox"/> 8	<input type="checkbox"/> 03
<input type="checkbox"/> 9	<input type="checkbox"/> 04

POSITION #				
2	9	4	8	7
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

ID NUMBER											
5	8	-	6	4	-						
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1	1		1	1		1	1	1	1	1	1
2	2		2	2		2	2	2	2	2	2
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TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	95
1	1	1	1	96
2	2	2	2	97
3	3	3	3	98
4		4		99
5		5		00
6		6		01
7		7		02
8		8		03
9		9		04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapter 382 and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s)

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Comp from Dan McAllister he stated Fausto + Chad w/ onyx found a needle in a clear bag

Observed a large needle in a clear wrapper paperwork shows Doctors Hospital 3rd + 5th floor Garg Bouchard was at Landfill when I arrived

INSPECTION CONDUCTED BY:

Sharon Williams

PHONE:

861-6133

COPY OF REPORT RECEIVED BY:

DATE:

1/30/03

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
Petitioner,

vs.

DOH Case No.: 2003-

SARASOTA DOCTORS HOSPITAL, INC.,
Respondent.

Serve: CT Corporation System, Registered Agent
1200 South Pine Island Road
Fort Lauderdale, Florida 33324

/SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Sarasota Doctors Hospital, Inc., operating under the Registered Fictitious name Doctors Hospital of Sarasota, operates a hospital located at 5731 Bee Ridge

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Susan Mastin Scott

SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(239) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to SARASOTA DOCTORS HOSPITAL, INC., CT Corporation System, Registered Agent 1200 South Pine Island Road, Fort Lauderdale, Florida 33324 via Federal Express #7915 2829 4238 this 4th day of February 2003.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

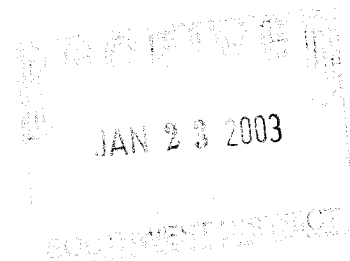
Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary



Date: January 21, 2003

To: Susan Pelz, Professional Engineer III, Solid Waste Program Manager
Department of Environmental Protection

From: Sharon J. Williams, Environmental Specialist I

Subject: Biomedical Waste at the Central County Solid Waste Disposal Complex

Enclosed are the documentation and inspection reports you requested detailing the biomedical waste disposal activities of the various local hospitals at the county solid waste facility. Since our telephone conference, several further incidents have occurred, and that documentation is also included.

We are requesting that you take any appropriate action to help us alleviate this ongoing problem. We appreciate your Department's cooperation, and apologize for the delay in getting this paperwork to you.

Thank you in advance for your help.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Williams".

Sharon J Williams
Environmental Specialist I

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
Petitioner,**

vs.

DOH Case No.: 2003-

**SARASOTA COUNTY PUBLIC HOSPITAL BOARD,
Respondent.**

**Serve: G. Duncan Finlay, M.D.
Chief Executive Officer
Sarasota County Public Hospital Board
1700 South Tamiami Trail
Sarasota, Florida 34239**

/ SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Sarasota County Public Hospital Board, operating under the Registered Fictitious name Sarasota Memorial Health Care System, operates a hospital located at 1700 Tamiami Trail S., Sarasota, Florida 34239 in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00606 issued by the Department of Health.

3. On December 20, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, one clear bag containing biomedical waste including at least three needles that were not properly disposed of in a red bag at the point of origin. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

4. On December 30, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to at least two clear bags containing biomedical waste including at least three needles visibly contaminated with blood that were not properly disposed of in a red bag at the point of

origin. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

5. On January 2, 2003, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to at least two clear bags containing biomedical waste including at least one needle and some tubing visibly contaminated with blood that were not properly disposed of in a red bag at the point of origin. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Page 4 of 5

Wherefore, the Department of Health hereby imposes a Seven Thousand Five Hundred Dollar (\$7,500.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-15.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. Done this 14th day of January 2003 by the Department of Health, Sarasota County Health Department.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

Susan Mastin Scott

SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(941) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to G. Duncan Finlay, M.D., Chief Executive Officer, Sarasota County Public Hospital Board, 1700 South Tamiami Trail, Sarasota, Florida 34239 via Federal Express # 836604583325 this 14th day of January 2003.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

Page 5 of 5

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Landfill (Central County Solid Waste Disposal Complex) on January 2, 2003

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 2, 2003, I received a call from Mr. Dan McAllister, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste. He stated Peter with Onyx found a needle and blood contaminated tubing in a solid waste load from Sarasota Memorial Hospital at the landfill.

Upon arrival I observed one (1) large clear bag torn open in the solid waste load. This clear bag contained one (1) capped needle, the metal needle was visible through the transparent cap. The second clear bag contained tubing visibly contaminated with blood.

I called SMH and spoke to Jeremiah with Environmental Services to inform him of this situation. No staff from SMH responded to this complaint at the landfill. I called Jeremiah back and advised him to contact his medical waste transporter for proper disposal of this contaminated load, he agreed and called Medico to remove the load.

The Seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a ship, and a person. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

[illegible]

Comp on
Smlt

RESULTS

☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory

Correct Violations by

☐ Next Inspection
☐ 8:00 AM on:

☐ Letter of Compliance by:

DATE			
0	0	0	95
1	1	1	96
2	2	2	97
3	3	3	98
4	4		99
5	5		00
6	6		01
7	7		02
8	8		03
9	9		04

☐ OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	ID NUMBER	TYPE
100 P 215 P		010203	29487	58-64-	<input type="checkbox"/> Generate <input type="checkbox"/> Transport <input type="checkbox"/> Store <input type="checkbox"/> Treat <input type="checkbox"/> Other

☐ Pathology ☐ Micrograph ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Radiology ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Hospital/State ☐ Hospital/Out-Office ☐ Laboratory ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

<input type="checkbox"/> 1. Name of the compound	<input type="checkbox"/> 2. Concentration	<input type="checkbox"/> 9. Labeling	<input type="checkbox"/> 12. Other _____
<input type="checkbox"/> 3. Molecular weight	<input type="checkbox"/> 4. Solubility	<input type="checkbox"/> 10. Transfer/Transport	_____
<input type="checkbox"/> 5. pH	<input type="checkbox"/> 6. Stability	<input type="checkbox"/> 11. Treatment Method:	_____
<input type="checkbox"/> 7. Synthesis	<input type="checkbox"/> 8. Transport Methods:	_____	_____

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Camp from Dan McAllister this date regarding illegal disposal of BMW he States Peter y Onyx found BMW in the Solid Waste Load

Observed one capped needle in a Clear bag
the 2nd Clear bag contained blood contaminated tubing

Spoke to Jeremiah @ SMTH - discussed situation

Called him back when he didn't arrive @ Landfill told him what I
 Sharon Williams PHONE: 861-6133
 DATE: 1/2/03



MEMO OF RECORD

SUBJECT: Biomedical Waste at the Landfill (Central County Solid Waste Disposal Complex) on December 30, 2002

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 30, 2002, I received a call from Mr. Dan McAllister, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste. He informed me that Fausto with Onyx found 3 needles in the solid waste load from Sarasota Memorial Hospital at the landfill.

I observed three (3) safety style needles, two of which were visibly contaminated with blood. When I spoke to Fausto he stated that two (2) of the needles were found in a brown paper bag that was contained in a clear bag. The third needle was found in a brown paper bag in another clear bag.

Jim Heseman and Susan LeFave with SMH arrived we had a discussion on where the problem with improper handling of biomedical waste was originating. Mr. Heseman states paper bags are used by the phlebotomists within the hospital, and this could be the source for this complaint.

Mr. Heseman called Medico for the proper disposal of this contaminated load.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☐ CHANGE OF OWNER
- ☐ COMPLAINT
- ☐ REINVESTIGATION
- ☐ OTHER

Comp on Smt

NAME Laurel Carefill (Central County Disp. Comp)
 ADDRESS 4000 Knights Trail CITY Volcanis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON _____

RESULTS

- ☐ Satisfactory
- ☐ Incomplete
- ☐ Unsatisfactory
- Correct Violations by
 - ☐ Next Inspection
 - ☐ 8:00 AM on:
- ☐ Letter of Compliance by:

BEGIN	END	DATE	POSITION #	ID NUMBER	TYPE
1130A	120P	123002	29487	58-64-	
					<input type="checkbox"/> Generate
					<input type="checkbox"/> Transport
					<input type="checkbox"/> Store
					<input type="checkbox"/> Treat
					<input type="checkbox"/> Other

DATE

0	0	0	0	95
1	1	1	1	96
2	2	2	2	97
3	3	3	3	98
4	4	4	4	99
5	5	5	5	00
6	6	6	6	01
7	7	7	7	02
8	8	8	8	03
9	9	9	9	04

☐ OUT OF BUSINESS

- ☐ Medical Doctor
- ☐ Osteopath
- ☐ Clinical Laboratory
- ☐ Abortion Clinic
- ☐ Home Health
- ☐ SurgiCenter/Walk-in
- ☐ Other
- ☐ State Laboratory/ Clinic
- ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 9. Labeling
- ☐ 10. Transfer/Transport
- ☐ 11. Treatment Method:
- ☐ 12. Other

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Complaint from Dan McAllister (Sarasota County Env. Svcs Solid Waste) regarding illegal Disposal of Bmw by Smt

Observed 3 Safety needles 2 visibly contaminated w/ blood

Found w/ only States 2 needles were found in one brown paper bag + one needle in a second brown paper bag
 Jim Hession + Susan Lefave from Smt responded to this incident
 Sharon Williams

PHONE: 861-6133

DATE: 12/30/02

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Landfill (Central County Solid Waste Disposal Complex) on December 20, 2002

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 20, 2002, I received a call from Mr. Don Shaulis, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste by Sarastoa Memorial Hospital at the landfill.

Upon arrival I observed one (1) large clear bag torn open in the solid waste load. This clear bag contained three (3) capped needles. I removed the caps to verify they were needles.

Mr. Dan McAllister and I conducted an inspection of the solid waste load, we looked through approximately 15 clear bags from the load and did not observe any more biomedical waste. I could not ensure the waste was not still contaminated.

Donna Desrosier a clerk with Sarasota County Health Department Environmental Health Services called Jim Hesseman of SMH to inform them of this incident.

After waiting an hour and a half for SMH staff to arrive I called Jim Hesseman again. He said they were having trouble getting a crew of people together, I recommended he call his medical waste transporter to have the entire load hauled as biomedical waste. He agreed and called Medico to remove the load.

I received a call from Mr. Jerry Hubbell with Medico Environmental Services, he called to say he had received a call from SMH and wanted to know what he could do to help resolve this on going problem. He indicated that Jim Hesseman thought the incident today only involved empty syringes, and there were no needles on any of them. I advised Mr. Hubbell that there were three (3) needles without syringes found in the load. I outlined the memorandum of understanding we have with DEP, and that it is my job to investigate and determine whether or not the waste found meets the definition of biomedical waste and all needles whether or not contaminated meet this definition. He said they would have the load removed by the end of the day.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

Comp on SMH

NAME Laurel Candler (Central County Solid Waste)
 ADDRESS 4000 Knights Trail CITY Norcross
 PHONE _____ ZIP 30275
 OWNER/CONTACT PERSON Complainant Don Shaul's

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN END

11:00 A 2:30 P

DATE

12 20 02

POSITION #

29487

ID NUMBER

58-64-0

TYPE

- ☐ Generate
☐ Transport
☐ Store
☐ Treat
☐ Other

DATE

0 0 0 0 95
 1 1 1 1 96
 2 2 2 2 97
 3 3 3 3 98
 4 4 4 4 99
 5 5 5 5 00
 6 6 6 6 01
 7 7 7 7 02
 8 8 8 8 03
 9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Dentist ☐ Veterinary ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

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- ☐ 1. Permit/Name on Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Forms ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Facilities ☐ 7. Storage ☐ 11. Treatment Method:
☐ 4. Records ☐ 8. Transport Vehicles)

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received complaint this date on a Contaminated Load from SMH Don Shaul's states they found needles

During inspection of the load I observed 3 Capped needles, ALL 3 needles were found in a clear bag

Called SMH - they contacted medico to remove the load

Sharon Williams

PHONE: 861-6133

DATE: 12/20/02

MEMO OF RECORD

Regarding: Biomedical Waste at the Central County Solid Waste Collection Complex (Landfill)
on December 18, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 18, 2002 I received a call from Don Shaulis Environmental Services Sarasota County re: illegal disposal of biomedical waste at the landfill.

Upon arrival I observed 1 medium size red bag in the solid waste load. This red bag contained bloody gauze with another unrecognizable fluid on it.

Terry Foxworthy and I conducted an inspection of the load and determined it was primarily kitchen waste except for the one red bag containing biomedical waste.
The remainder of this load was merged in with the solid waste at the landfill.

I called Greg Rosenberger of SMH and left a message to inform him of this latest incident.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

6th Comp on SMH

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Laurel Cardfill (Central County Solid waste div)
 ADDRESS 4000 Knights Trail CITY Norfolk
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON _____

BEGIN	END
11:00A	12:00P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12/18/02
0-0-0-0-95
1-1-1-1-96
2-2-2-2-97
3-3-3-3-98
4-4-4-4-99
5-5-5-5-00
6-6-6-6-01
7-7-7-7-02
8-8-8-8-03
9-9-9-9-04

POSITION #
29487
0-0-0-0-0
1-1-1-1-1
2-2-2-2-2
3-3-3-3-3
4-4-4-4-4
5-5-5-5-5
6-6-6-6-6
7-7-7-7-7
8-8-8-8-8
9-9-9-9-9

ID NUMBER
58-64-0
0-0-0-0-0
1-1-1-1-1
2-2-2-2-2
3-3-3-3-3
4-4-4-4-4
5-5-5-5-5
6-6-6-6-6
7-7-7-7-7
8-8-8-8-8
9-9-9-9-9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0-0-0-0-95
1-1-1-1-96
2-2-2-2-97
3-3-3-3-98
4-4-4-4-99
5-5-5-5-00
6-6-6-6-01
7-7-7-7-02
8-8-8-8-03
9-9-9-9-04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

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- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS

(continue on attached sheet)

Received a Call this date from Don Shew's
 Supervisor of operations at the Cardfill he said
 the Solid waste load from SMH came in w/ a
 Red bag.
 Upon arrived observed one Red bag containing
 an absorbant material ~~was~~ visibly contaminated w/
 an unrecognizable fluid and Blood

INSPECTION CONDUCTED BY:

Sharon Williams

PHONE:

861-6133

COPY OF REPORT RECEIVED BY:

DATE:

12/18/02



MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on December 11, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 11, 2002, I received a call from Greg Rosenberger and Jim Hesseman. They again assured me the load was uncontaminated. He stated a man had been stationed to go through the waste. I told them Don Shaulis had stated if the load came in contaminated again on Wednesday (today) he would ask his supervisor to cut the hospital off from service. For the purpose of showing good faith to the landfill I recommended they might want to follow the truck out.

Jim Hesseman and other Sarasota Memorial Hospital staff were at the landfill and found two (2) large red bags containing seven (7) small red bags. The items included absorbent material, plastic wrappers, IV lines and tubing, and visibly contaminated gloves.

I discussed this situation with Jim Hesseman from Sarasota Memorial Hospital. Terry Foxworthy from Environmental Services Solid Waste Landfill was present during the discussion. I notified him we would be in contact with our attorney Susan Scott, to discuss fines and/or revocation of permit to operate as a biomedical waste generator. He asked where the letter would be sent and I indicated the hospital administrator.

We discussed where the problem areas of the hospital were and he indicated OR had only clear bags and ER was using some clear bags as well. They had replaced those with red bags, a problem with the OB floor was identified and they thought the problems had been resolved. After Jim Hesseman spoke to Greg Rosenberger, Jim stated they were considering using the Solid Waste dumpster for the kitchen only and red bagging the majority of the hospital's waste.

The staff of SMH went through the entire load removing any red bags and biomedical waste.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

NAME Laurel Landfill Re; SMH Spill 5th Time
 ADDRESS Knights Trail CITY Nokomis
 PHONE _____ ZIP 34225
 OWNER/CONTACT PERSON _____

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
9:00 A	11:30 A
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12/11/02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

ID NUMBER
58-64-
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

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- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method:
☐ 4. Records ☐ 8. Transport Vehicle(s)

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Observed 2 Large Red bags Containing Small Red bags in the Solid Waste Load from SMH one lg Red bag contained 3 sm bags Second bag contained 4 sm Red bags - Contents of bags include Absorbent material, nonabsorbent material, gloves IV bags + tubing, baby diaper See Pictures this date
 Discussed the Seriousness of this problem w/ Jim Hassenauer SMH - I notified him we will be in Contact w/ our Attorney to discuss fines and OR Revocation of BMW operating Permit

INSPECTION CONDUCTED BY: Shaun Williams

PHONE: 861-6133

COPY OF REPORT RECEIVED BY:

DATE: 12/11/02

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on December 9, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 9, 2002 I received a call from Greg Rosenberger and Jim Hesseman they assured me there shouldn't be a problem because they had stationed someone out by the dumpster to watch everything that went in. They said they thought the problems were coming from several departments throughout the hospital; OR, ER, Critical Care and OB. They have spoken to the directors of these departments regarding proper handling of biomedical waste to ensure compliance.

Received a call from Don Shaulis around 8:30 am The load from Sarasota Memorial Hospital had arrived with red bags. When I arrived I observed clear bagged Biomedical waste, containing extremely bloody clear bags, absorbent material and non-absorbent disposable devices. Hospital staff placed these clear bags into red bags and then into two (2) biomedical waste transport boxes. The transport boxes are 30 gal size and were full of biomedical waste. SMH staff removed all biomedical waste for proper disposal at the hospital.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

Comp Call from Don Shaul's operations Supervisor 1 Env. SVS

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Laurel Landfill SMH Spill
 ADDRESS 4000 Knights Trail Rd CITY Nokomis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON _____

BEGIN	END
9:10 A	2:30 P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12 09 02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

ID NUMBER
58-64-
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1 1 1 1 1 1 1
2 2 2 2 2 2 2
3 3 3 3 3 3 3
4 4 4 4 4 4 4
5 5 5 5 5 5 5
6 6 6 6 6 6 6
7 7 7 7 7 7 7
8 8 8 8 8 8 8
9 9 9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

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- ☐ 1. Permit/Exemption/Registration ☒ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	observed one Red bag containing bloody soaked gauze + other absorbant + non absorbant BMW
	Numerous Clear bags containing extremely bloody absorbant + non absorbant BMW

INSPECTION CONDUCTED BY: Shawn Williams PHONE: 861-6133
 COPY OF REPORT RECEIVED BY: _____ DATE: 12/9/02

Memo of Record

Regarding: Biomedical Waste at the Landfill on December 6, 2002 at 11:30 am

From: Jill C Jacoby

Environmental Specialist I

Sarasota County Health Department

On Friday December 6, 2002 I received a phone call from Don Shaulis, from county waste management division, who stated that Sarasota Memorial Hospital had Biomedical Waste in their solid waste that had been transported to the landfill this morning. I arrived at the landfill around 12:05 p.m. and observed 2 boxes that staff from Sarasota memorial had boxed up. I made them open both bags to observe the contents. The one box contained red bags and the other box contained a clear plastic bag that had absorbent material inside saturated with blood and there was blood observed on the bag itself, Sarasota Memorial staff identified the material as a labor and delivery pad.

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on December 4, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 4, 2002 I received a call from Don Shaulis Environmental Services Sarasota County. He said the load from Sarasota Memorial Hospital arrived at the landfill with red bags.

I called Greg Rosenberger to report this second spill. He and four other staff members arrived to go through the load and remove any biomedical waste or red bags. I observed numerous red bags containing absorbent and non-absorbent biomedical waste. The absorbent waste had unrecognizable bodily fluid on it, and gloves visibly contaminated with blood in a red bag. One red bag contained a suture removal kit; these items would meet the definition of sharps and should be disposed of as sharps.

Sarasota Memorial Hospital staff were looking for clues to which department was responsible for the mishandling of the waste. I told them I thought it was possibly the OB floor due to the small diaper in one of the red bags. They thought either the ER or OB was responsible. They thoroughly went through the load and removed any biomedical waste and/or red bags.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by:
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Carol Landfill SMH Spill
 ADDRESS 4000 Knights Trail Rd CITY N Okomis
 PHONE _____ ZIP 334275
 OWNER/CONTACT PERSON _____

BEGIN	END	DATE	POSITION #	ID NUMBER	TYPE
11:00 A	1:00 P	12-04-02	29487	58-64-	
1:00 P	2:00 P				<input type="checkbox"/> Generate
2:00 P	3:00 P				<input type="checkbox"/> Transport
3:00 P	4:00 P				<input type="checkbox"/> Store
4:00 P	5:00 P				<input type="checkbox"/> Treat
5:00 P	6:00 P				<input type="checkbox"/> Other
6:00 P	7:00 P				
7:00 P	8:00 P				
8:00 P	9:00 P				
9:00 P	10:00 P				
10:00 P	11:00 P				
11:00 P	12:00 A				
12:00 A	1:00 P				

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Public Health ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Work-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Observed Numerous Red bags containing biohazard and Numerous empty Small Red bags

One Red bag contained a Suture Removal Kit - these items should be placed in a Sharps cont. for proper Segregation. THE absorbent material had unrecognizable bodily fluids on them - observed blood contaminated gloves in Red bag

NOTE: Left Landfill & Returned in Afternoon

Comp. Called in by Don Shaul's operations Supervisor. Sara Co. Env. Sys.

INSPECTION CONDUCTED BY: Sharon Williams

PHONE: 861-6133

COPY OF REPORT RECEIVED BY: _____

DATE: 12/4/02

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on December 2, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 2, 2002 I received a call from Don Shaulis Environmental Services Sarasota County re: illegal disposal of biomedical waste at the landfill.

Upon arrival I observed 2 large sharps container's one was broken open with contents spilling out. Two red bags were in the load, one was empty, one contained biomedical waste. I observed contaminated gloves and tubing. One clear bag containing bloody gauze saturated from ER or ICC, per SMH staff.

Called Greg Rosenberger at Sarasota Memorial Hospital, Environmental Services. Jim Hesseman responded to complaint he stated they had recently changed the way solid waste is handled in the hospital until recently the wheeled carts were hand emptied into the solid waste dumpster. This process has been automated with the use of a ramp so the wheeled cart can be manually emptied into the dumpster. He felt this was the reason for today's incident.

SMH hospital staff went through the entire solid waste load at the landfill and removed all biomedical waste from the load for proper disposal at the hospital.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

*Comp on
SMH*

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Laurel Landfill
 ADDRESS 4000 Knight Trail Rd CITY Wakulla
 PHONE 861-1577 ZIP 34275
 OWNER/CONTACT PERSON Don Shaulis

BEGIN	END
10:00 AM	11:45 AM
1:00 PM	2:00 PM
2:05 PM	2:05 PM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12/02/02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

ID NUMBER
58-64-0
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Comp this date regarding BMW in properly disposed of at Landfill
 Observed 2 - Large Sharps containers broken open
 some needles on ground
 2 - Red bags - one empty + one contained BMW
 Observed one clear bag w/ saturated juice from ER/ Ice
 Called Greg Rosenberger@SMH Jim Hesseman responded to call at the Landfill they will go through the load + remove BMW

INSPECTION CONDUCTED BY: Sharon Williams PHONE: 861-6133

COPY OF REPORT RECEIVED BY: _____ DATE: 12/2/02

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
Petitioner,

vs.

DOH Case No.: 2002-

SARASOTA COUNTY PUBLIC HOSPITAL BOARD,
Respondent.

Serve: G. Duncan Finlay, M.D.
Chief Executive Officer
Sarasota County Public Hospital Board
1700 South Tamiami Trail
Sarasota, Florida 34239

_____/SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Sarasota County Public Hospital Board, operating under the Registered Fictitious name Sarasota Memorial Health Care System, operates a hospital located at 1700 Tamiami Trail S., Sarasota, Florida 34239 in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00606 issued by the Department of Health.

3. On December 2, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, two large sharp's containers with contents of one spilling out, two red bags, and at least one clear bag containing biomedical waste that was not properly disposed of in a red bag at the point of origin. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

4. On December 4, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to at least three large red bags containing absorbent and nonabsorbent biomedical waste, sharps not properly disposed of in sharps containers at the point of origin and some empty

red bags. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

5. On December 6, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to numerous red bags appearing mostly to be empty, and at least one clear bag containing biomedical waste that was not properly placed in a red bag at the point of origin. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

6. On December 9, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by

the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to at least one red bag containing biomedical waste and numerous clear bags containing biomedical waste that was not properly placed in a red bag at the point of origin. During the Respondent's clean up process, the clear bags of biomedical waste filled up two 30-gallon biomedical waste transport boxes. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

7. On December 11, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to two large red bags that contained seven small red bags full of biomedical waste. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

8. On December 18, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to one red bag containing biomedical waste. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Fifteen Thousand Dollar (\$15,000.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. Done this day of December 2002 by the Department of Health, Sarasota County Health Department.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**



SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

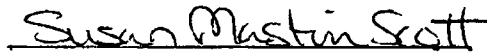
2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(941) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to G. Duncan Finlay, M.D., Chief Executive Officer, Sarasota County Public Hospital Board, 1700 South Tamiami Trail, Sarasota, Florida 34239 via Federal Express # 835303013736 this 18th day of December 2002.



Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

SMH 12-9-02



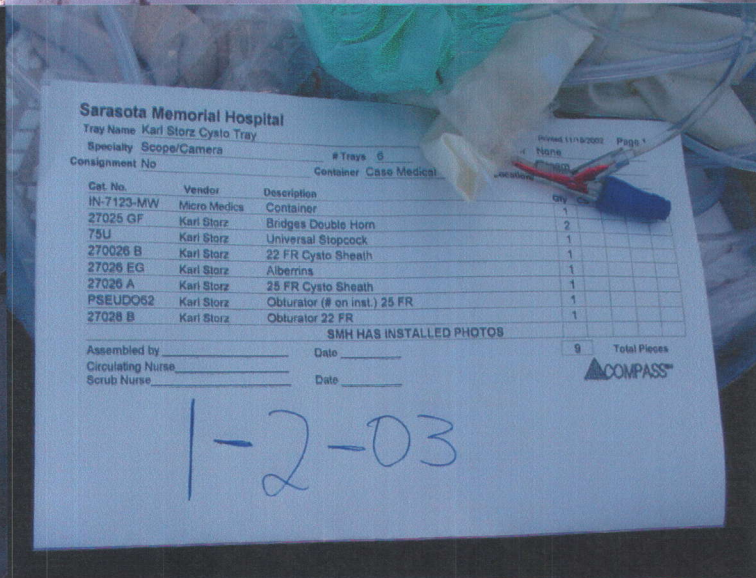
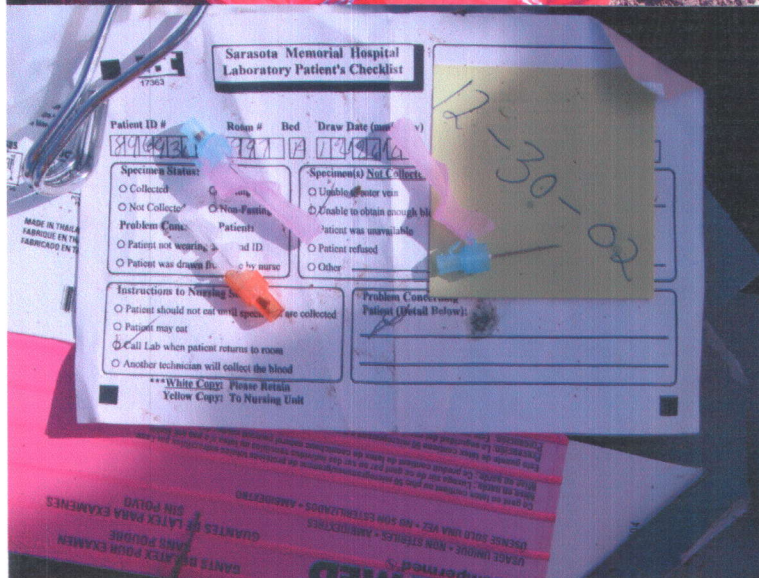
SMH 12-2-02



1-15-03 ↖ Bon Secours Venice Hospital ↗ 1-18-03

SMH

SMH 12-18-02



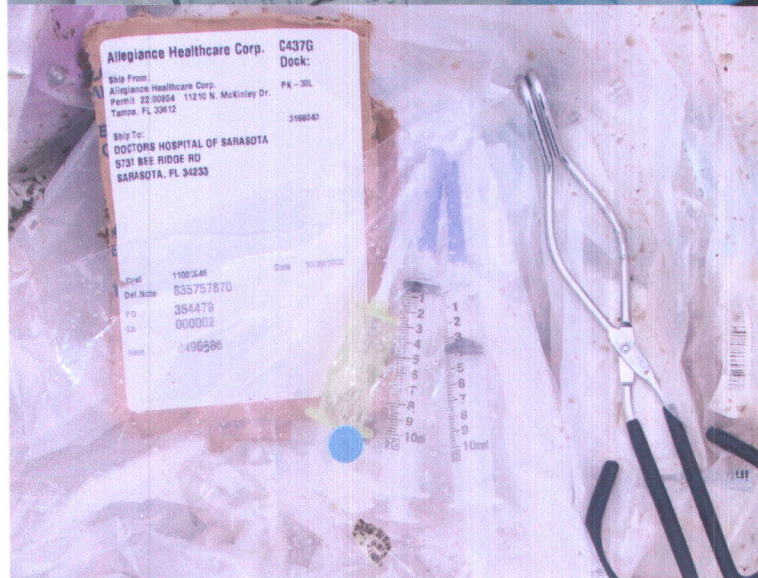
SMH 12-4-02

SMH 12-11-02

Englewood 12-11-03



Englewood 1-2-03



Doctors 12-12-03

Doctors 1-2-03

STATE OF FLORIDA
DEPARTMENT OF HEALTH

JAN 23 2003

DEPARTMENT OF HEALTH,
Petitioner,

vs.

DOH Case No.: 2003-

ENGLEWOOD COMMUNITY HOSPITAL, INC.,
Respondent.

Serve: CT Corporation System, Registered Agent
1200 South Pine Island Road
Plantation, Florida 33324

/ SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Englewood Community Hospital, Inc., operating under the Registered Fictitious name Englewood Community Hospital, operates a hospital located at 700

Medical Boulevard, Englewood, Florida 34223, in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00074 issued by the Department of Health.

3. On December 26, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least two clear bags containing biomedical waste that was not properly placed in a red bag at the point of origin, including two needles in one bag and a syringe three fourths full of blood in the other bag. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

4. On January 2, 2003, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least one clear bag containing at least one needle. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-

Page 3 of 5

16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

5. On January 8, 2003, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, one clear bag with a needle in it, and about twelve small red bags containing some visibly blood contaminated tubing and other absorbent and non-absorbent biomedical waste. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Seven Thousand Five Hundred Dollar (\$7,500.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and

Page 4 of 5

Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. Done this 14th day of January 2003 by the Department of Health, Sarasota County Health Department.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Susan Mastin Scott

SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(941) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to ENGLEWOOD COMMUNITY HOSPITAL, INC., CT Corporation System, Registered Agent, 1200 South Pine Island Road, Plantation, Florida 33324 via Federal Express # 836604583336 this 14th day of January 2003.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Page 5 of 5

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on January 08, 2003

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 08, 2003, I received a call from Mr. Don Shaulis, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill. Mr. Shaulis stated Fausto with Onyx found biomedical waste in the solid waste load originating from Englewood Community Hospital.

Terry Foxworthy of Sarasota County Environmental Services Solid Waste, states Fausto with Onyx observed a needle falling out of the back of the Solid Waste truck. He then called Mr. Foxworthy to review the load. Mr. Foxworthy tore open approximately 45 to 50 clear bags, and had the compactor break the load in half. That is when he found the red bags.

During my inspection of the load I observed the following:

- 1) One (1) empty red bag,
- 2) One (1) needle,
- 3) One red bag containing an empty pizza box
- 4) One large clear bag containing twelve (12) small red bags. The contents of these bags included; tubing visibly contaminated with blood and other absorbent and non-absorbent biomedical waste.

Ted Green, Director of Environmental Services and Mary McKinley, Infection Control arrived during my review of the load. They reviewed the paperwork found in the small red bags and concluded the biomedical waste originated in the ICU Department of the hospital.

Mr. Green, called the hospitals biomedical waste transporter, Medico Environmental Services. They removed the entire load this date.

1	NAME	1	EDUCATION
2	ADDRESS	2	TYPE OF OWNER
3	CITY	3	DATE OF BIRTH
4	STATE	4	EDUCATION
5	ZIP	5	EDUCATION

INSPECTION REPORT

Camp Englewood Hosp

RESULTS

☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

☐ Generate
☐ Transport
☐ Store
☐ Treat
☐ Other

0	0	0	0	98
1	1	1	1	98
2	2	2	2	97
3	3	3	3	98
4	4	4	4	99
5	5	5	5	00
6	6	6	6	01
7	7	7	7	02
8	8	8	8	03
9	9	9	9	04

☐ OUT OF BUSINESS

<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Naturopath	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Osteopath	<input type="checkbox"/> Clinical Laboratory	<input type="checkbox"/> Abortion Clinic
<input type="checkbox"/> Dentist	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Home Health	<input type="checkbox"/> SurgiCenter/Walk-in	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chiropractic Clinic	<input type="checkbox"/> Tattoo/Body Piercing	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> State Laboratory/ Clinic	<input type="checkbox"/> Blood Bank	

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

<input type="checkbox"/> 1. Soil/substrate sampling	<input type="checkbox"/> 5. Incident	<input type="checkbox"/> 9. Labeling	<input type="checkbox"/> 12. Other _____
<input type="checkbox"/> 2. Sampling	<input type="checkbox"/> 6. Evidence	<input type="checkbox"/> 10. Transfer/Transport	_____
<input type="checkbox"/> 3. Analysis	<input type="checkbox"/> 7. Storage	<input type="checkbox"/> 11. Treatment Method:	_____
<input type="checkbox"/> 4. Documentation	<input type="checkbox"/> 8. Transport Vehicle(s)		_____

(continue on attached sheet)

Received call from Don Shaul's this date regarding
BMW found in Englewood Hosp.'s Solid Waste land.

I observed 1- needle, 1 empty Red bag, 1- Red bag w/ a Pizza Box inside and one Large Clear bag Containing 12 Small Red bags, the contents included bloody tubing + other misc Abor^{ment} + non absorbant BMW
2- Staff from Eng. Hosp. arrived, Mary McKinley + Ted Green. They Called Medico + had entire load hauled for Disposal
Sharon Williams PHONE: 861-6133

PHONE: 061-6133

DATE: 1/10/3

QUARTERS

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on January 02, 2003

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 02, 2003, while at the landfill conducting an inspection, I was called over to inspect another contaminated solid waste load.

During the inspection of this load it was identified as waste from Englewood Community Hospital. I observed one (1) needle in a clear bag. The paperwork in this clear bag identifies the biomedical waste originating from the ICU Department of Englewood Community Hospital. Mary McKinley and Dan Danahy of Englewood Community Hospital arrived to inspect the load.

Ms. McKinley and Mr. Danahy discussed some policy changes they had put into place and asked for suggestions to help resolve this ongoing problem. We discussed needed changes to the hospitals biomedical waste operating plan and the FAC 64E-16. They called the hospitals biomedical waste transporter, Medico Environmental Services to have the entire load hauled as biomedical waste this date.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ NEW FINE ☐ INSPECTION
☐ CONSTRUCTION ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ COMPLAINT ☐ EPIDEMIOLOGY
☐ OTHER

Camp on Englewood Hospital

NAME Laurel Landfill (Central County Disp. Camp.)
 ADDRESS 4000 Knights Trail CITY McKees
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON _____

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END	DATE	POSITION #	ID NUMBER	TYPE
1200 P	100 P	01 02 03	29 48 7	58 - 64 -	Generate
					Transport
					Store
					Treat
					Other

DATE	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Medical Office ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Dental Office ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Outpatient Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Disposal/Storage ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Transport/Storage ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Treatment ☐ 7. Storage ☐ 11. Treatment Method:
☐ 4. Records ☐ 8. Transport Vehicles

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Camp from Dan McAllister regarding illegal disposal of BMW by Englewood Hospital

observed 1 needle Clear bagged - paperwork indicates this bag originated in the ICU Dept

*2 Staff from Englewood Hosp. responded to Camp.
Mary McKinley + Dan Danahy they called Medico
Inf control Env. Sys to haul load*

Shawn Williams

PHONE: *861-6133*

DATE: *1/2/03*

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on December 26, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 26, 2002 I received a call from Mr. Don Shaulis, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill. Mr. Shaulis stated Fausto with Onyx found biomedical waste in the solid waste load originating from Englewood Community Hospital

During my inspection of the load I observed the following:

- 1) Two needles found in one clear bag, the paperwork indicates the needles originated in the ICU Department of the Hospital.
- 2) A clear bag contained a syringe three quarters full of blood and other miscellaneous absorbent and non-absorbent biomedical waste

It appears these items originated in the operating room of the hospital.

I spoke to Ted Green, Director of Environmental Services and discussed the above findings and the proper disposal of the contaminated load. I advised Mr. Green this paperwork would again be forwarded to our legal counsel for administrative action.

Mr. Green called the hospitals biomedical waste transporter, Medico Environmental Services. They removed the entire load.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

NAME Careel Landfill Englewood Hospital
 ADDRESS 4000 Knights Trail CITY Norfolk
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON Don Shaulis

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Corrected Violations of:
☐ Next Inspection
☐ 9:00 AM on:
☐ Letter of Compliance on:

BEGIN	END
130P330P	
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:00	4:00
5:00	5:00
6:00	6:00
7:00	7:00
8:00	8:00
9:00	9:00
10:00	10:00
11:00	11:00
12:00	12:00

DATE
12 26 02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

ID NUMBER
58-64-
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 00
1 1 1 1 01
2 2 2 2 02
3 3 3 3 03
4 4 4 4 04
5 5 5 5 05
6 6 6 6 06
7 7 7 7 07
8 8 8 8 08
9 9 9 9 09
0 0 0 0 10
1 1 1 1 11
2 2 2 2 12

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Patient Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ Single-Use/Work ☐ Other
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method
☐ 4. Records ☐ 8. Transport Vehicles

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Observed 2 - needles in clear bags paperwork identifies it as coming from ICU Eng Hosp

Observed one clear bag w/ syringe 3/4 full blood material in bag appears to have come from operating room

Spoke to Ted Green discussed disposal of load & I advised him this paperwork would go to our Attorney for legal action

INSPECTION CONDUCTED BY: Sharon Williams PHONE: 861-6133
 DATE OF REPORT RECEIVED BY: _____ DATE: 12/26/02
 DH Form 4055, Mar 99 (Obsoletes Previous Editions)

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on December 11, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 11, 2002, while at the laurel landfill conducting an inspection, I was called over to inspect another contaminated solid waste load.

During the inspection of this load it was identified as waste from Englewood Community Hospital. I observed clear bagged biomedical waste, items found include; blood soaked gauze, visibly blood contaminated tubing, an IV blood bag visibly contaminated with blood and other biomedical waste dispersed throughout the solid waste load.

Donna Derosier, DOH Clerk, called Englewood Community Hospital to speak with the new Director of Environmental Services, Ted Green and advised him of the situation.

Ted Green Director of Environmental Services and Ed Wright, Plant Operations Supervisor of Englewood Hospital arrived at the landfill to look through the load. Ted Green said the waste did not appear to be a problem to him because the contaminated items didn't appear to have more than 3cc's of liquid. I discussed with Mr. Green and Mr. Wright that the Florida Administrative Code is different than other State rules, our rule doesn't address quantity in that manner. I explained the definitions and asked if he had a copy of the Florida Administrative Code, he said probably.

I told Mr. Green he had two (2) options one was to go through the load and ensure there was no more biomedical waste mixed in, or have the entire load hauled and disposed of as biomedical waste.

He chose to call the hospitals biomedical waste transporter, Medico Environmental Services. They arrived about 5:40 p.m. and removed the entire load.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Careful Landfill Englewood Hosp.
 ADDRESS 4000 Knights Trail Rd CITY Nokomis
 PHONE _____ ZIP 34225
 OWNER/CONTACT PERSON _____

BEGIN	END
12:45 PM	6:45 PM
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12/11/02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

ID NUMBER
58-64-0
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

observed blood soaked gauze + tubing
 IV bag containing blood Numerous non absorbent
 items contaminated w/visible blood
 All of the above items were in clear bags

 Ted Green + Ed Wright from Englewood Hospital
 arrived at Landfill + Contracted w/ Medico to
 remove the load

INSPECTION CONDUCTED BY: Sharon Williams PHONE: 861-6133

COPY OF REPORT RECEIVED BY: _____ DATE: 12/11/02

**ENGLEWOOD COMMUNITY HOSPITAL
POLICY & PROCEDURE**

TITLE: BIOMEDICAL WASTE
NUMBER: 325 ECP
MANUAL: ENGLEWOOD HOSPITAL POLICY AND PROCEDURES
SECTION: INFECTION CONTROL
DATE ISSUED: 10/01/90
DATE REVIEWED: 12/20/00
DATE REVISED: 12/22/00
DATES OF PREVIOUS REVISIONS: 02/93, 08/94, 11/94, 03/95, 01/96, 03/96, 09/96, 06/97
08/19/98
COMMITTEE PRESENTATION:
Infection Control: 10/00
P&P 09/00

Purpose

To ensure the safe management of biomedical waste generated at this facility from the point of origin through treatment and disposal.

DEFINITIONS

Biomedical Waste:

Any solid or liquid waste which may present a threat of infection to humans. Examples include non-liquid tissue and body parts from humans and other primates; laboratory and veterinary waste which contain human disease causing agents; discarded sharps; and blood, blood products and body fluids from humans and other primates. The following are also included:

- a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood and absorbent materials saturated with blood or blood products that have dried.
- b) Non absorbent, disposable devices that have been contaminated with blood, body fluids or secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.

Biomedical Waste Generator:

A facility or person that produces biomedical waste. the term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physicians's offices, laboratories, veterinary clinics, and funeral homes.

Body Fluids:

Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include, blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

Contaminated:

Soiled by any biomedical waste.

Decontamination:

The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.

Laboratory Waste:

Any biomedical waste generated in a laboratory setting. Examples are contaminated specimen and culture containers, sharps, implements used to manipulate specimens and that are capable of causing disease in humans and cultures containing human disease-causing agents, components of diagnostic kits contaminated by use with specimens or cultures, live or attenuated vaccines, medium inoculated with human disease-causing organism, specimens that are capable of causing disease in humans and cultures containing human disease causing agents, stocks of infectious agents, and associated biological waste from the production of biological and recombinant material that have potential to transmit disease to humans.

Point of Origin:

The room or area where the biomedical waste is generated.

Saturated:

Soaked to capacity.

Sealed

Free from openings that allow the passage of liquids.

Sharps:

Objects capable of puncturing or otherwise penetrating the skin.

Sharps Container:

A rigid, leak and puncture resistant container, designed primarily for the containment of sharps, clearly labeled with the the phrase and international biological hazard symbol as described in Section 64-E-16.004 (2)(a), F.A.C., and manufactured with dyes meeting the requirements for incidental metals as described in Section 64E-16.004(2)(b) 1.b. F.A.C.

Transfer:

The movement of biomedical waste within a facility.

Transport:

The movement of biomedical waste away from a facility.

POLICY:**SEGREGATION**

Biomedical waste is first identified and segregated from all other waste at the point of origin.

Sharps

Sharps will be placed directly into approved hard plastic, puncture resistant, leak resistant, containers located at the point of origin.

Sharps containers should not be overfilled. Sharps disposal containers are replaced when 3/4 full.

The international biological hazard symbol shall be at least one inch in diameter on sharps containers.

All outer containers shall be rigid, leak resistant and puncture-resistant. Reusable outer containers shall be constructed of a smooth, easily cleanable material and shall be decontaminated after each use.

Double walled, corrugated containers are used for the collection of glass and plasticware. Sealed approved, sharps containers may also be placed into these containers for disposal. Needles and scalpel blades are prohibited from being placed directly into these containers.

The international biological hazard symbol shall be at least six inches in diameter on containers 19"x 14" or larger, and at least one inch in diameter on outer containers less than 19"x 14".

Non Sharps

Non sharps will be placed directly into approved red bags. The bags will have minimally the impact resistance of 165 grams in both the parallel and perpendicular planes with respect to the length of the bag. Impact resistance shall be determined using ASTM D-1709-91, and tearing resistance shall be determined using ASTM D-1922-89.

Filled bags shall be sealed at the point of origin.

Solid waste mixed with biomedical waste will be treated as biomedical waste.

Hazardous waste mixed with biomedical waste will be treated as hazardous waste.

Biomedical waste mixed with radioactive waste shall be managed in a manner that does not violate the provisions of Chapter 64E-5, F.A.C. The biomedical waste shall be managed in accordance with the provisions of Chapter 64E-16, F.A.C., after the radioactive component has decayed in storage as provided for in chapter 64E-5, F.A.C., or is otherwise not regulated under Chapter 64E-5, F.A.C.

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from labeling requirements.

Body fluids, blood excretions, and secretions may be carefully poured down a drain which is connected to a sanitary sewer if waste is in a liquid or semi-liquid form and aerosol formation of the waste material is minimal. Care should be taken to avoid splashing. Gloves and eye protection shall be worn.

LABELING

All packages containing biomedical waste shall be labeled as required under 64E-16, Florida Administrative Code.

If a bag or sharps container is placed into a larger bag prior to transport, the label for the exterior bag shall comply with 64E-16.005 (1). Inner bags and inner sharps containers are exempt from the labeling requirements.

Outer containers shall be labeled clearly, legible and shall be easily readable. The label shall contain the following:

Englewood Community Hospital
700 Medical Blvd.
Englewood Fl, 34223
941-475 6571
Date:

The international biological symbol in red, orange, or black and the background color shall contrast with that of the symbol. The symbol shall be at least 6" in diameter on bags and sharps containers 19"x 14" or larger, and at least 1" in diameter for bags or sharps containers less than 19"x 14" in size.

One of the following phrases shall be used in conjunction with the international biohazard symbol:

BIOMEDICAL WASTE
BIOHAZARDOUS WASTE
BIOHAZARD
INFECTIOUS WASTE
INFECTIOUS SUBSTANCE

SPILLS

Persons cleaning spills shall wear non-permeable gloves. Masks, gowns, and protective shoe covers shall be worn if indicated by size of spill and possibility of exposure.

Surfaces contaminated with spilled or leaked biomedical waste shall be cleaned and disinfected utilizing the two-step process. First, the area of spill shall be cleaned with an industrial strength detergent to remove all visible soil. Next, the area of spill is to be rinsed with a chemical germicide that is approved for use as a hospital disinfectant and is tuberculocidal.

STORAGE

Biomedical waste will not be stored for a period of >30 days. The 30 day period will commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.

All on-site storage of biomedical waste shall be in a designated area away from general traffic flow patterns and be accessible only by authorized personnel.

Englewood Community Hospital's storage containment is located on the east side of the building in a locked shed that is accessible to authorized personnel only.

Areas used for storage (other than the point of origin) shall be constructed of smooth, easily cleanable materials that are impervious to liquids.

Shall be maintained in a sanitary condition. Cleaned with STAT III

Liquid waste created by these chemical disinfections shall be disposed of into a sewage system.

Packages of biomedical waste shall remain intact until treatment or disposal.

No recycling efforts nor intentional removal of waste from its packaging prior to waste being treated or disposed of is allowed.

Biomedical waste containers will not be compacted or subjected to mechanical stress which will compromise the integrity of the package.

TRANSFER

Biomedical waste containers shall be sealed at the point of origin.

Biomedical waste is collected by Enviromental Services in a cart designated for biomedical waste only.

TRANSPORT

Biomedical waste from the hospital shall be picked up by a contract service every other day.

Biomedical waste from off-site departments shall be picked up by a contract service every 14 days.

In the event that the transport companies cannot meet their obligations to us, the Manager of Plant Operation or delegate will make alternate arrangement with one of the companies on the list of Registered Biohazardous Waste Transporters.

TREATMENT AND DISPOSAL

Englewood Community Hospital shall have the responsibility of making sure the contract service meets all compliance with such regulatory agencies.

The contract service must state their responsibilities regarding transportation, instruction for packaging, methods of approved degradation.

RECORDS

The Manager of Plant Operations will maintain on file a current bag quality test report supplied by the bag manufacturer and performed by an independent testing laboratory. The bag quality test report shall include each of the following:

- Testing date
- Bag manufacturer
- Bag dimensions (length and width)
- Thickness (film gauge)
- Average weight of bags tested
- Impact resistance value
- Tearing resistance values, both parallel and perpendicular to the length
- Name and address of the company that performed the test
- A statement that the dyes used in coloring the bags meet the concentration levels for incidental heavy metals.

Manifest & destruction records shall be maintained by the Manager of Plant Operations in his/her office at Englewood Community Hospital which include the date containers are picked up and dropped off, the quantity of containers picked up and dropped off, etc. Off-site facility managers are responsible for maintaining their manifest records at the off-site facility.

The billing invoice will reflect the date of degradation and the amount.

All records will be maintained for three years.

TRAINING

Personnel responsible for handling biomedical waste must receive instruction in appropriate handling and disposal methods prior to commencement of work and at least annually thereafter or as changes in policies and procedures occur. Education includes: an overview of the biomedical waste plan, instruction on how to obtain a copy of the biomedical waste plan, sharps safety, engineering controls, instruction in safe work practices, and use of personal protective equipment.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
Petitioner,**

vs.

DOH Case No.: 2002-

**ENGLEWOOD COMMUNITY HOSPITAL, INC.,
Respondent.**

**Serve: CT Corporation System, Registered Agent
1200 South Pine Island Road
Plantation, Florida 33324**

/ SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Englewood Community Hospital, Inc., operating under the Registered Fictitious name Englewood Community Hospital, operates a hospital located at 700

Page 2 of 4

Medical Boulevard, Englewood, Florida 34223, in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00074 issued by the Department of Health.

3. On December 11, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least three clear bags containing biomedical waste that was not properly placed in a red bag at the point of origin, the biomedical waste observed through out the load included blood soaked gauze, visibly blood contaminated tubing and an IV blood bag contaminated with blood. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and

Page 3 of 4

Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. Done this 18th day of December 2002 by the Department of Health, Sarasota County Health Department.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

Susan Mastin Scott

SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(941) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to ENGLEWOOD COMMUNITY HOSPITAL, INC., CT Corporation System, Registered Agent, 1200 South Pine Island Road, Plantation, Florida 33324 via Federal Express # 833130930740 this 18th day of December 2002.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Page 4 of 4

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
Petitioner,**

vs.

DOH Case No.: 2003-

**BON SECOURS-VENICE HEALTHCARE CORPORATION,
Respondent.**

**Serve: Stephen K. Boone, Registered Agent
1001 Avenida Del Circo
Venice, Florida 34285**

/ SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

JAN 23 2003

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Bon Secours-Venice Healthcare Corporation, operating under the Registered Fictitious name Bon Secours-Venice Hospital, operates a hospital located at 540 The

Rialto, Venice, Florida 34292, in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00074 issued by the Department of Health.

3. On December 26, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least one needle. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

4. On December 28, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least three clear bags containing biomedical waste that was not properly disposed of in a red bag at the point of origin, including gauze and IV tubing contaminated with blood, syringe with blood, catheter contaminated with blood and some capped needles. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set

Page 3 of 4

forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Five Thousand Dollar (\$5,000.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. **Done this 14th day of January 2003 by the Department of Health, Sarasota County Health Department.**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

Susan Mastin Scott

SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(941) 338-2743

CERTIFICATE OF SERVICE

BonSecourVeniceAdministrative Complaint 1-03

Page 4 of 4

I hereby certify that the true and original Administrative Complaint herein was furnished to Bon Secour-Venice Healthcare Corporation, Stephen K. Boone, Registered Agent, 1001 Avenida Del Circo, Venice, Florida 34285 via Federal Express # 836604583369 this 14th day of January 2003.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Central County Solid Waste Disposal Complex (Landfill) on January 18, 2003

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 18, 2003, I received a call from Mr. Dan McAllister, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill. Mr. McAllister stated Peter Eggum with Onyx found biomedical waste in the solid waste load originating from Bon Secours Venice Hospital.

I observed the following biomedical waste in three (3) clear bags: one (1) bag contained a needle, the second bag contained a syringe visibly contaminated with blood, and the third clear bag contained two (2) pieces of gauze saturated with blood in a plastic cup. This third bag appears to have originated in a patient room, I observed a plastic tub with baby powder and personal hygiene products.

I called Bon Secours Venice Hospital and spoke to Denise Gillispie, she responded to this incident at the landfill. Upon arrival we discussed the biomedical waste found this date. She took the biomedical waste back to the hospital to help them identify the source of the problem. I discussed with Ms. Gillispie a scheduled inspection where we would take a hard look at all specialty areas of the hospital and make recommendations regarding handling of biomedical waste.

Ms. Gillispie contacted Stericycle for removal of this contaminated load. This process took awhile as the person on call for Stericycle, Bill Marsh, was unavailable. Stericycle subcontracts with SWS for removal of the biomedical waste at the landfill. I have had concerns in the past regarding the handling of the contaminated loads by SWS, which I have brought to the attention of Bill Marsh. Specific items include the biomedical waste placard on the vehicles and the handling. On a previous complaint (12-28-02) SWS subcontracted with a building contracting company who dropped off two (2) twenty yard roll offs and left. The staff of the landfill had to load the containers, and SWS did not follow through with removal of the biomedical waste until the following Monday, 12-30-02. SWS does not have a truck capable of transporting this entire load which requires two trips. Daryl with SWS said they would have a second truck available for use this next week.

The Seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a ship, and a figure. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Comp Bon Secours Venice Ho Sp: tal

RESULTS	
<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Incomplete
<input type="checkbox"/>	Unsatisfactory
Correct Violations by	
<input type="checkbox"/>	Next Inspection
<input type="checkbox"/>	8:00 AM on:
<input type="checkbox"/>	Letter of Compliance by:

DATE				
0	0	0	0	95
1	1	1	1	96
2	2	2	2	97
3	3	3	3	98
4	4	4	4	99
5	5	5	5	00
6	6	6	6	01
7	7	7	7	02
8	8	8	8	03
9	9	9	9	04

OUT OF BUSINESS

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

☐ 1. Contaminant or Pollutant Name: _____
☐ 2. Chemical Name: _____
☐ 3. Formula: _____
☐ 4. CAS Number: _____
☐ 5. CAS Name: _____
☐ 6. CAS Number: _____
☐ 7. CAS Name: _____
☐ 8. CAS Number: _____
☐ 9. Labeling: _____
☐ 10. Transfer/Transport: _____
☐ 11. Treatment Method: _____
☐ 12. Other: _____

Received Complaint Call this date. Dan states Peter w/ Onyx found a needle in a Clear bag. Dan McAllister found a syringe w/ visible blood in another clear bag. During my inspection I found blood soaked gauze in a 3rd Clear bag - This biomedical waste appears to have come from a patient room.

Dec Gillespie from BonSecours Env. Svcs responded
to Comp. Gall + Called Stericycle to remove lead
Sharon Williams PHONE: 861-6133

PHONE: 861-6133

DATE: 1/18/03

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Central County Solid Waste Disposal Complex (Landfill) on January 15, 2003

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 15, 2003, I received a call from Terry Foxworthy, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill. Mr. Foxworthy stated Chad with Onyx found biomedical waste in the solid waste load originating from Bon Secours Venice Hospital.

I observed the following biomedical waste in two (2) clear bags: one (1) bag contained saturated bloody gauze, gloves visibly contaminated with blood, and a suture removal kit. This clear bag was visibly contaminated with blood due to the saturated nature of the contents. The second clear bag was visibly contaminated with blood both wet and dried. And I did not observe any waste in the bag to identify the source of the contamination.

Alex Greenwood from Bon Secours Venice Hospital responded to the complaint. He stated during his review of the biomedical waste that he believed the first clear bag originated in the emergency room of the hospital. He called the hospital's medical waste transporter to remove the entire load from the landfill.

<input type="checkbox"/> NUTRITION	<input type="checkbox"/> INSPECTION
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> CHANGE OF OWNER
<input checked="" type="checkbox"/> COMPLAINT	<input type="checkbox"/> CONSULTATION
<input type="checkbox"/> EXAMINATION	<input type="checkbox"/> EPIDEMIOLOGY
<input type="checkbox"/> OTHER	

Comp on Bon Secours
Unice Hospital

- ☐ Satisfactory
- ☐ Incomplete
- ☐ Dissatisfactory
- ☐ Letter of Dismissal
- ☐ Next inspection
- ☐ 300 - 2400
- ☐ Letter of Compliance

1030A1230f

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524
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Observed clear bag w/ saturated bloody gauze & gloves - clear bag visibly cont w/ blood
Suture removal kit in bag. Alex thinks this may have originated from ER Dept
found 2nd clear bag w/ wet + dried blood on Plastic wrapping!
Chad w/ myx found this Bmw in Solid waste load from ^{Bay} Bon Secours Venice Hosp

1/15/03

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Central County Solid Waste Disposal Complex (Landfill) on December 28, 2002

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 28, 2002, I received a call from Mr. Dan McAllister, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill. Mr. McAllister stated Peter Eggum with Onyx found biomedical waste in the solid waste load originating from Bon Secours Venice Hospital.

I observed the following biomedical waste in three (3) clear bags: one (1) bag contained gauze and IV tubing visibly contaminated with blood, the second bag contained bloody gauze and a syringe half full of blood, and the third clear bag contained three (3) capped needles and one (1) needless catheter visibly contaminated with blood. All biomedical waste appears to have originated in the Operating Room. Some additional items found in the clear bags include, blue surgical drapes, booties and hair restraints.

I called Bon Secours Venice Hospital and left a message regarding this latest incident. Scott Reynolds with Environmental Services responded to the complaint. Mr. Reynolds contacted the hospitals registered biomedical waste transporter, Stericycle for removal of this contaminated load.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

*Comp Bon Secours
Venice Hosp*

NAME Laurel Landfill (Central County Disposal Comp)
 ADDRESS 4000 Knights Trail CITY N Okon's
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON Complainant Dan McAllister

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
8:30 A	11:30 A
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12/28/02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
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6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
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9 9 9 9 9

ID NUMBER
58-64-
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3 3 3 3 3 3
4 4 4 4 4 4
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6 6 6 6 6 6
7 7 7 7 7 7
8 8 8 8 8 8
9 9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Observed 3 - Clear bags containing BMW - This Solid Waste Load came from Bon Secours Venice Hospital - Per Dan McAllister
 1st Clear bag contained bloody gauze + blood contaminated IV tubing
 2nd Clear bag contained bloody gauze + Syringe 1/2 full of blood
 3rd Clear bag contained 3 capped needles + one blood contaminated needleless catheter - ALL BMW appears to have come from the O.R. - Called Bon Secours Venice Hospital - Scott w/ Env. Svs called + responded to incident @ the Landfill he contacted Stericycle to remove the load

INSPECTION CONDUCTED BY: SLW

PHONE: _____

COPY OF REPORT RECEIVED BY: _____

DATE: 12/28/02

Memo of Record

Regarding Biomedical waste at the landfill on December 26, 2002

From: Jill C Jacoby
Environmental Specialist I
Sarasota County Health Department

On December 26, 2002 I received a call from Sharon Williams, Environmental Specialist I with the Sarasota County Health Department. She stated that Don Shaulis Supervisor of Environmental Services Solid Waste Division, Sarasota County called regarding illegal disposal of biomedical waste at the landfill.

During inspection of the load it was determined to have originated from Bon Secours Venice Hospital. A needle was found in this solid waste load.

I called Dee Gillespie, person in charge of Environmental Services, with Bon Secours Venice Hospital and told her that a needle was found. Ms. Gillespie and staff came out to view the needle and then made arrangements with stericycle to remove the load. The entire load was removed this date.

MEMO OF RECORD

SUBJECT: Biomedical Waste at the Central County Solid Waste Disposal Complex (Landfill) on December 18, 2002

FROM: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 18, 2002, I received a call from Mr. Don Shaulis, Sarasota County Environmental Services, regarding illegal disposal of biomedical waste at the landfill.

I observed the following biomedical waste in clear bags: one (1) bag containing two (2) needless catheters visibly contaminated with blood, the second bag containing two (2) needles, and the third clear bag containing one (1) needle.

I contacted Susan Grey, Infection Control Director of Bon Secours Venice Hospital. She said she would have a group of people from the hospital respond to this latest complaint.

I spoke to Don Shaulis and Terry Foxworthy of the landfill and they both said Bon Secours Hospital staff arrived took some samples of paperwork and chose to have Stericycle pick up the entire load.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

*Comp. on
Bon Secours
Venice Hospital*

NAME Laurel Landfill (Central County Solid Waste)
 ADDRESS 4000 Knights Tra. 2 CITY Ukiah
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON Complainant Don Shaulis

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
12:00 P	1:00 P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12/18/02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
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6 6 6 6 6
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8 8 8 8 8
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ID NUMBER
58-64-0
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5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method:
☐ 4. Records ☐ 8. Transport Vehicle(s)

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received call from Don Shaulis operations Supervisor of Landfill regarding a needle in a load of Solid Waste. The Waste was identified as coming from Bon Secours Venice Hospital.

During inspection of the load Terry Foxworthy (Sara County Landfill) + I observed 3 - Clear bags w/ med waste. 1-bag had 1-needle, the Second bag had 2-needles + the third had 2-needless catheters contaminated w/ blood

INSPECTION CONDUCTED BY: Sharon Williams PHONE: 861-6133
 COPY OF REPORT RECEIVED BY: _____ DATE: 12/18/02

MEMO OF RECORD

Regarding: Biomedical Waste at the Landfill on December 11, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 11, 2002, while at the landfill a solid waste truck arrived contaminated with biomedical waste. After inspection of the load and talking to the driver it was determined to be from Bon Secours Venice Hospital.

Observed numerous capped and uncapped needles throughout load, clear bagged biomedical waste, bloody gauze, visibly contaminated gloves and other nonabsorbent biomedical waste, two (2) suction canisters one 2/3's full of blood, and one with unrecognizable fluid visibly contaminated with blood.

I contacted Alex Greenwood of Bon Secours Venice Hospital, Environmental Services Department. He responded to the spill with 2 other staff members of the hospital and called in Susan Grey, Infection Control Director and 2 other division supervisors to determine the source of the problem. They stated some of the biomedical waste found in the load came from Critical Care and O.R. They would conduct a thorough inspection of the hospital to determine the source and conduct training.

Alex Greenwood contacted Stericycle to pick up the entire load; Stericycle sub contracted this service to Southern Waste Service a permitted Biomedical Waste transporter.

The majority of the load was removed with the balance removed the morning of December 12, 2002.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCTION ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

NAME Laurel Landfill re: Bon Secour Venice Hosp. Spill
 ADDRESS 4000 Knights Trail CITY Nokomis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON _____

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
1130A	630P
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
121102
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111196
22297
33398
44499
55500
66601
77702
88803
99904

POSITION #
29487
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11111
22222
33333
44444
55555
66666
77777
88888
99999

ID NUMBER
58-64-
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1111111
2222222
3333333
4444444
5555555
6666666
7777777
8888888
9999999

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
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☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method:
☐ 4. Records ☐ 8. Transport Vehicle(s)

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Observed Clear bagged BMW - numerous Capped & uncapped needles, 2 Suction Canisters (1) full of blood, one w/ bloody unidentifiable fluid, Blood Contaminated gauze + gloves

INSPECTION CONDUCTED BY:

Sharon Williams

PHONE:

861-6133

COPY OF REPORT RECEIVED BY:

DATE:

12/11/02

Bon Secours - Healthcare Group Policies & Procedures	
Facility: Bon Secours-Venice Hospital	
Service: Administrative, Interdepartmental	
Manual Name: Environment of Care	
Policy Title: Biomedical Waste (BMW)	
Regulatory: IC.1, IC.4	
Original Date: 03/01/93	Policy No. (if applicable): 1-4
Latest Reviewed/Revised Date: 06/27/2000	
Approved by: Environment of Care Committee	
Archive: No	

OSHA CATEGORY I**MISSION:**

This policy supports the Core Values of Quality and Stewardship.

PURPOSE:

To ensure that biomedical waste (BMW) and sharps are segregated, handled, labeled, transferred, stored and disposed of in a manner which protects Human Health, Safety, and the Environment, in accordance and compliance with relevant statutes, regulations and ordinances.

To assign responsibility for said policy and educational support.

POLICY STATEMENT:

It is the policy of Bon Secours-Venice Hospital to prevent infection and/or cross contamination in the handling of biomedical waste and sharps by adhering to the following practices.

I. DEFINITIONS:**BIOMEDICAL WASTE:**

Waste which needs to be disposed of as biomedical waste includes:

- * Microbiology Laboratory Waste
- * Pathology Waste (tissue and body parts)
- * Blood Specimens or Products
- * Discarded Sharps (Dispose into Sharps container at point of origin)
- * Infectious Body Fluids Including: Semen, Vaginal Secretions, Lymph, Spinal Fluid, Synovial Fluid, Pleural Fluid, Peritoneal Fluid, Pericardial Fluid, Amniotic Fluid, or any body secretion or excretion containing visible blood.
- * Used, absorbent materials saturated with blood, body fluids, or excretions or secretions

contaminated with visible blood and absorbent materials saturated with blood or blood products that have dried. Absorbent material includes items such as bandages, gauzes and sponges.

* Body tissues that have been histologically fixed shall be considered treated. Tissues prepared by frozen sectioning only are not considered treated.

* Non-absorbent disposable devices that have been contaminated with blood, body fluids or blood contaminated secretions or excretions visibly contaminated with blood and have not been treated by an approved method, i.e., hemodialysis filters, any catheter or IV tubing with visible blood or blood products.

EXCEPTIONS:

* Nasal secretions, feces, saliva, sputum, sweat, tears, urine and vomitus need not be red bagged unless visible blood is present.

BIOMEDICAL WASTE GENERATOR:

A person or facility who produces or generates Biomedical Waste.

SHARPS:

Objects capable of puncturing, lacerating, or otherwise penetrating the skin. Examples include needles, needles attached to disposable syringes, broken glass, scalpels or ampules.

NOTE: Intact, non-bloody glass bottles (i.e., empty medicine vials), are not sharps and should be disposed into clear bag trash.

POINT OF ORIGIN:

The room or area where the biomedical waste is generated.

DISINFECTION:

A process that results in the destruction of infectious agents on inanimate objects, but does not necessarily kill all bacterial spores.

HAZARDOUS WASTE:

A chemical for which there is evidence that acute or chronic health effects may occur in exposed employees. This includes, but is not limited to, chemicals that are carcinogenic, toxic or highly toxic agents, irritants, corrosives, and agents that can damage the lungs, skin, eyes, or mucus membranes. Refer to the Hospital Hazardous Materials and Waste Management Program for further information.

LEAK RESISTANT:

Container prevents incidental liquid in the covered container from escaping to the environment in the vertical position.

ON-SITE:

An area that is part of, or included on the license of, and at the same physical address as the facility where the biomedical waste is generated.

OUTER CONTAINER:

Any rigid type container used to enclose packages of biomedical waste for transport off-site.

II. CONTAINERS

A. REQUIRED PHYSICAL PROPERTIES FOR ALL CONTAINERS USED SHALL MEET REQUIREMENTS AS DEFINED ON 64E - 16 OF THE FLORIDA ADMINISTRATIVE CODE EFFECTIVE June 3, 1997.

B. RED BAGS

Bags used for Biomedical Waste (except sharps) will be red, impermeable, plastic bags that meet the specifications in Chapter 64E-16 of the Florida Administrative Code.

C. SHARPS CONTAINERS

Discarded sharps will be separated from all other waste. Sharps will be placed directly into leak-resistant, rigid, puncture-resistant containers. Fiberboard sharps containers shall be composed of pressed fiberboard material, and meet the standards.

D. Single use containers used for storage of BMW shall be destroyed during the disposal process. Containers must be labeled appropriately.

E. Multi-use storage or outer containers shall be rigid, leak-resistant and puncture-resistant under normal condition of handling and use, and be constructed of smooth, easily cleanable, impermeable materials and be resistant to corrosion by disinfectant chemicals.

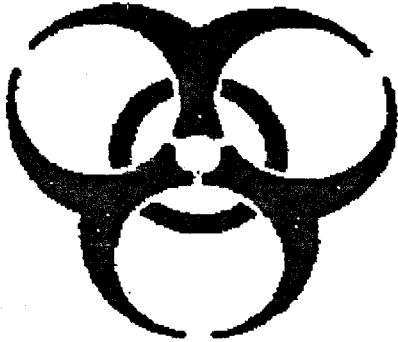
III. LABELING

A. RED BAGS:

Red bags are preprinted with the Hospital Name and Address. All red bags will come preprinted with the International Biohazard Symbol and one of the following phrases: "INFECTIOUS WASTE" or "BIOMEDICAL WASTE".

B. SHARPS:

As each sharps container is $\frac{3}{4}$ filled, the container will be sealed properly. Single use sharps containers shall be clearly labeled with the 'Biomedical Waste' phrase and the international biological hazard symbol.



C. Outer containers (corrugated boxes) of the sharps containers shall be labeled at the generating facility prior to off-site transport. This label must include the transporter's name, address, registration number and 24-hour phone number prior to transport.

IV. SEGREGATION

Biomedical wastes will be segregated from Non-Biomedical Wastes at the point of origin by the following methods:

A. Biomedical wastes (except sharps) will be placed in a red bag at the place of origin (see definition). Bags will be tightly sealed using the "twist and tie" method if there is sufficient room at the top to tie a knot or the "twist and tape" method if the bag is too full to tie a knot at the top.

B. Containers will be designated for biomedical wastes and will be lined with a red bag.

C. Any employee handling biomedical waste shall wear protective clothing including a minimum of gloves.

D. All sharps shall be discarded into leak-proof, puncture-resistant containers.

E. Appropriate protective barriers should be worn (i.e. face shield or goggles, mask, gown and gloves). Bulk blood (defined as greater than 20cc), infective fluids, excretion and secretions may be carefully poured down a commode or hopper. If the hopper is used, the container should be transported in a red bag. All Bon Secours-Venice Hospital drains are connected to a sanitary sewer.

F. In the event that the container does not allow for pouring off, it shall be wrapped in an adult diaper and secured with tape. This will minimize the risk of breakage and act as an absorbent in case a break does occur. Place in red bag for transport to soiled utility room.

G. Contaminated large non-sharps, i.e., suction canister containing less than 20 cc of bloody fluid or evacuation bottle, may be packaged and transported on-site in a red bag.

H. Once red bags and sharps container are sealed, they will be placed in designated carts or fiberboard boxes.

I. Biomedical waste shall not be co-mixed with hazardous waste; if mixed, treat as hazardous waste.

J. Any biomedical waste mixed with radioactive waste will be managed as radioactive waste until rendered non-radioactive, then treated as biomedical.

K. Any non-contaminated waste that is neither hazardous nor radioactive, which is mixed with biomedical waste will be managed as biomedical waste. **(Don't mix red bags with clear bags).**

V. ON-SITE TRANSFER:

A. Bags of biomedical waste will remain intact until treatment or disposal. There will be no recycling efforts or intentional removal of waste from its packaging prior to the waste being treated or disposed.

B. Bags of biomedical waste will be handled and transferred in a manner that does not impair the integrity of the packaging.

C. Bags will be tightly sealed before transfer from the area of origin to the storage area.

D. Bags of biomedical waste will not be compacted or subjected to mechanical stress that will compromise the integrity of the package during the transfer.

E. Biomedical waste will be collected at least daily in a cart designated for biomedical waste. Containment of biomedical waste before or during transport will assure that no discharge or release of any waste occurs. This cart shall be puncture resistant, impervious to chemical disinfection, and leakproof.

F. Persons loading or unloading bags of biomedical waste from transfer vehicles will be included in an employee training program and will wear impermeable gloves and protective clothing; i.e., gowns which are either fluid resistant or impervious, if necessary.

G. Transfer carts shall be cleaned and disinfected after each use.

H. All outer boxes will have hospital name and address stamped or affixed to them.

(NOTE: Needles and scalpel blades are prohibited from being placed directly into double-walled corrugated containers).
Biomedical Waste single or double wall- corrugated box must be sealed with tape.

VI. SPILLS OR LEAKS

A. If a spill or leakage of BMW has occurred, the area shall be cleaned of gross soil by physically cleaning with a hospital approved disinfectant/detergent. Once gross soil is removed, fresh disinfectant solution shall be applied for disinfection. (see I-5 Biomedical Spill Clean-up).

VII. STORAGE

A. Storage of biomedical waste will not be for a period greater than 30 days. The time period will commence when the first item of biomedical waste is placed into a red or when the sharps container is $\frac{3}{4}$ full and sealed appropriately shut. **DON'T USE SHARPS CONTAINERS FOR ANYTHING EXCEPT SHARPS! If commingling occurs, the 30 day period will commence**

B. Designated storage areas for BMW at Bon Secours-Venice Hospital:

- Soiled utility rooms
- Waste management containment area

C. All areas used to store BMW shall:

- be constructed for easy cleaning, impervious to liquids,
- display a biomedical waste symbol prominently,
- be free of insects and vermin,
- be accessible only to authorized personnel,
- be located away from pedestrian traffic; and
- be secure against vandalism.

D. Disposable containers used for storage of biomedical waste will be destroyed during the disposal process.

E.. Containment of biomedical waste before or during transportation for on-site treatment or to an on-site storage area prior to off-site transport must be handled in such a manner that no discharge or release of any waste occurs.

VIII. TRAINING REQUIREMENTS

Each generator shall prepare a written training program to train employees who handle

biomedical waste as part of their daily work responsibility. The training program shall contain a training regimen detailing compliance with the rule and shall be maintained as a section of the operating plan.

- A. The generator or its designee shall train each new employee whose duties include handling biomedical waste in the proper management of this waste before duties commence.
- B. All employees who handle biomedical waste shall attend an annual refresher training session provided by the generator or its designee.
- C. A record of attendance shall be maintained for each employee.

IX. RESPONSIBILITY

It is the responsibility of each manager of Bon Secours-Venice Hospital to ensure that the above policy is presented, essential and mandatory.

It is the responsibility of all Bon Secours-Venice Hospital employees to handle BMW as defined with the plan.

It is the responsibility of the Environmental Services Department to assure that BMW is handled, stored and transferred in accordance with Florida Administration Code Chapter 64E-16.

Environmental Services, in conjunction with Organizational Development and Education, is responsible for education of staff in accordance with this plan.

This plan shall be reviewed and revised as necessary annually by the manager of the Environmental Services and the Infection Control professional. The plan shall be approved biannually by the Infection Control Committee.

X. TRANSPORTER

- A. The handler of BMW for Bon Secours-Venice Hospital is Stericycle. A 24-hour Emergency Hot Line (1-800-853-5653) is available for emergency services.

XI. CONTINGENCY PLAN

- A. The boxing room will serve as additional storage during and after severe weather.

BON SECOURS-VENICE HOSPITAL DEPARTMENTS OFF-CAMPUS:

Bon Secours Nursing Care Center, Bon Secours Venice Health Park and Associated

Physician Office will be responsible for BMW plans specific to their facility. The following department variance is identified: Bon Secours Home Health Services; Clinical Lab Services.

REFERENCE: 1. Chapter 64E-16 Biomedical Waste,
Florida Administration Code, June, 1997
2. Contingency Plan for Natural Disaster/Foul Weather.

Medical Waste Division of North America (Florida
Division)

JCAHO IC.1, IC.4 (2000)

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Author(s)/Contributor(s) - Name(s), Title(s), Department(s): Susan Gray, Infection Control Professional

Replaces/Combines Policy(s):

Date of Review:	Approved By:
Date of Revision:	Approved By:
03/01/93, 03/01/96, 10/01/97, 03/03/99, 09/20/99, 03/27/2000, 06/27/2000	Infection Control Committee; EOC

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
Petitioner,**

vs.

DOH Case No.: 2002-

**BON SECOURS-VENICE HEALTHCARE CORPORATION,
Respondent.**

**Serve: Stephen K. Boone, Registered Agent
1001 Avenida Del Circo
Venice, Florida 34285**

/ SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Bon Secours-Venice Healthcare Corporation, operating under the Registered Fictitious name Bon Secours-Venice Hospital, operates a hospital located at 540 The

Page 2 of 4

Rialto, Venice, Florida 34292, in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00074 issued by the Department of Health.

3. On December 11, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least six clear bags containing biomedical waste that was not properly disposed of in a red bag at the point of origin, capped and uncapped needles through out the load, visibly contaminated gloves and other nonabsorbent biomedical waste, two suction canisters one two-thirds full of blood and one with unrecognizable fluid visibly contaminated with blood. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

4. On December 18, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to three clear bags containing biomedical waste, including needles that were not properly disposed of in a red bag at the point of origin. The Respondent's acts and practices

Page 3 of 4

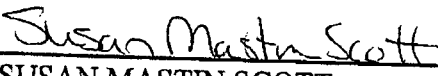
described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Five Thousand Dollar (\$5,000.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. **Done this 18th day of December 2002 by the Department of Health, Sarasota County Health Department.**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**


SUSAN MASTIN SCOTT
Florida Bar #0000736
Chief Legal Counsel
2295 Victoria Avenue, Room 206
Fort Myers, Florida 33901
(941) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to Bon Secour-Venice Healthcare Corporation, Stephen K. Boone, Registered Agent, 1001 Avenida Del Circo, Venice, Florida 34285 via Federal Express # 833130930750 this 18th day of December 2002.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
Petitioner,**

vs.

DOH Case No.: 2003-

**SARASOTA DOCTORS HOSPITAL, INC.,
Respondent.**

**Serve: CT Corporation System, Registered Agent
1200 South Pine Island Road
Fort Lauderdale, Florida 33324**

/SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

JAN 23 2003

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Sarasota Doctors Hospital, Inc., operating under the Registered Fictitious name Doctors Hospital of Sarasota, operates a hospital located at 5731 Bee Ridge

Road, Sarasota, Florida 34230, in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00074 issued by the Department of Health.

3. On December 26, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, some visibly blood contaminated tubing. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

4. On January 2, 2003, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, some visibly blood contaminated catheter. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of

Page 3 of 4

Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

5. On January 9, 2003, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, at least one needle. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Seven Thousand Five Hundred Dollar (\$7,500.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. Done this 14th day of January 2003 by the Department of Health, Sarasota County Health Department.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Susan Mastin Scott

SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(941) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to SARASOTA DOCTORS HOSPITAL, INC., CT Corporation System, Registered Agent 1200 South Pine Island Road, Fort Lauderdale, Florida 33324 via Federal Express # 836604583347 this 14th day of January 2003.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Memo of Record

Regarding Biomedical waste at the landfill on January 09, 2003

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 09, 2003, I received a call from Don Shaulis, Supervisor of Environmental Services, Solid Waste Division, Sarasota County regarding illegal disposal of biomedical waste at the landfill. Mr. Shaulis stated Peter Eggum with Onyx found biomedical waste in the solid waste load originating from Doctors Hospital of Sarasota.

During inspection of the solid waste load Mr. Eggum opened four to five clear bags and found one capped needle. I removed the plastic cap on the needle to verify it was a sharp by definition. Gary Bouchard of Doctors Hospital arrived while I was inspecting the waste. His review of the paperwork indicates the clear bag containing the needle was from the ICU Department of the hospital.

Mr. Bouchard called the hospital's biomedical waste transporter Medico to remove the entire load. The entire load was removed this date.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

Comp Doctors Hosp

NAME Laurel Landfill (Central County Solid Waste)
 ADDRESS 4000 Knight Trail CITY Nakomis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON Don Shaubert

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

BEGIN	END
4:20 PM	5:10 PM
1:30	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
01/09/03
0-0-0-0-95
1-1-1-1-96
2-2-2-2-97
3-3-3-3-98
4-4-4-4-99
5-5-5-5-00
6-6-6-6-01
7-7-7-7-02
8-8-8-8-03
9-9-9-9-04

POSITION #
29487
0-0-0-0-0
1-1-1-1-1
2-2-2-2-2
3-3-3-3-3
4-4-4-4-4
5-5-5-5-5
6-6-6-6-6
7-7-7-7-7
8-8-8-8-8
9-9-9-9-9

ID NUMBER
- 64 -
0-0-0-0-0
1-1-1-1-1
2-2-2-2-2
3-3-3-3-3
4-4-4-4-4
5-5-5-5-5
6-6-6-6-6
7-7-7-7-7
8-8-8-8-8
9-9-9-9-9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0-0-0-0-95
1-1-1-1-96
2-2-2-2-97
3-3-3-3-98
4-4-4-4-99
5-5-5-5-00
6-6-6-6-01
7-7-7-7-02
8-8-8-8-03
9-9-9-9-04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM
NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Call from Don Shaubert regarding
 a Contaminated Solid waste load from Doctors
 Hospital, needles were found by Peter Eggum w/ Onyx
 I observed one capped needle - removed
 Cap to verify a metal needle was attached.
 I called Doctors Hospital, Maxine w/E.S. Called
 Gary Pouchard to inform him. Gary met me at
 the landfill paperwork in the Clearbay where the
 needle was found indicates it originated in ICU

INSPECTION CONDUCTED BY Sharon Williams PHONE: 861-6133
 COPY OF REPORT RECEIVED BY _____ DATE: 1/9/03

Memo of Record

Regarding Biomedical waste at the landfill on January 02, 2003

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On January 02, 2003, I received a call from Dan McAllister of Environmental Services Solid Waste Division, Sarasota County regarding illegal disposal of biomedical waste at the landfill.

During inspection of the solid waste load it was determined to have originated from Doctors Hospital of Sarasota. Items found in the load included: One empty red bag and one visibly blood contaminated needless catheter.

Gary Bouchard, Director of Environmental Services with Doctors Hospital was called, he responded to the complaint. Mr. Bouchard looked through the contents of the load. The remainder of the load appeared free of biomedical waste and no further action was necessary.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☐ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☒ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

Camp or Doctors HoSp

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Council Cardfill
 ADDRESS 4000 Knights Trail CITY Nokomis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON Complaint Dan McAlister

BEGIN	END	DATE	POSITION #	ID NUMBER	TYPE
215P	315P				
1:00	1:00	010203	29487	58-64-	<input type="checkbox"/> Generate
2:05 AM	2:05 AM	000000	000000	000000	<input type="checkbox"/> Transport
3:10 PM	3:10 PM	000000	000000	000000	<input type="checkbox"/> Store
4:15	4:15	111111	111111	111111	<input type="checkbox"/> Treat
5:20	5:20	222222	222222	222222	<input type="checkbox"/> Other
6:25	6:25	333333	333333	333333	
7:30	7:30	444444	444444	444444	
8:35	8:35	555555	555555	555555	
9:40	9:40	666666	666666	666666	
10:45	10:45	777777	777777	777777	
11:50	11:50	888888	888888	888888	
12:55	12:55	999999	999999	999999	

DATE
0000
1111
2222
3333
4444
5555
6666
7777
8888
9999

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Received Camp from Dan McAlister regarding
 illegal disposal of BMW by Doctors Hospital
 observed one blood contaminated needlass catheter
 & one empty Red bag
 Gary Bouchard w/ Doctors Hospital went through
 the load - no other BMW observed - this load
 was pushed aside after review

INSPECTION CONDUCTED BY: Shawn Williams PHONE: 861-6133

COPY OF REPORT RECEIVED BY: _____ DATE: 1/2/03

Memo of Record

Regarding Biomedical waste at the landfill on December 26, 2002

From: Jill C Jacoby
Environmental Specialist I
Sarasota County Health Department

On December 26, 2002 I received a call from Sharon Williams, Environmental Specialist with the Sarasota County Health Department. She stated that Don Shaulis Supervisor of Environmental Services Solid Waste Division, Sarasota County called regarding illegal disposal of biomedical waste at the landfill.

During inspection of the load it was determined to have originated from Doctors Hospital of Sarasota. An Item considered biomedical waste found in the load. It was some visibly bloody contaminated tubing.

I called Ralph, person in charge of Environmental Services, with Doctors Hospital and gave him the option of having his staff come out and remove all the waste from the load or to arrange for the Hospital's biomedical waste transporter Medico to remove the entire load. He called back and stated that Medico would be removing the load. The entire load was removed this date.

Memo of Record

Regarding Biomedical waste at the landfill on December 12, 2002

From: Sharon J. Williams
Environmental Specialist I
Sarasota County Health Department

On December 12, 2002 I received a call from Don Shaulis Supervisor of Environmental Services Solid Waste Division, Sarasota County regarding illegal disposal of biomedical waste at the landfill.

During inspection of the load it was determined to have originated from Doctors Hospital of Sarasota. Items considered biomedical waste found in the load include: numerous capped and uncapped needles distributed throughout the load, and some visibly blood contaminated tubing.

I called Gary Bouchard Director of Environmental Services with Doctors Hospital and he responded to the complaint. After looking over the contents of the load he decided to call the Hospital's biomedical waste transporter Medico to remove the entire load. The entire load was removed this date.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE TREATMENT
INSPECTION REPORT**



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER _____

RESULTS

- ☐ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
 ☐ Next Inspection
 ☐ 8:00 AM on:
☐ Letter of Compliance by:

NAME Laurel Landis re: Doctors Hosp Spill
 ADDRESS 4000 Knights Trail CITY Nokomis
 PHONE _____ ZIP 34275
 OWNER/CONTACT PERSON _____

BEGIN	END
1000 A	1130 A
1 00	1 00
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE
12/20/02
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

POSITION #
29487
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6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

ID NUMBER
58-64-0
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3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
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6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

TYPE
<input type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
0 0 0 0 95
1 1 1 1 96
2 2 2 2 97
3 3 3 3 98
4 4 4 4 99
5 5 5 5 00
6 6 6 6 01
7 7 7 7 02
8 8 8 8 03
9 9 9 9 04

☐ OUT OF BUSINESS

- ☐ Hospital ☐ Nursing Home ☐ Medical Doctor ☐ Osteopath ☐ Clinical Laboratory ☐ Abortion Clinic
☐ Funeral Home ☐ Veterinarian ☐ Dentist ☐ Home Health ☐ SurgiCenter/Walk-in ☐ Other _____
☐ Dialysis Clinic ☐ Tattoo/Body Pierce ☐ Podiatrist ☐ State Laboratory/ Clinic ☐ Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- ☐ 1. Permit/Exemption/Registration ☐ 5. Segregation ☐ 9. Labeling ☐ 12. Other _____
☐ 2. Written Plan ☐ 6. Containers ☐ 10. Transfer/Transport _____
☐ 3. Training ☐ 7. Storage ☐ 11. Treatment Method: _____
☐ 4. Records ☐ 8. Transport Vehicle(s) _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

On 12/12/02 I received a Call from Don Shawlis ES Supervisor, he said they had another contaminated load but wasn't sure of the source until he received a Call back from the Driver.
 Observed Numerous too many to count needles capped + uncapped dispersed throughout the load + one visibly contaminated tubing w/ blood. I identified the waste from Doctors Hosp. Called Gary Bouchard Dir. ES.

INSPECTION CONDUCTED BY: Sharon Williams PHONE: 12/12/02 Page 1

COPY OF REPORT RECEIVED BY: _____ DATE: _____

**DOCTORS HOSPITAL OF SARASOTA
POLICY AND PROCEDURE**

IC-09

TITLE: BIOMEDICAL (BIOHAZARDOUS) WASTE

ISSUED FOR: ALL EMPLOYEES

EFFECTIVE: 9/88

**REVISED: 3/89,4/91,7/92,1/93,
5/93, 10/93,3/94,9/95,9/97,4/99,
10/00 ,4/01, 7/01**

REVIEWED: 2/95

**ISSUED BY: INFECTION CONTROL
COMMITTEE**

**APPROVED BY: INFECTION
CONTROL COMMITTEE**

PURPOSE

To ensure that biomedical (biohazardous) waste is segregated, handled, labeled, transported, stored, treated and disposed of in a manner adequate to protect human health, safety and welfare and the environment.

POLICY

All employees of Doctors Hospital of Sarasota and its affiliates shall comply with the following practices to prevent infection and cross-contamination in the handling of biomedical (biohazardous) wastes and sharps. These practices shall be updated when regulations, facility policies or procedures change.

DEFINITIONS

Biomedical (Biohazardous) waste - any solid or liquid waste which may present a threat of infection to humans, including:

- a. Nonliquid tissue and body parts from humans
- b. Laboratory waste contaminated with or containing disease-causing agents
- c. Discarded sharps
- d. Blood, blood products and body fluids from humans
- e. Used absorbent materials (bandages, gauzes, sponges) saturated (soaked to capacity) with blood, body fluids, or excretions/secretions contaminated with blood
- f. Absorbent materials (bandages, gauzes, sponges) saturated with blood or blood products that have dried.
- g. Non-absorbent disposable devices that have been contaminated with blood, body fluids or blood contaminated secretions or excretions and have not been sterilized or treated by an approved method.

Body Fluids - Those fluids which have the potential to harbor pathogens, such as HIV and Hepatitis B and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered biomedical waste.

NOTE: Body excretions such as feces and secretions such as nasal discharges, saliva,

**DOCTORS HOSPITAL OF SARASOTA
POLICY AND PROCEDURE**

IC-09

TITLE: BIOMEDICAL (BIOHAZARDOUS) WASTE

sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

Contaminated - soiled by any biomedical waste

Decontamination - The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.

Point of origin- The room or area where the biomedical waste is generated. .

Restricted- The use of any measure, such as a lock, sign or location, to prevent unauthorized entry.

Sealed - free from openings that allow passage of liquids.

Sharps - Objects capable of puncturing, lacerating or otherwise penetrating the skin. Examples include needles, scalpels and contaminated intact or broken glass, hard plastic, and petri dishes.

Storage - The holding of packaged biomedical waste for a period longer than 3 days.

Transfer - The movement of biomedical waste within the facility.

Transport - The movement of biomedical waste away from the facility.

PROCEDURE

Segregation/Handling

1. Biomedical (biohazardous) waste shall be identified and segregated from other solid waste at the point of origin (patient's room, exam room, OR suite, laboratory, department).
2. Biomedical (biohazardous) waste, **except for sharps** , shall be packaged and sealed at the point of origin in impermeable red plastic bags (1ml or 3ml) that meet the specifications detailed in Chapter 64E-16, Florida Administrative Code, Biomedical Waste. Filled red bags must not hold more than 22 pounds of waste. Red bags must be sealed by twisting the bag at the top then taping or tying the twist to prevent the release of any material from the bag when it is inverted.

DOCTORS HOSPITAL OF SARASOTA
POLICY AND PROCEDURE

IC-09

TITLE: BIOMEDICAL (BIOHAZARDOUS) WASTE

3. Sharps shall be segregated from all other waste and shall be discarded at the point of origin into sharps containers that meet the specifications detailed in Chapter 64E-16, Florida Administrative Code, Biomedical Waste.
4. Sharps containers, glass, plasticware, cultures and stock cultures shall be placed into a red bag lined doublewalled corrugated or fiberboard sharps containers (GP11-4G). Sharps containers shall be placed in an upright position in the GP11-4G sharps box. Needles and scalpel blades must be placed in rigid sharps containers. They are **prohibited** from being placed directly into a corrugated or fiberboard sharps container.
5. Bulk blood, fluids, excretions and secretions shall be solidified by adding an absorbent to the containers. The containers will then be placed in red bag lined doublewalled corrugated or fiberboard sharps boxes.
6. Biomedical waste mixed with hazardous waste shall be managed and disposed of as hazardous waste.
7. Biomedical waste mixed with radioactive waste shall be stored in a leaded container until the radioactive component has decayed according to 64E-5, F.A.C. After decay it will be managed as biomedical waste.
8. Any other solid waste, which is neither hazardous nor radioactive in character, mixed with biomedical waste shall be managed as biomedical.
9. Sharps and red bags shall be located in every patient room, exam room and ancillary department that generates biomedical waste.

Storage

1. Storage of biomedical waste shall not exceed 30 days. The 30 day time period shall begin when the first non-sharp item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is full or closed. (A sharps container is considered full when materials placed into it reach the designated fill line, or, if a fill line is not indicated, when additional materials cannot be placed into the container without cramming or when no additional materials are to be placed in the container.)
2. Sealed red bags and sharps containers shall be placed in the soiled utility rooms on nursing units for daily pick-up by Environmental Services. In other departments/ facilities sealed red bags and sharps containers will be placed in a designated area that has restricted access (located away from pedestrian traffic) for daily pick-up by Environmental Services. Sharps containers shall be packaged in an upright position in GP11-4G sharps boxes before being placed in the dumpster.
3. Biomedical waste will be stored for offsite disposal in a locked, dumpster. It will be

**DOCTORS HOSPITAL OF SARASOTA
POLICY AND PROCEDURE**

IC-09

TITLE: BIOMEDICAL (BIOHAZARDOUS) WASTE

accessible to authorized personnel only (Environmental Services employees). The dumpster will be marked with an international biological hazard symbol that is a minimum of six inches in diameter. The dumpster will be loaded in a way to minimize the risk of breakage (red bags at one end, corrugated sharps boxes at the other). Effective September 1, 1999 red bags will be separated from corrugated sharps boxes by a barrier in the dumpster.

Labeling

1. All red bags and corrugated sharps boxes shall be labeled as required by 64E-16.004(2b).
2. Labeling on the red bags and corrugated sharps boxes shall include the name and address of the facility. Environmental Services shall affix the label to the outer red bags and corrugated sharps boxes before placing them in the biomedical waste dumpster.
3. If a number of red bags are placed into an outer bag prior to offsite transport, the inner red bags are exempt from labeling requirements. The labeling of the outer bag shall include the name and address of the generator and the international biological hazard symbol.
4. Outer containers shall be labeled at the facility prior to transport.
5. All red bags, corrugated sharps boxes and outer containers used for offsite transfer shall have the international biological hazard symbol and one of the following phrases: Biomedical Waste; Biohazardous Waste; Biohazard; Infectious Waste; or Infectious Substance.

On-site transfer:

1. Packages of biomedical waste shall remain intact until treatment or disposal. Ruptured or leaking packages of biomedical waste shall be repackaged prior to onsite or offsite transport. There will be no recycling efforts nor intentional removal of waste from its packaging prior to the waste being treated or disposed.
2. Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging.
3. Packages of biomedical waste shall not be compacted or subjected to mechanical stress which will compromise the integrity of the package during transfer.
4. Employees transferring biomedical waste shall wear impermeable gloves as protective equipment.
5. Bagged biomedical waste being prepared for offsite transport prior to final treatment or disposal shall be enclosed in a rigid type container that meets the requirements of 49

**DOCTORS HOSPITAL OF SARASOTA
POLICY AND PROCEDURE**

IC-09

TITLE: BIOMEDICAL (BIOHAZARDOUS) WASTE

CFR subsections 172.101 and 173.197.

6. Bags will be tightly sealed before transport from the area of origin to the disposal area. (See #2 of the Segregation/Handling section for details on sealing bags.)
7. All biomedical wastes will be taken to the BFI biomedical waste dumpster located outside the hospital building.
8. Biomedical wastes will not be stored inside the facility.

Decontaminating Waste Spills/Reusable Containers

1. All surfaces contaminated with spilled or leaked biomedical waste will be cleaned to remove visible soil and then disinfected with either of the following:
 - a. a freshly made solution of 1 part bleach to 9 parts water (disinfection time = 3 minutes), or
 - b. an approved hospital disinfectant that is EPA registered and effective against HIV and HBV when used at recommended dilutions and directions (disinfection time = manufacturer's recommendations).
2. Reusable storage, outer containers and lids will be cleaned and disinfected after each use.

Training

1. Employees who handle biomedical waste as part of their daily work responsibilities will be trained in the proper management of this waste before duties commence and annually thereafter. The program will detail compliance with the Biomedical Waste rule 64E-16.
2. A record of attendance will be maintained for each employee. An outline of the training program will also be maintained.

Recordkeeping

1. All records pertinent to biomedical waste will be maintained for at least 3 years.
2. Receipts from the transporter will be signed by the Director of Environmental Services or designee on pick-up and maintained onsite for three years. They shall be available for review by the Department of Health.
3. Records of employee training programs will be maintained by each department manager.
4. A red bag quality test report and written statement on the concentration for incidental heavy metals for the red bags and sharps containers will be maintained by the Environmental Services department of this facility unless the manufacturer is registered with the State Health Office, Environmental Health Section or the bag manufacturer prints all required information directly onto the bag.

**DOCTORS HOSPITAL OF SARASOTA
POLICY AND PROCEDURE**

IC-09

TITLE: BIOMEDICAL (BIOHAZARDOUS) WASTE

Disposal

Stericycle, Inc." is the designated transporter of biomedical waste for Doctors Hospital of Sarasota.

The biomedical waste dumpster will be properly marked and locked at all times.

All biomedical waste transported by Stericycle will be disposed of by incineration with the incineration site indicated on the manifest.

REFERENCES

Chapter 64E-16 Biomedical Waste, Florida Administrative Code, June 3, 1997.

Department of Labor. (December 6, 1991). Occupational Exposure to Bloodborne Pathogens (OSHA). Washington, DC: Federal Register (29 CFR Part 1910.1030).

Department of Transportation. 49 CFR Part 171, et al. Hazardous Materials: Standards for Infectious Substances and Genetically Modified Micro-organisms.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
Petitioner,

vs.

DOH Case No.: 2002-

SARASOTA DOCTORS HOSPITAL, INC.,
Respondent.

Serve: CT Corporation System, Registered Agent
1200 South Pine Island Road
Fort Lauderdale, Florida 33324

_____/ SARASOTA COUNTY

ADMINISTRATIVE COMPLAINT

Nature of the Case

YOU ARE HEREBY NOTIFIED that this is an administrative action for the imposition of an administrative fine pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code. This case arises from the Respondent's failure to maintain minimum standards set forth by the Florida Statute and Florida Administrative Code regulating the management of biomedical waste.

Factual Allegations as to All Counts

1. Petitioner, State of Florida, Department of Health, Sarasota County Health Department is the administrative agency of the State of Florida charged with the duty to enforce the provisions of Chapter 381 Florida Statute, and Chapter 64E-16 Florida Administrative Code.

2. The Respondent, Sarasota Doctors Hospital, Inc., operating under the Registered Fictitious name Doctors Hospital of Sarasota, operates a hospital located at 5731 Bee Ridge

Page 2 of 4

Road, Sarasota, Florida 34230, in Sarasota County, Florida, which generates biomedical waste. Pursuant to Section 381.0098 Florida Statute, the Respondent has an annual biomedical waste operating permit, permit number 58-64-00074 issued by the Department of Health.

3. On December 12, 2002, the Department of Health conducted an inspection at the Central County Solid Waste Disposal Complex known as the Laurel Landfill and determined that biomedical waste generated by the Respondent had been illegally disposed of at the landfill by the Respondent. The Respondent's biomedical waste observed at the landfill included but was not limited to, numerous capped and uncapped needles spread through out the dumped load (too many to count) and some visibly blood contaminated tubing. The Respondent's acts and practices described in this paragraph violate the minimum standards set forth in Rule 64E-16.003 Florida Administrative Code requiring the Respondent to implement and follow its written operating plan for managing biomedical waste, the minimum standards set forth in Rule 64E-16.004 Florida Administrative Code for containment and storage, the minimum standards set forth in Rule 64E-16.005 Florida Administrative Code for labeling, and the minimum standards set forth in Rule 64E-16.006 Florida Administrative Code for transport and treatment. The Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine for these violations of law.

Request for Relief

Wherefore, the Department of Health hereby imposes a Two Thousand Five Hundred Dollar (\$2,500.00) fine, pursuant to Section 381.0098(7) Florida Statute and Rule 64E-16.013 Florida Administrative Code, for the violations stated herein.

Total fine imposed herein, is due and payable within 21 days of receipt of this Complaint to the Sarasota County Health Department, Office of Environmental Health and Engineering, 1301 Cattlemen Road, Sarasota, Florida, 34232, Attention Homer Rice. **Done this**

Page 3 of 4

18th day of December 2002 by the Department of Health, Sarasota County Health
Department.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Susan Mastin Scott

SUSAN MASTIN SCOTT

Florida Bar #0000736

Chief Legal Counsel

2295 Victoria Avenue, Room 206

Fort Myers, Florida 33901

(941) 338-2743

CERTIFICATE OF SERVICE

I hereby certify that the true and original Administrative Complaint herein was furnished to
SARASOTA DOCTORS HOSPITAL, INC., CT Corporation System, Registered Agent 1200
South Pine Island Road, Fort Lauderdale, Florida 33324 via Federal Express # 833130930739
this 18th day of December 2002.

Susan Mastin Scott

Susan Mastin Scott

NOTICE OF RIGHTS TO APPEAL

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Fla. Stat. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order."

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to section 120.68, Fla. Stat. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy