Exhibit CS-1T

BEFORE THE WASHINGTON STATE
UTILITIES AND TRANSPORTATION COMMISSION

In Re Application No. GA-079251 of HAROLD LeMAY ENTERPRISES, INC., ET AL., For an Extension of Certificate No. G-98 for a Certificate of Public Convenience and Necessity	CONSOLIDATED DOCKET NOS. DOCKET NO. TG-040221
In Re Application No. GA-079254 of KLEEN ENVIRONMENTAL TECHNOLOGIES, INC. For a Certificate of Public Convenience and Necessity	DOCKET NO. TG-040248 **TESTIMONY OF CHRISTOPHER E. STROMERSON**
In Re Application No. GA-079266 of RUBATINO REFUSE REMOVAL, INC. For an Extension of Certificate No. G-58 for a Certificate of Public Convenience and Necessity to Operate Motor Vehicles in Furnishing Solid Waste Collection Service	DOCKET NO. TG-040553

TESTIMONY OF CHRISTOPHER E. STROMERSON

Christopher E. Stromerson, subject to penalties of perjury of the laws of the State of Washington, declares and states as follows:

1. I am the Area Manager, Environmental, Safety and Health, of Stericycle, Inc. In that capacity, I am responsible for overseeing compliance by Stericycle of Washington, Inc. and Stericycle, Inc.'s Pacific Northwest District with all statutes and regulations applicable to the collection, transportation, processing and disposal of biomedical waste. I have held my present position and have performed these functions since April 2000. Prior to that time, I was employed by the Snohomish County Health District as an Environmental Health Specialist from January 1995 through April 2000. I have a Bachelors of Science degree from Washington State University in Environmental Science.

2. Stericycle of Washington, Inc. ("Stericycle") provides statewide biomedical waste collection, transportation and disposal services in Washington pursuant to a Certificate of Public Convenience and Necessity issued by the Washington Utilities and Transportation Commission. Under that certificate, Stericycle accepts all forms of biomedical waste from generators of such wastes except radioactive waste and human heads and torsos. Biomedical waste includes any item that is potentially infectious: items contaminated with blood or body fluids, sharps (i.e. hypodermic needles, broken glass, and surgical tools), pathological wastes (such as tissues, organs, body parts), and trace chemotherapy waste produced in chemotherapy.

3. Stericycle is a wholly owned subsidiary of Stericycle, Inc., a publicly traded company engaged in biomedical waste management, collection, transportation and disposal services nationwide. Stericycle was formed to provide biomedical waste collection, transportation and disposal services to Washington generators. As a wholly owned subsidiary of Stericycle, Inc., Stericycle benefits greatly from the expertise of Stericycle, Inc. personnel, from

Stericycle, Inc.'s nationwide resources and experience and from the practices and procedures developed by Stericycle, Inc. for legal and regulatory compliance. Biomedical waste management, collection, transportation and disposal is Stericycle, Inc.'s only business. For this reason, Stericycle, Inc. focuses a great deal of attention and effort to ensure that its operations and the operations of its subsidiaries are in full compliance with the overlapping federal, state and local regulations applicable to the handling of biomedical waste. Stericycle, Inc. has undertaken extraordinary efforts to ensure that Stericycle meets and will continue to meet or exceed all applicable regulatory requirements for the collection, transportation and disposal of such waste.

3. In compliance with WAC 480-70-436, Stericycle has developed an Operating Plan for its collection, transportation and disposal of medical waste generated in Washington. A copy of this document is kept in the Transportation Manager's office, the Environmental Safety and Health Manager's office, and in each Stericycle vehicle used in conjunction with the transportation of medical waste. All Stericycle personnel are trained regulatory on the requirements of the Operating Plan. A copy of Stericycle's Operating Plan is attached hereto as Exhibit CS-2.

4. As required by WAC 480-70-436, the Operating Plan addresses the following areas of concern:

- Proper training of persons collecting, transporting, and disposing of biomedical waste;
- Provision and mandatory use of clean gloves and uniforms, and any other necessary protective clothing for all employees when collecting, transporting, and disposing of biomedical waste;

- Methods and means to decontaminate any person exposed to biomedical waste during collection, transportation, or disposal;
- Segregation of biomedical waste from other types of solid waste until treatment or disposal;
- Proper decontamination of motor vehicles used to collect, transport or dispose of biomedical waste; and
- Prevention of unauthorized persons from having access to, or contact with, biomedical waste.

Stericycle has developed policies, procedures and training programs in an attempt to fully implement the goals of the Operating Plan and to meet additional regulatory requirements. Those documents and policies will be identified hereafter as appropriate in discussing Stericycle's regulatory compliance program.

STERICYCLE EMPLOYEE TRAINING

5. All employees of Stericycle who are involved in the transportation and handling of biomedical waste are required to go through extensive training including, but not limited to, training on the subjects of:

- Bloodborne pathogens;
- United States Department of Transportation packaging regulations;
- Personal protective equipment;
- Hazard communications;
- Accident/injury reporting;
- Lockout/tagout safeguards for equipment maintenance; and
- Emergency action plans.

6. Training on all of these topics is conducted upon employment with Stericycle and periodically thereafter. Training is conducted by myself, as Area Manager, Environmental, Safety and Health. In accordance with WAC 480-70-441, a written record of each individual employee's training is made by date and subject. All employee training records are maintained by Stericycle at its office in Kent, Washington.

7. Stericycle has developed a Bloodborne Pathogens Training Program that includes training in the requirements of Stericycle's Exposure Control Plan (*see* section below discussing exposure prevention and decontamination) and a Bloodborne Pathogens Policy for use in the training of its employees regarding the potential dangers and proper handling of biomedical waste. The Bloodborne Pathogens Training Manual and Stericycle Bloodborne Pathogens Policy are attached hereto as Exhibit CS-3. Employees receive Bloodborne Pathogens training upon hiring and annually thereafter. In addition to training new employees in the requirements of Stericycle's Exposure Control Plan, the Bloodborne Pathogens Training Program provides employees with a uniform vocabulary for use in addressing bloodborne pathogens and exposure control.

8. Further training required by the Bloodborne Pathogen Training Manual includes:

- The Bloodborne Pathogens Standard 29 CFR 1910;
- Epidemiology and symptoms of bloodborne diseases;
- Modes of transmission of bloodborne pathogens;
- Appropriate measures for recognizing tasks and other activates that may involve exposure to blood and other potentially infectious diseases;

- Review of handling methods and other system controls that will prevent or reduce exposure, including engineering controls, work practice controls, and personal protective equipment;
- Selection and use of personal protective equipment, including types available, proper use, location within the facility, removal, handling, decontamination and disposal;
- Visual warnings of biohazard within the facilities, including labels, signs and color coded containers;
- Information on the Hepatitis B vaccine;
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious material;
- Procedures to follow if an exposure incident occurs, including incident reporting; and,
- Information on post-exposure evaluation and follow-up including medical consultation provided by Stericycle.

9. The Bloodborne Pathogen Training Manual also charges supervisors with responsibility for ensuring that employees are properly wearing required personal protective equipment at all appropriate times and establishes procedures for reporting and correcting any compliance failures or misuse.

10. To that end, Stericycle has developed a Personal Protective Equipment (PPE) Policy, attached as Exhibit CS-4, which is used in training and compliance review. Under the PPE Policy, Stericycle has assessed the workplace environment, including all circumstances encountered by Stericycle drivers, to determine the type of hazards that are presented to its

employees, or are likely to be presented, according to each person's job description. From this review, Stericycle has determined appropriate PPE for each employee. Acceptable PPE is provided by Stericycle in sufficient sizes and styles at no cost to employees. Employee training regarding PPE need, use, limitations, cleaning, disinfection and maintenance is conducted upon hiring and at least once each year thereafter.

11. All Stericycle employees who handle biomedical waste are trained for spill containment and cleanup, inclusive of bloodborne pathogens training and United States Department of Transportation regulations governing the transportation of medical waste (*See* discussion regarding Segregation of Medical Waste, below.)

12. A sample Accident Investigation Report is included as part of Exhibit CS-3. The Accident Investigation Report calls for a complete recitation of facts surrounding any accident or spill in which containment of the waste is jeopardized or lost, while also requiring analysis of actions taken by the employee in response thereto. This report is to be used in accordance with the procedures established under Stericycle's Accident Investigation Procedures Policy, a copy of which is attached as Exhibit CS-5. The Accident Investigation and Procedures Policy is utilized at all Stericycle facilities, including all Stericycle vehicles. The goal of all investigative actions is to determine what can be done to prevent any reoccurrence. To that end, witnesses are interviewed, Accident Investigation Reports are completed by all employees involved in the incident, indirect and direct causes of the accident are identified, and recommendations are required. Where the investigation warrants further Stericycle action, disciplinary steps may be taken with responsible employees. Any accident involving the spill of regulated medical waste is reported to DOT in the appropriate manner and time and to local authorities, when required.

Employees are trained in the requirements of Stericycle's accident investigation and injury reporting policies upon hire and annually thereafter.

13. Procedures for emergency coordination and spill clean up are attached to the Operating Plan kept at each facility and in each transport vehicle. *See* Exhibit CS-2, Addenda 1-3. In the event of a spill or emergency, the employee is required to immediately notify the supervisor of the spill, but procedures are already in place that will allow that reporting employee to immediately begin containment and cleanup of the spill. All employees receive training in the requirements of the Emergency Action Plans and Spill Response upon hire and annually thereafter.

14. Occupational Exposure Forms are included as part of Exhibit CS-3. The Occupational Exposure Form documents the date and type of exposure and secures employee consent to post-exposure follow-up, including testing at six and twelve week intervals.

15. Stericycle drivers receive additional training specific to the requirements and risks of their particular job. Attached as Exhibit CS–6, is a sample "Company Compliance Requirements – DRIVER" spreadsheet detailing the additional training and testing requirements applicable to Stericycle drivers. In addition to the training described above, Stericycle drivers receive training in the following area:

- Vehicle backing procedures (annual);
- Fire extinguishers – portable (annual);
- Hazard communication (annual) (*See* Exhibit CS-7);
- Lockout/Tagout Control (Hazardous Energy) (upon hiring) (*See* Exhibit CS-8);
- Proper lifting techniques (annual);

- Slip, trip, fall or walking, working surfaces (annual);
- Vehicle condition reporting (every three years);
- Waste acceptance protocol (every two years); and
- Hours of Service (annual).

16. Additionally, all drivers are subject to rigorous pre-hiring and periodic review procedures. Prior to hire, a DOT employment application is obtained from the applicant, as well as a DOT Medical Examiner's certificate. A DOT Past Employer Inquiry is also made and a copy of the applicant's driving record is obtained. A copy of the applicant's driving record is required and a driving test administered. A sample of the applicant's blood is analyzed, including testing for Hepatitis C. DOT Substance Abuse Testing is conducted. After hiring, the medical examiner's certificate must be renewed as needed, and a search is conducted on an annual basis of the driver's driving record. Attached as Exhibit CS-9 is a copy of Stericycle's Medical Surveillance Policy. Attached as Exhibit CS-10 is a copy of Stericycle's Drug and Alcohol Policy which Stericycle requires each employee to sign upon hiring.

17. The result of Stericycle's attention to compliance detail and safety and compliance training is that Stericycle employees receive training that far exceeds that required by WAC 480-70-441 (Biomedical waste, training requirements). For example, in each training area required by WAC 480-70-441(3)(a)-(j), each Stericycle driver receives, at a minimum, the following training:

a. Safe operation of motor vehicles (Stericycle training topics include, among other things: Backing Procedures; Lockout/Tagout; DOT Hazardous Materials training; Hours of Service; and Vehicle Condition Reports. Also,

Stericycle is developing a Defensive Driving Training program for deployment later this year);

b. Safe collection, transport and disposal of biomedical waste (Stericycle training topics: Bloodborne Pathogens; DOT Hazardous Materials training; Personal Protective Equipment; Waste Acceptance Protocol);

c. Information on health risks (Stericycle training: Access to Exposure and Medical Records; Bloodborne Pathogens; Hazard Communication; Spill Response; Associated Contingency Plans);

d. Emergency procedures for spills (Stericycle training: DOT Hazardous Materials; Emergency Action Plan; Hazard Communication; Spill Response; Associated Contingency Plans);

e. Notification procedures following spill (see above);

f. Packing and labeling requirements (Stericycle training: Bloodborne Pathogens; DOT Hazardous Materials);

g. Personal hygiene practices (Stericycle training: Bloodborne Pathogens, DOT Hazardous Materials; Hazard Communications; Personal Protective Equipment);

h. Use of personal protective equipment (Stericycle training: Bloodborne Pathogens, Personal Protective Equipment);

i. Contamination control for vehicles (Stericycle training: Bloodborne Pathogens, DOT Hazardous Materials, Hazard Communication, Spill Response); and

j. Shipping paper requirements (Stericycle training: DOT Hazardous Materials).

18. Stericycle has also hired a third-party compliance company that captures all information regarding employee training and testing, as well as other required data on each driver or other Stericycle employee in a paperless system. These documents can then be reviewed on-line. (These documents are also maintained in hard-copy at each specific facility.) The service has the additional benefit of forecasting what training or medical event is approaching for each employee so as to allow for proactive scheduling.

19. Stericycle is committed to meeting or exceeding all training required by applicable state and federal regulations. As detailed above, the training requirements for persons engaged in the field of collecting, transporting and disposing of regulated medical waste are extensive. While Kleen has suggested that its employees will receive bloodborne pathogens training and "may receive training in the U.S. DOT – Hazardous Materials Regulations (49 CFR 100-185), drivers engaged in collecting and transporting biomedical waste must receive training in the following subjects:

- Personal Protective Equipment — WAC 296-800-160
- Hazard Communication — WAC 296-800-160
- Emergency Response Plan — WAC 296-824-50005
- Lockout Tagout — WAC 296-24 Part A-4
- Portable Fire Extinguishers — WAC 296-800-300
- Hours of Service — 49 CFR 395
- Driving Motor Vehicles — 49 CFR 392
- Vehicle Inspection — 49 CFR 396
- WUTC — WAC 480-70-441.

This list is not exhaustive, but is provided to illustrate the extent to which this industry is regulated. Kleen is apparently unaware of these training requirements, as no mention was made of them in Kleen's prefiled testimony.

20. An employee hired to work part time is required by Stericycle to receive the same training as an individual who works full time. A new hire training session can require from eight to twelve hours, depending on the number of trainees and resulting questions. Time must also be budgeted for preparation of training materials and the preparation and completion of required training documentation. Assuming that an experienced trainer can be hired at $30/hr, an eight hour training session may cost between $300 and $360. WAC 296-800-130 also requires monthly training meetings. Assuming employee pay of $20/hr, Kleen must include in its training budget at least $240 annually (12 one-hour meetings) for each employee's attendance at such meetings. Kleen has not made allowances for the full cost of required training in its pro forma financial projections.

PROVISION OF PERSONAL PROTECTIVE EQUIPMENT

21. In addition to the above-described training each employee receives regarding the proper use and care of personal protective equipment, Stericycle supplies its employees with all such required equipment at no cost. Properly equipping personnel, equipment and facilities with required safety equipment is not an inexpensive task. From December 11, 2003 through August 23, 2004, Stericycle spent over $31,000 in re-stocking or otherwise outfitting employees, vehicles and facilities with required safety equipment. Over $7,400 of this amount is directly attributable to personal protective equipment purchased for Stericycle drivers, including uniforms. Kleen's proforma financial projections make no provision for the cost of personal protective equipment for its drivers and other personnel.

PREVENTION OF EXPOSURE/

DECONTAMINATION OF PERSONS EXPOSED TO BIOMEDICAL WASTE

22. Stericycle has developed an Exposure Control Plan which governs all Stericycle employee interactions with biomedical waste. The Exposure Control Plan is an application of the Universal Precautions concept, under which it is assumed that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HBV, HIV, or HCV infected. A copy of the Stericycle Exposure Control Plan is attached hereto as Exhibit CS-11. The plan is reviewed annually and updated when appropriate.

23. The Exposure Control Plan sets out a systematic program for satisfying the requirements of the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 and the DOT Hazardous Materials Regulations, 49 CFR 100-185, thereby maximizing employee and public safety in the handling of biomedical wastes. Engineering and work practice control standards are detailed in the Exposure Control Plan, as well as safe waste handling procedures, personal protective equipment use, housekeeping and maintenance duties, and handling of soiled protective equipment and laundry.

24. The Exposure Control Plan also sets out an Occupational Health Program established by Stericycle for the medical monitoring of employees in the operations areas. A pre-placement physical examination is administered by a licensed physician familiar with DOT and OSHA regulations and requirements. A voluntary vaccination/immunization program has been established for employees within job classifications which may expose them to bloodborne pathogens, including Hepatitis B and Tetanus. Accurate records of each employee's examination, occupational exposure and treatment history is kept at the district office level.

Employees have full access to all of their medical records and are reminded on an annual basis of the availability of such records for review.

25. Additionally, the Exposure Control Plan establishes communication and training protocols designed to ensure that Stericycle employees are fully advised of the dangers of biomedical waste that they may encounter.

SEGREGATION OF MEDICAL WASTE FROM OTHER WASTES

26. As Stericycle only collects regulated medical waste, it does not have the added problem of ensuring that all regulated medical waste be kept separate from other forms of solid waste.

27. Stericycle drivers collect pre-packaged medical waste from its generator customers throughout the state of Washington. All containers used by Stericycle for transporting regulated medical waste are 'non-bulk' containers. Despite recent changes in the packaging regulations allowing the use of non-specification packaging, each package must continue to meet PGII testing requirements (49 CFR 178). All medical waste accepted for transport from Washington generators must comply with the packaging requirements of 29 CFR 1910.1030, 49 CFR 172.312 (liquid hazardous materials) and 49 CFR 173.24(a), (b), 173.134, and 173.197 (non-bulk packaging; regulated medical waste packaging). Attached as Exhibit CS-12 are Certified Packing Group II Container Information Sheets used in training Stericycle employees and generators. These sheets offer additional information in both the physical specifications of the container and proper packaging information necessary to meet regulatory requirements.

28. Each container must also be properly marked by the generator as containing regulated medical waste. This includes:

- Proper Shipping Name: Regulated Medical Waste

- Identification Number: UN 3291
- Universal Biohazard Symbol
- The word "BIOHAZARD"

Additionally, "up arrows" must be printed or affixed on containers containing liquid waste. Since a medical waste collection company cannot know whether any individual container of waste contains liquid waste, in practice all regulated medical waste containers must contain the "up arrows" necessary to protect against spillage.

29. Except in the event of a spill of biomedical waste after acceptance for transport, Stericycle employees do not engage in packaging of the waste.

30. Any containers that do not conform to Stericycle Medical Waste Acceptance Protocol are rejected and returned to the generator with proper documentation. Possible causes for failing to meet Stericycle Waste Acceptance Protocol include: improperly sealed or labeled packages; punctured or damaged packaging; overfill or overweight; contains anything other than biomedical waste; contains radioactive materials; or requires special handling specified by the generator. Additionally, pharmaceuticals are now considered Dangerous Waste in the State of Washington and require treatment via Drug Enforcement Agency approved incinerators. Therefore, pharmaceutical waste is no longer an accepted waste. All generators are instructed by Stericycle in proper regulated medical waste packaging (including treatment of sharps) at the time service is initiated. Documentation concerning containers rejected as non-conforming is also maintained on an ongoing basis by Stericycle.

DECONTAMINATION OF MOTOR VEHICLES

31. All vehicle surfaces that have come into contact with regulated medical waste, including the semi-trailers used for temporary storage of waste at Stericycle's equipment yards,

are regularly decontaminated with a chemical or hospital grade disinfectant. *See* Operating Plan, p.2.

VEHICLE AND FACILITY SECURITY

32. Stericycle policy is to ensure that all facilities and vehicles are inaccessible to non-Stericycle personnel. Attached as Exhibit CS-13 is a copy of the Stericycle policy statement regarding Locking of Vehicles. This document informs all employees that all company vehicles engaged in the collection and transportation of medical waste must be completely secured at all times. Each driver is required to sign the policy statement in acknowledgement of its contents.

ADAPTATION TO IMPROVED SAFETY STANDARDS

33. Stericycle has developed a Safety and Health Policy, attached hereto as Exhibit CS-14. Intended to assist Stericycle in complying with WAC 296-800-130 (Safety Committees & Safety Meetings) and WAC 296-800-140 (Accident Prevention Program), the Safety and Health Policy applies to all operating Pacific Northwest Stericycle locations and further buttresses the Operating Plan by establishing a Stericycle Safety and Health Committee for each Stericycle location or facility with more than 11 employees (sites with 10 or fewer employees must have regular safety meetings.) The Committee reviews the following topics at its meetings:

- Compliance calendar outline;
- Review of past inspections to help correct problems and minimize safety hazards;
- Evaluate and critique accident investigations; and
- Evaluate present workplace safety improvements.

Findings of the individual committees are then reported to Stericycle management.

34. The collection and transportation of biomedical waste is a heavily regulated business. Compliance with this regulatory framework is not accomplished without a serious commitment of institutional resources. The foregoing recitation of Stericycle training programs and policies demonstrate Stericycle's commitment to meeting its obligations under its Certificate of Public Convenience and Necessity.

35. Stericycle and Stericycle, Inc. have invested and continue to invest great amounts of time, money and attention to ensure compliance with federal, state and local regulations in this field. Kleen's Operating Plan and proforma financials do not demonstrate an adequate understanding of or commitment to regulatory compliance. Their entry into this field should not be allowed until such an understanding and ability to comply are demonstrated.

DATED this 17th day of September, 2004.

Christopher E. Stromerson

Stericycle®

BIOMEDICAL WASTE TERMINAL
OPERATING PLAN

General Plan

This plan concerns the operation of regional medical waste terminals in Washington owned by Stericycle of Washington, Inc.. The responsible parties of the plan are the Transportation Manger and the Area Manager, Environmental Safety & Health. These terminals will only accept medical waste from generators located in Washington and Oregon. These terminals does **NOT** generate medical waste.

The terminal provides for a pickup service of medical waste from the waste generator, transportation to the facilities, intact transfer of the medical waste containers, and transportation via trailer for treatment at the Morton, Washington facility. This operation will provide medical waste transfer services for hospitals, medical clinics, medical doctors, dentists, nursing homes, laboratories, veterinarians, mortuaries, schools, emergency medical operations, industry (i.e. packing plants, animal feeding operations, etc.) and other individual medical waste generators.

Stericycle of Washington, Inc. will accept all forms of medical waste from the generators except for radioactive waste, human heads and torsos. The forms of medical waste accepted at the terminal for transfer includes the following: any item from generators considered infectious, blood, body fluids, sharps (i.e. needles, broken glass, and surgical tools) and pathological items including tissues, organs and body parts, and trace chemotherapy waste.

The medical waste produced by the generators and accepted by Stericycle of Washington, Inc. will primarily be transferred intact. That is to say that Stericycle of Washington, Inc. will remove intact containers from the collection vehicles and move them directly onto the trailer for transportation to the treatment facility at Morton, Washington. For instances when waste is unintentionally released from the container (i.e. spill), the waste will be repackaged on a contingency basis and is considered a non-intact transfer. The generator will be provided with manifesting and final disposal documentation for all waste removed from the generator's facility. Any waste considered unacceptable will be documented and returned to the generator for final disposal. The generator will be notified of any unacceptable wastes so that additional arrangements can be made.

Specific Operational Plan

1. Pickup and Transportation Operation

Stericycle of Washington, Inc. will provide a pickup and transportation service of generator medical waste to the terminal. This service includes the furnishing of medical waste containers and liners to meet the customer's requirements and the transportation

furnishing of medical waste containers and liners to meet the customer's requirements and the transportation regulations as promulgated by the U.S. Department of Transportation, the State of Washington and all local regulations. The vehicles used for transportation of the waste will meet all current regulations.

Stericycle personnel involved in the transportation and handling of the waste will receive training and education regarding the handling of medical waste (see ***Section 4***). Each transportation unit will be outfitted with mobile communications equipment and will have appropriate emergency medical and cleanup equipment (see ***Section 5***). The drivers will have a prearranged schedule for daily pickups.

Cradle to grave tracking of the waste is accomplished through the use of manifests, or shipping papers, as described by the Washington Utilities and Transportation Commission and 49 CFR Subpart C – Shipping Papers. At the time of pickup, the driver records the date of pick up, the generator information, the number of waste containers being collected, and the total volume or weight of the waste being collected. The driver then procures the name, signature and date of the generator's representative. Upon completion of the route, the waste will be delivered to the terminal for transfer. Waste is recorded as being received at the facility and off-loaded onto semi-trailers for transportation to the treatment facility. Semi-trailers are routed daily to the treatment facility. A copy of the manifest will accompany the waste in each trailer. Copies of manifests will be maintained on-site and made available for inspection purposes upon request.

2. Transferring, Storage, and Transport for Final Disposal

As stated previously, the primary operation at the facility will be intact transfer. Intact transfer is the removal of intact containers from the collection vehicles and moving them directly onto the semi-trailer to be taken for treatment. Non-intact transfer will occur on a contingency basis. Non-intact transfer involves the repackaging of that waste in medical waste containers and liners that meet the transportation regulations as promulgated by the U.S. Department of Transportation and the State of Washington.

Medical waste is housed at the terminal in secure semi-trailers located within the facility. The waste is removed from the site on a daily basis for treatment. Containers are decontaminated at the treatment facility and returned to Kent for distribution to generators. Only cleaned containers are stored inside the facility warehouse.

The facility will be maintained and cleaned to provide a safe working environment, minimize ordors and vectors, and to protect the safety and health of the public. A facility inspection form representative of these items has been developed and will be maintained on site. Employees will ensure that waste is transferred from truck to semi-trailer upon return to the facility. Vehicle surfaces that have contacted medical waste will utilize a chemical or hospital grade disinfectant for decontamination. All waste is contained in secured semi-trailers until ready for transport.

3. Non-Conforming Waste Procedures:

Containers, which do not conform to the STERICYCLE Medical Waste Acceptance Protocol Section 3.0 (see ***Addendum #4***), will be rejected and returned to the generator. Documentation of non-conforming containers will be maintained.

Each container will be scanned for radiation at the treatment facility, thus ensuring that no measurably radioactive containers are processed. In the event that a radioactive container is received at the treatment facility, arrangements will be made to return this container to the generator.

4. Employee Training

All employees of Stericycle of Washington, Inc. involved in the transportation and handling of medical waste are required to go through extensive training including, but not limited to:

Bloodborne pathogens,
Department of Transportation packaging regulations,
Personal protective equipment*,
Hazard communications,
Accident/injury reporting,
Lockout/tagout,
Emergency action plan.

Training will be conducted at initial employment and as required there after. Training sessions are documented including topic, date, name, signature and social security number of those trained. All employee records will be maintained on-site.

*Stericycle of Washington, Inc. provides all necessary personal protective equipment at no cost to the employee.

5. Emergency Contingency Plan

Emergency Coordinators - Addendum #1.
Vehicle Spill Kit Inventory - Addendum #2.
Spills and Emergency Response procedure – Addendum #3

All employees who handle medical waste are trained for spill containment and cleanup procedures inclusive of the bloodborne pathogens and DOT packaging training. All spills are reported to the appropriate supervisor immediately. Records of spills are kept on-site. Employees are also trained in fire safety and prevention both at the time of orientation and on a routine basis. Fire fighting equipment will be continuously maintained in an operational state and will be inspected and replaced as necessary. Employees will be trained in appropriate emergency response procedures as defined by a written contingency plan. The emergency action plan will include provisions for fire or

explosion, tornado or natural disaster, personal injury, and medical waste spill. Employees designated for emergency positions will be indicated within the emergency response plan.

6. Occupational Medicine Program:

All operational employees, including plant workers and collection drivers, will be included in the STERICYCLE Occupational Medicine program. A qualified physician familiar with occupational medicine including bloodborne pathogens and DOT will administer the program.

7. Site Security Plan

This facility is not open to the general public and is secured by a chain link fence on the perimeter. All entrances are locked during non-business hours.

Addendum #1

EMERGENCY COORDINATORS

The emergency coordinators listed in this section are authorized to act as on-scene coordinators and to commit the necessary resources during an emergency. The coordinators are familiar with all aspects of the contingency plan, all operations and activities of transportation and the characteristics of waste handled. The coordinators are as follows:

Primary Coordinator:		
Transportation Manager	Chris Dunn	206-730-4442
Compliance Coordinator:		
AMESH	Chris Stromerson	425-530-1780
Alternate Coordinators:		
Dispatcher	Don Wilson	206-730-4443
District Manger	Mike Philpott	206-618-3777

The emergency coordinator(s) will take all reasonable measures to ensure that spills, and releases do not occur, recur, or spread. These measures shall include, where applicable, stopping processes and operations, collecting and containing released waste, and removing or isolating containers.

All waste is transported to our Morton, WA facility. Treatment methods available at this facility include ETD and autoclave. The majority of waste is treated at the Morton, WA facility excluding incinerate waste which is transported to the Stericycle Salt Lake City, UT incinerator from Morton. The Salt Lake City facility, in conjunction with limited capacity at the Brooks, OR incinerator (Covanta), is the backup facility if the ETD or autoclave were unavailable for treatment.

Addendum #2

Stericycle of Washington, Inc.
Spill Kit Inventory

The list below represents items that are present in a vehicle spill kit.

- **Tyvek Suit**
- **Impervious/latex Gloves**
- **Disposable Mask**
- **Bleach**
- **Absorbents**
- **Extra Red Bags**
- **Duct Tape**
- **Safety Goggles/Face Shield**
- **Tongs**
- **Germicidal Wipes**
- **Mop**
- **Broom and Dust Pan**
- **Paper Towels**

Spills and Emergency Response:

- Clean up - Drivers/Collection Personnel:
  - notify supervisor
  - don appropriate PPE
  - place a red bag inside a fiberboard box or reusable container
  - shovel solids from spill into container
  - spray area with US EPA approved tuberculocidal disinfectant
  - spread absorbent over area and wait 10 min.
  - shovel absorb and other items into container
  - repeat the four steps above a minimum three times or until void of contamination
  - decontaminate or dispose of any equipment
  - dispose of all PPE used in container
  - wash hands thoroughly

Addendum #4

3.0 NON-CONFORMING WASTES NOT ACCEPTED BY STERICYCLE

3.1 Improper Packaging: The generator shall not tender and Stericycle, Inc. shall not knowingly accept for transportation any container which:

a. is not sealed and properly labeled;
b. is punctured or materially damaged;
c. is overfilled or overweight (see below);
d. contains anything other than biomedical waste;
e. contains radioactive materials as defined by the U.S. Nuclear Regulatory Commission; or
f. requires special handling specified by the generator.

Container Maximum Weights:

35 pounds	**50 pounds**	**60 pounds**
Small Tub (10 gal)	Small/Med Tub (21 gal)	Med/Large Tubs (28 gal)
40 Pounds	Medium Tub (20 gal)	(32 gal)
Small Box (15 gal)		Large Tubs (40 gal)
Med/Large Box (33 gal)		(48 gal)

The following charges will be assessed for improperly packaged containers or for containers requiring special handling:

$2.00 PER GALLON IN ADDITION TO ALL OTHER RATES AND CHARGES

Bloodborne Pathogens Exposure Control Training

BLOODBORNE PATHOGENS EXPOSURE CONTROL

Purpose: To provide initial training to collection and processing employees concerning hazard recognition and control methods related to infectious medical waste.

References: 29 CFR 1910.1030

Tools: Stericycle Exposure Control / Hazardous Materials Program

Applicability: All employees

Training Outline:

- **Purpose of Bloodborne Pathogens training**
- **How infection can occur**
- **Terms**
- **Explanation of Hepatitis-B and –C**
- **Explanation of Human Immunodeficiency Virus**
- **How HIV and HBV infection can occur**
- **Stericycle's Exposure Control Plan**
- **Tasks with occupational exposure to bloodborne pathogens**
- **Preventing infection**
  - **Engineering controls**
  - **Work practice controls**
  - **Personal protective equipment**
- **Hepatitis-B vaccine**
- **Exposure incident procedures and follow-up**
- **Labeling**
- **Questions**

Bloodborne Pathogens Exposure Control
Written Test

Name (printed): _____

Signature: _____

Date: _____

Circle either "True" or "False" for each question.

1. If you get some waste on a cut in your skin, wait and see if you feel sick before reporting it.
   True False

2. If there is visible leakage in a container at a customer location, Stericycle will not pick up the container.
   True False

3. Because most medical waste is not actually infectious, it is OK to directly contact it if it saves time.
   True False

4. You should inspect personal protective equipment before using it even if it is new.
   True False

5. If some waste is stuck in a container after emptying it, it is OK to reach in and pull it out with your hand if you wear puncture-resistant gloves.
   True False

6. If a container is labeled as a "Biohazard," then it more dangerous than a bloodborne pathogen.
   True False

7. Contaminated personal protective equipment should be removed carefully to avoid direct contact with the blood or other potentially infectious materials.
   True False

8. Waste in an unlabelled red bag is the same as a container labeled as a "biohazard."
   True False

9. The Hepatitis-B vaccine and personal protective equipment make it impossible to get a bloodborne disease while working.
   True False

10. If you are unsure of how to protect yourself from bloodborne pathogens during a work task, wait until your annual safety training session to ask someone about it.
    True False

Bloodborne Pathogens Exposure Control
Written Test
Answers

1. **False.** Report all exposure incidents immediately.

2. **True.** Stericycle tells its customers of its requirements and will not endanger its own employees by picking up improperly packaged waste.

3. **False.** All medical waste is assumed to be infectious and direct contact is to be avoided. Engineering controls, work practice controls, and personal protective equipment are designed to avoid direct contact with medical waste.

4. **True.** Always inspect PPE before use. Do not use if it is defective in any way.

5. **False.** Never contact waste directly. In this case, use a tool to remove the waste.

6. **False.** Both terms mean that infection can occur from contact unless precautions are taken.

7. **True.** Once contaminated, your PPE is a potential source of infection, so remove it carefully from the inside out.

8. **True.** Red bags are considered equivalent to using the biohazard symbol.

9. **False.** No protection method is perfect. Procedures must be followed and employees must treat all waste as infectious in order to avoid bloodborne diseases.

10. **False.** Consult your management or safety staff at any time with questions about bloodborne pathogens hazards and protective measures.

Stericycle®

Acknowledgement of Receipt of Training
Bloodborne Pathogens Exposure Control

Trainer: Chris Stromerson Date: 7/15/03
Trainer Address: 20320 80th Ave S., Kent, WA 98032
Initial Training: ____ Annual Training: X Refresher: ____

Training outline:

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- **How infection can occur**
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  - **Work practice controls**
  - **Personal protective equipment**
- **Hepatitis-B vaccine**
- **Exposure incident procedures and follow-up**
- **Labeling**
- **Questions**

CERTIFICATION

I have received the above-referenced training, which represents Bloodborne Pathogens Exposure Control training requirements, and I have been tested on these topics. During the training, I was provided the opportunity to ask questions and receive answers, and I know that I may contact the trainer listed above if I have additional questions.

Employee Name (printed)	Social Security Number
Employee Name (signature)	Date
Position	Address of Place of Employment

1.0 Purpose

To provide a safe and healthful work environment in compliance with the Bloodborne Pathogen Standard 1910.1030 and Part J of Chapter 296-62 of the Washington Administrative Code (WAC).

2.0 Scope

Applies to all Stericycle Operations Locations.

3.0 References

3.1 OSHA 1910.1030 Bloodborne Pathogens
1910 Subpart I Personal Protective Equipment
1910.1020 Employee Access to Exposure Records
WISHA Part J of Chapter 296-62 of the Washington Administrative Code

4.0 Definitions

4.1 Blood - means human blood, human blood components and products made from human blood.

4.2 Bloodborne Pathogens - means pathogenic microorganisms that are present in human blood or OPIS and can cause disease in persons exposed to blood containing the pathogen. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immune deficiency virus (HIV).

4.3 Contaminated - means the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

4.4 Contaminated Laundry - means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

4.5 Contaminated linen - means linen which has been soiled with blood or other potentially infectious materials or which may contain sharps.

4.6 Contaminated sharps - means any contaminated object that can penetrate the skin, including, but not limited to needles, scalpels, broken glass, broken capillary tubes exposed ends of dental wires.

4.7 Decontamination - means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

4.8 Engineering controls - means controls or methods that isolate or remove the bloodborne hazard from the workplace (e.g. sharps disposal containers, processing room containment).

4.9 Exposure incident - means a specific eye, mouth or other mucous membrane, non-intact skin, or other parental contact with blood or other potentially infectious materials that result from the performance of an employee's duties. (Non-intact skin includes: dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.).

4.10 Handwashing Facilities - means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

4.11 HBV - means Hepatitis B virus

4.12 HIV - means human immunodeficiency virus.

4.13 Occupational exposure - means reasonably anticipated skin, eye mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.

4.14 Other potentially infectious materials -

4.14.1 The following human body fluids: semen, vaginal secretions, cerebrospinal fluid; synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

4.14.2 Any unfixed tissue or organ (other than intact skin) from a human (living or de ad);

4.14.3 HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV;

4.14.4 Blood and tissues of experimental animals infected with HIV or HBV or other pathogens.

4.15 Personal protective equipment - is specialized clothing or equipment worn by the employee for protection against a hazard. General work clothes such as uniforms, shirts and blouses not designed to function as protection against a hazard are not considered to be personal protective equipment.

4.16 Regulated waste - means liquid or semi-liquid blood or other potentially infectious materials as well as:

4.16.1 Contaminated items, which would release bloo d or other infectious materials if compressed;

4.16.2 Items caked with dried blood capable of releasing this material during handling;

4.16.3 Contaminated sharps;

4.16.4 Pathological or microbiological wastes containing blood or other potentially infectious materials.

4.17 Sterilize - means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

4.18 Universal precautions - is an approach to infection control. According tot he concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

4.19 Work Practice Controls - means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping of needles by a two-handed technique).

5.0 EQUIPMENT/MATERIALS

5.1 Personal Protective Equipment as required by a specific task or job duty.
- 5.1.1 Gloves (Grab-It, leather and puncture resistant)
- 5.1.2 Protective suit
- 5.1.3 Laboratory coats
- 5.1.4 Face shields
- 5.1.5 Disposable masks
- 5.1.6 Safety glasses
- 5.1.7 Goggles
- 5.1.8 Airline respirators
- 5.1.9 Half face respirators
- 5.1.10 Aprons

6.0 SAFETY REQUIREMENT

See Exposure Control Plan

7.0 PROCEDURE (EXPOSURE CONTROL PLAN)

7.1 Exposure determination.

7.1.1 The plant manager will compile and maintain a list of:

7.1.1.1 All job classifications in which all employees have occupational exposure;

7.1.1.2 Job classification in which employees may have some occupational exposure.

7.1.2 Exposure determination is made without regard to use of personal protective equipment. (See *Job Description/Task Description and Protective Equipment).*

7.2 Methods of compliance, work practices, engineering controls:

7.2.1 Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All waste on the receiving side of the plant is considered to be infectious. The plants will practice universal precautions when working in the operations area;

7.2.2 Engineering controls shall be used to eliminate or minimize employee exposure. After institution of such controls and employee exposure remains, personal protective equipment shall be used. Engineering controls include air flows in the processing room:

7.2.2.1 Engineering controls shall be reviewed and upgraded as necessary to ensure their effectiveness.

7.2.3 Hand washing is required. Antiseptic hand cleaner and paper towels are to be provided in any location without ready access to hand washing facilities.

7.2.4 Supervisors will ensure that employees wash their hands immediately after removing gloves and other protective equipment. Hands must be washed when leaving the production floor area. No personal protective equipment shall be worn outside the production area.

7.2.5 Supervisors are to ensure that employees flush mucous membranes with water and wash their hands and any other skin surface immediately following contact of such areas with blood or other infectious material. OSHA requires a 15 minute flush of any area contacted with blood or body fluids. Wash areas with soap and water, if appropriate. Flush eyes for 15 minutes with eye wash.

7.2.6 Eating, drinking, smoking, applying cosmetics or lip balm and the handling of contact lenses are prohibited in work areas.

7.2.7 Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present. Food and drink shall be consumed, stored and handled only in the designated employee eating area and in non-production areas.

7.2.8 All procedures involving blood or other potentially infectious fluids shall be performed in such a manner as to minimize splashing, spraying, splattering and the generation of droplets of these substances. Any containers that must be opened for an inspection purpose can only be opened in the process room under negative pressure which require gloves, personal protective clothing, airline respirator and face protection.

7.2.9 Equipment, which may become contaminated with blood, shall be examined prior to servicing. At no time shall any person enter the process room without the required, supplied air respirator protection. Any deviation from this practice requires permission from the Area Manager of Environmental Safety & Health.

7.2.10 Any equipment that may have become contaminated with blood or other body fluids must be decontaminated prior to servicing. Any equipment that must be sent off site for repair must be decontaminated. If it is unfeasible to decontaminate, it must be labeled with the parts that have not been decontaminated.

7.2.11 Contaminated laundry shall be handled as littl e as possible with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. All laundry will be washed at the plant or sent to a commercial laundry vendor.

7.2.12 All doors to the processing room and press room are to remain closed. Should they have to be opened, the air handling system shall be operating.

7.2.13 At no time shall any personal protective equipment, work uniforms, work boo ts or any Stericycle property leave the work sites.

7.3. Personal Protective Equipment

7.3.1 Where there is reasonably anticipated occupational exposure, Stericycle will provide appropriate personal protective equipment including its cleaning, laundering, repair, replacement and disposal at no cost to the employees. Such equipment shall be readily accessible and of the proper size(s). (See policy on *Personal Protective Equipment*).

7.3.2 Such equipment is appropriate only if it does not permit blood to pass through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membrane under normal conditions of use and for the duration of time in which the equipment will be used.

7.3.3 Supervisors are responsible to see that employees wear appropriate equipment when necessary. When such equipment is not worn when required, the matter is to be reviewed and documented to determine if changes can be made which will result in the wearing of the equipment in subsequent circumstances. Employees not wearing required personal protective equipment are subject to normal plant disciplinary procedures.

7.3.4 A garment that is penetrated by blood or other potentially infectious material shall be removed as soon as feasible. All personal protective equipment is to be removed prior to exiting from the work area. The removed equipment is placed in designated storage areas or containers. If the employee gets blood or other body fluids on their skin, the employee shall shower and put on a clean uniform and whatever personal protective equipment is required.

7.3.5 Gloves shall be worn when it can be reasonably anticipated that the hands will be in contact with blood or like other infectious materials. Single-use gloves should be replaced as soon as feasible when their ability to function as a barrier is likely to be compromised. Gloving shall be routine for all plant employees. Utility gloves shall be discarded when cracked or otherwise indicate lack of barrier protection.

7.3.6 Goggles, masks and face shields shall be worn whenever blood splattering may occur or when eye, nose or mouth contamination can reasonably be expected.

7.3.7 Gowns, aprons, other protective body clothing shall be worn in occupational exposure situations. The type and characteristics of such clothing is to be appropriate for the specific tasks and degree of exposure. See *Job Description/Task Description and Protective Equipment* (Exhibit 8-1).

7.3.8 All required personal protective equipment is issued by Stericycle and noted in employee's personnel file. (See *Personal Protective Equipment Policy*). All personnel protective equipment will be replaced on a "wear and tear" basis, at no cost to the employee. Failure by the employee to use and maintain company issued personal protective equipment is subject to disciplinary action.

7.3.9 All work areas shall be maintained in a clean and sanitary condition with a written schedule and procedures referencing the handling of items or areas contaminated by blood or other infectious materials.

7.4 Housekeeping

7.4.1 Broken glass, which may be contaminated, shall not be picked up directly with the hands, but must be removed mechanically, e.g. broom and dust pan, tongs, etc.

7.4.2 Surfaces contaminated with spills of blood or other potentially infectious materials shall be decontaminated with an appropriate disinfectant as soon as feasible.

7.5 Hepatitis B Vaccination and Post Exposure Evaluation

NOTE: Stericycle, Inc. reviewed its corporate Exposure Control Plan April 15, 2001 pursuant to the revisions to the *Bloodborne Pathogens* standard published January 18, 2001. As a medical waste logistics and treatment company, Stericycle does not have control of the types of sharps that may be present in the waste handled by its employees. Therefore the requirement to document consideration of safer medical devices with employee input on our Exposure Control Plan does not appear to be applicable. If a Stericycle location engages in patient-care activities that could involve needles, this plan will be revised to reflect the unique circumstances of that facility.

Sharps which have been treated are not considered to be contaminated. Untreated sharps in Stericycle's waste stream are assumed to be contaminated.

Between April 18, 2001 to December 31, 2001, such incidents must be recorded on the Sharps Injury Log. Effective January 1, 2002 (or whenever the OSHA 300 log is implemented), such cases must be recorded on the Log of Work-Related Injuries and Illnesses (OSHA form 300). Note that these cases will be recorded as a 'privacy case" on the 300 log, with the separate entry on the Privacy Concern Case Log. That is, once the OSHA 300 Log is used, sharps injuries must be recorded there, a separate Sharps Injury Log is no longer required, and a related requirement to maintain a Privacy Concern Case Log takes effect. Confidentiality of the injured employee must be preserved for all sharps injuries.

7.5.1 All Stericycle operations employees who are determined to have potential occupational exposure according to the Exposure Control Plan shall have available Hepatitis B vaccination. This is provided at no cost to the employees. Similarly, post exposure evaluation and follow up will be provided to those who have an exposure incident. (Exhibit 8.6).

7.5.2 Accident reports (see *Accident/Injury Policy*) will be filled out immediately whenever an exposure incident is reported. The Accident Report will document the following: (Exhibit 8.3)

7.5.2.1 Type of exposure
7.5-2.2 Source of Exposure
7.5.2.3 An investigation of the cause and prevention of future exposure incidents

After the supervisor has completed the Accident Report, he/she win provide the employee with a Consent for Follow-Up To Occupational Exposure Form (Exhibit 8.6). The employee must complete the form.

NOTE: An employee cannot be forced to be tested for HIV. There are two possible alternatives if the employee does not wish to be tested.

a. Take blood sample and have physician/laboratory hold for 90 days
b. Take written statement from the employee stating that he/she refuses to be tested.

7.5.3 Follow-up Periods. After an exposure incident the affected employee will be tested as soon as reasonably possible. The test will be repeated at the following intervals according to the United States Public Health Service:

7.5.3.1 6 weeks;
7.5.3.2 3 months;
7.5-3.3 6 months.

7.5.4 Stericycle is responsible for providing the healthcare provider with following:

7.5.4.1 Copy of 29 CFR 1910.1030, the OSHA Bloodborne Pathogens Standard;
7.5-4.2 Employee job description;
7.5-4.3 A copy of the injury report;
7.5.4.4 Results of previous HIV/HBV tests;
7.5.4.5 Any employee medical records that may be relevant to the incident.

7.5.5 Medically indicated prophylaxis, counseling and evaluation of reported illness.

7.5.5.1 The employee is provided with a written opinion within 15 days of completion of the evaluation and is limited to whether HBV vaccination is indicated and was given. The opinion for follow-up is limited to noting that the employee has been informed of the evaluation results and told of any medical conditions resulting from the exposure and requiring further follow-up.

7.5.6 Post Exposure Follow-up: The Stericycle Operations manager will review with the employee the Accident Report and the healthcare professionals written opinion.

7.5.6.1 The employee will be requested to sign the company copy of the healthcare professional's report after the review of the information. The purpose of this is to assure that the company has a record of post-exposure follow-up.

7.5.6.2 The signed copy of the healthcare professional's report will become part of the employee's personnel file at the plant and corporate office.

7.5.7 ALL RESULTS OF EVALUATIONS, TESTS AND OPINIONS ARE TO BE TREATED IN THE MOST STRICT AND CONFIDENTIAL FASHION.

7.5.8 All records in Section 7.5 of the policy must be maintained as required by 1910.20. Employees must have reasonable access to their medical records and exposure records. These must be maintained for the length of their employment, plus 30 years.

7.6 Communication of Hazards to Employees

7.6.1 All waste received into the Stericycle operations will have the proper signs and labels, i.e. a biohazard symbol and words "Biohazard."

7.6.2 Biohazard signs (letters and symbols) will be affixed to all doors in the plant where a biohazard is present. This includes, but not limited to refrigerators, freezers, processing room, pressroom, entrance into the plant from office, lunchrooms, and so forth.

7.7 Information and Training

7.7.1 Having well informed and educated employees is extremely important when attempting to eliminate or minimize employee exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens shall receive comprehensive training.

7.7.2 All employees who require training will be trained upon initial assignment. Employees will be retrained annually. Additionally, employees changing jobs or job function, will be given any additional training their new position requires at the time of their new job assignment.

7.7.3 Facility management is responsible for training of all employees.

7.7.4 Training Topics

7.7.4.1 The Bloodborne Pathogens Standard 1910.1030;
7.7.4.2 The epidemiology and symptoms of bloodborne diseases;
7.7.4.3 The modes of transmission of bloodborne pathogens;
7.7.4.4 Stericycle Exposure Control Plan (and where employees can obtain a copy);
7.7.4.5 Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
7.7.4.6 A review of the use and limitations of methods that will prevent or reduce exposure, including:
Engineering controls,
Work practice controls,
Personal protective equipment;
7.7.4.7 Selection and use of personal protective equipment including:
Types available,
Proper use,
Location within the facility,
Removal,
Handling,

Decontamination,
Disposal;

7.7.4.8 Visual warnings of biohazards within our facility include labels, signs and "color-coded" containers;

7.7.4.9 Information on the Hepatitis B Vaccine, including its:
Efficacy,
Safety,
Method Administration,
Benefits of Vaccination,
Our facility's free vaccination program;

7.7.4.10 Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

7.7.4.11 The procedures to follow if an exposure incident occurs, including incident reporting;

7.7.4.12 Information on the post -exposure evaluation and follow-up including medical consultation provided by Stericycle.

7.7.5 Training Methods

7.7.5.1 Stericycle's training presentations make use of several training techniques including, but not limited to:
Classroom type atmosphere with personal instruction,
Videotape programs,
Employee review sessions;

7.7.5.2 Employees need an opportunity to ask questions and interact with their instructors. Time is specially allotted for these activities in each training session.

7.8 Recordkeeping

7.8.1 To facilitate the training of Stericycle employees, as well as to document the training process, we maintain training records containing the following information:

7.8.2 Dates of all training sessions,

7.8.3 Contents/summary of the training sessions,

7.8.4 Names and qualifications of the instructors,

7.8.5 Names, SSN, and job titles of employees attending the training sessions,

7.8.6 Have Employees sign 'Roster' Form (Exhibit 8.2),

7.8.7 These training records are available for examination and copying to our employees and their representatives, as well as OSHA and its representatives,

7.8.8 All training records must be maintained for at least three years at the plant as part of the employee's personnel file.

7.9 Visitor/Contractor Policy

7.9.1 All visitors/contractors to any Stericycle plant location if they visit the plant operations area, will be required to sign a *Visitor's Release Stericycle Medical Waste Processing* information and release form. (Exhibit 8-6),

7.9.2 Visitors/contractors to the plant are required to sign the visitor log at each plant,

7.9.3 No visitor/contractor will be allowed in the plant unescorted. The Stericycle escort is responsible for the visitor/contractor activities while in the plant operating areas,

7.9.4 Visitors/contractors are allowed only in authorized areas to prevent potential exposure to the waste processing,

7.9.5 Visitors in the plant will be provided protective equipment consistent with the areas to be observed, i.e. lab coats, glasses, gloves, etc. It is the responsibility of the escort to ensure all required personal protective equipment is worn,

7.9.6 Contractors will be required to wear protective equipment consistent with the area in which they will be working,

7.9.7 Plant management has the responsibility to limit or restrict access to the plant for the safety of visitors or contractors,

7.9.8 See Contractor Safety Policy.

8.0 EXHIBITS

8.1 Job Descriptions, Task Descriptions and Personal Protective Equipment

8.2 Training Session Roster

8.3 Accident/Incident Report

8.4 Biohazard Labels

8.5 Visitor Release

8.6 Post Exposure Follow-Up Medical Forms

EXHIBIT 8.1

8.1 JOB DESCRIPTIONS/TASK DESCRIPTIONS AND PROTECTIVE EQUIPMENT

Trailer/Unloader:

Task: To orderly and safely unload trailers, lifting sealed plastic containers and boxes containing Infectious medical Waste, placing the containers on a hand truck and transporting to a powered conveyor. Housekeeping in wash area and sanitizing trailers also part of task. Spill clean up.

Required: Protective Equipment: Employee is provided an impervious apron, impervious boots, impervious gloves, impervious protective sleeves and safety glasses.

Feed System Operator:

Task: To orderly and safely weigh the containers of infectious medical waste, remove the Steri•Tub lid and dump the container and the enclosed 'red bags', boxes or sharps containers into the processing system.

Required: Protective Equipment: Employee is provided an impervious apron, impervious boots, impervious gloves, impervious protective sleeves, face shield and a safety harness.

Press Operator:

Task: Operate unit that compacts the contaminated waste into processing tubs, place lids on loaded tubs, steam cleaning of processing room, housekeeping, helps with equipment maintenance.

Required: Protective Equipment: Employee is provided an impervious suit or hood, impervious boots, impervious gloves and full-face airline respirator.

R/F Operator:

Task: Operate unit that heats the contaminated waste to a sterilizing temperature, monitor processing time and temperature requirements and operate forklift.

Required: Protective Equipment: Employee is provided impervious boots, impervious gloves and safety glasses.

Compactor/Baler Operator:

Task: Operate unit that bales or compacts the treated waste after processing, maintaining records of same and tub maintenance.

Required: Protective Equipment: Employee is provided impervious boots, impervious gloves, safety glasses and dust mask.

Steri•Tub Wash Operator:

Task: To sanitize and wash all Steri•Tubs after the contaminated waste has been removed. Tub maintenance, proper labeling and reloading clean tubs onto trailer. Spill clean up.

Required: Protective Equipment: Employee is provided an impervious apron, impervious boots, impervious gloves and face shield.

Quality Control

Task: To check the quality of the reusable tubs including removing labels.

Required: Same as RF operator

Operations Manager:

Task: Fully responsible for all aspects of managing plant operation. The Operations Manager may be called upon to relieve various positions in the plant.

Required: Protective Equipment: Laboratory coat and protective eyewear required when on plant floor. Operations Manager will wear appropriate protective equipment required by task.

Office Staff

Task: Receives clients or customers coming to the plant and directs them to the appropriate department. Performs routine clerical and typing duties. May be called upon to relieve various positions in the plant.

Required: Protective Equipment: Laboratory coat and protective eyewear in the plant. Office Staff will wear appropriate protective equipment required by the task.

Maintenance:

Task: Performs work involving all aspects of maintenance including electrical and mechanical. May be called upon to relieve various positions in the plant.

Required: Protective Equipment: Work uniform. Will wear appropriate protective equipment required by the task. Wears impervious clothing, boots gloves, full-face airline respirator when working in process or pressroom.

Shift Supervisor:

Task: Supervises employees in the processing operations, does required paperwork and may be called upon to relieve various positions in the plant. Inspects containers in processing room when there is a possible exception waste.

Required: Protective Equipment: Laboratory coat and protective eyewear while in plant processing areas. Will wear appropriate equipment required by the task. When inspecting containers in the processing room, employee will wear impervious suit, impervious boots, impervious gloves and full-face airline respirator.

EXHIBIT 8.2

Acknowledgment of Receipt of Training
ATTENDANCE ROSTER

Date: _____ Location: _____ Location #: _____

Training Topics:

Insert Training Topics Below

-

CERTIFICATION

I have received the above referenced training and I have been tested on the appropriate topics. During the training, I was provided the opportunity to ask questions and receive answers, and I know that I may contact my supervisor/manager or AMESH if I have additional questions.

Initial Training: _____ Annual Training: _____ Refresher Training: _____

Total Time of Training: _____

Employees must sign-in, place their social security number and print their name on the roster at the beginning of each training session.

EMPLOYEE SIGNATURE	SOCIAL SECURITY NUMBER	**EMPLOYEE NAME (PRINT)**
1.	___ - ___ - ____	
2.	___ - ___ - ____	
3.	___ - ___ - ____	
4.	___ - ___ - ____	
5.	___ - ___ - ____	
6.	___ - ___ - ____	
7.	___ - ___ - ____	
8.	___ - ___ - ____	
9.	___ - ___ - ____	
10.	___ - ___ - ____	

EXHIBIT 8.3

ACCIDENT INVESTIGATION REPORT ***STERICYCLE***

COMPANY: LOCATION:		*(CASE I.D. NO.)*
REPORT BY:	DEPT.:	DATE:

BASIC ACCIDENT INFORMATION

Was Accident Reported to Insurance Carrier? If Yes, please attach details to this document
If NO, please submit in detail to carrier and attach details to A/I

PEOPLE INTERVIEWED *(names)*

CONSEQUENCES

Vehicle Accident with Injury
Vehicle Accident with Property Damage
Personal Injuries
Lost Work Time
Property Damage

DESCRIPTION OF ACCIDENT

DESCRIBE WHAT HAPPENED: *(sequence of events, summary of interviews & other findings, include information such as police report#, violations/citations issued, damages to insured and other vehicle if applicable)*

EQUIPMENT/TOOLS INVOLVED *(describe type how being used Equipment includes vehicles, power tools, dollies, carts conveyors lockout padlocks etc.)*

Properly—	YES	NO
— Selected	"	"
—Arranged	"	"
—Used	"	"
—Maintained	"	"

MATERIALS INVOLVED *(describe how and type. Include tools, bags/boxes, chemicals etc.)*

Properly—	YES	NO
— Selected	"	"
—Placed	"	"
—Handled	"	"
—Processed	"	"

ENVIRONMENTAL CONDITIONS *(describe how)*

	YES	NO
Visibility— Adequate	"	"
Surfaces—dry, non-slippery	"	"
Housekeeping Satisfactory	"	"
Weather (*describe if relevant*)	"	"

PERSON(S) INVOLVED
NAME(S):

ACTIVITY AT THE TIME

HOW OFTEN REPEATED

WAS IT HIS/HER REGULAR ASSIGNMENT? " Yes, " No *(explain)*

FOLLOWED SAFETY PROCEDURES? " Yes, " No *(explain)*

WAS HE/SHE PROPERLY INSTRUCTED/TRAINED: " Yes, " No (explain)

IMMEDIATE CORRECTIVE ACTIONS

DESCRIBE ACTIONS ALREADY TAKEN: (Replaced guards, provided training for employee, equipment serviced/repaired)

EXHIBIT 8.3 CONT.

CAUSES OF ACCIDENT

PRELIMINARY ESTIMATE BY SUPERVISOR:
DETAILED ANALYSIS OF CAUSES: BY: DATE:

CLASSIFICATION DATA

EMPLOYEE DATA: Name: SS# Age: Date of Birth Sex: Dept.: Full time: " Yes " No Regular occupation Date Hired: Wage rate On the present job since:	MEDICAL DATA: TREATMENT PROVIDED What— By Whom— When— Where—
OTHER DATA: (other driver, non-employee involved etc.) PREVENTABILITY: Was accident Preventable (yes or no) How/who determined	FOLLOW-UPS MADE Date employee returned to work WORK RESTRICTIONS

CORRECTIVE ACTION S

ACTION NEEDED	ASSIGNED TO (NAME, DATE)	TARGET DATE	COMPLETION DATE	COMMENTS

MANAGEMENT REVIEW

SIGNATURE, DATE	SIGNATURE, DATE	SIGNATURE, DATE

EXHIBIT 8.4

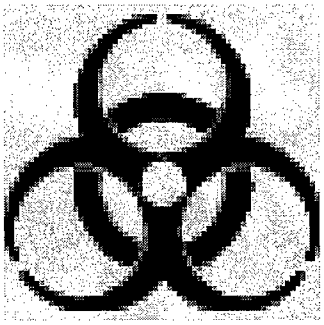

EXHIBIT 8.5

VISITOR'S RELEASE
STERICYCLE MEDICAL WASTE PROCESSING

PLEASE READ AND FILL OUT THIS FORM COMPLETELY

In consideration of being granted permission to visit and/or tour the facility and grounds which constitute the Stericycle Medical Waste Processing Facility, I, the undersigned _____ (print name clearly) hereby assume all risks of, waive all claims for damages related to, and release and completely discharge Stericycle, Inc., the officers, agents and employees of each and every partnership and corporation herein named in addition to every other corporation, partnership or person not specifically identified herein, from and against any and all liability, claims, actions or demands, which I, my executors, administrators, or successors may now or in the future have against such corporation. partnership, or person specifically named herein or not specifically named herein for me during, as a result of, or in any way connected with my visit and/or tour of the Stericycle Medical Waste Processing Facility, regardless of cause and including but not limited to any defect in design or otherwise in the premises of the Stericycle Medical Waste Processing Facility, equipment thereon, any negligent act or omission or any person, or other possible hazardous conditions.

I realize and understand there are risks involved in visiting the Stericycle Medical Waste Processing Facility including, but not limited to, moving machinery, bloodborne pathogens or other possible hazardous conditions. I understand that I would not be granted permission to visit the Stericycle Medical Waste Processing Facility without my furnishing this Visitor's Release and I hereby waive notice of any risk hazardous or negligent condition within or about the facility and grounds or in any risk hazardous or negligent condition.

I have read the foregoing and I understand and agree to the terms thereof. (Must also be signed by legal guardian if visitor is under age 18).

_____ _____
Signature Date

_____
Signature of legal guardian if visitor is under age 18

_____

Address

_____
Site Representative

EXHIBIT 8.6

OCCUPATIONAL EXPOSURE FORMS — FORM IA

Stericycle, Inc. Address: _____
(Street Address) *(City, State Zip)*

Evaluation of Employee After an Occupational Exposure

Dear Physician:

A Stericycle employee _____ *experienced an occupational exposure incident on* _____ *(date). This employee has presented for medical evaluation regarding antibody testing for the presence of Hepatitis B virus (HBV) and human immunodeficiency virus (HIV). CDC guidelines indicate antibody testing for HBV and HIV should be performed at six weeks, 12 weeks and six months following the date of exposure. Stericycle, Inc. also suggests baseline and follow up testing at these intervals for Hepatitis C.*

The source specimen status is as follows:

- ☐ *The source patient and/or patient specimen can be identified.*
- ☐ *The source specimen and/or patient specimen cannot be identified.*

The following information has been provided for your information:

a) A copy of 29 CFR 1910. 1030, bloodborne pathogens (Attachment);
b) A complete description of the exposed employee's duties;
c) Documentation of the route(s) of exposure and the circumstances under which the exposure occurred on the Accident Injury Report;
d) Results of the source individual's HIV and HBV testing, if available.
e) All medical records relevant to the appropriate treatment of the employee, as well as vaccination status for Hepatitis B.

The employees' consent for any testing is indicated on FORM IB. Please provide Stericycle, Inc. with FORM IC which indicates that the employee was evaluated, but does not reveal any results. A copy of your medical evaluation and a written opinion should be delivered to the employee and to Stericycle, Inc. representative Verliant within 15 working days of the injury utilizing confidential FORM ID.

The following areas should be addressed in your written opinion to Stericycle, Inc. on FORM IC:

a) If the Hepatitis B vaccination is indicated
b) If the employee has received the Hepatitis B vaccination
c) Post exposure evaluation results have been given to the employee,
d) Employee has been told of any medical conditions resulting from the exposure, which may require further evaluation or treatment
e) All other findings or diagnoses will remain confidential and will not be included in this report.

The employee and Stericycle's representative Verliant should receive the results of any testing on FORM ID.

Your assistance and cooperation is greatly appreciated.

Sincerely,

Stericycle, Inc. Manager / Site Supervisor

(ALL COMPLETED FORMS MUST BE FORWARDED TO VERLIANT AT 832-717-4737)

EXHIBIT 8.6 CONT.

OCCUPATIONAL EXPOSURE FORMS *IB*

Stericycle, Inc. Address: _____
(Street Address) *(City, State Zip)*

Employee's Consent for Follow-Up To Occupational Exposure

(Occupational Exposure to Bloodbome Pathogens or Other Potentially Infectious Materials)

The undersigned, _____ *experienced an occupational exposure in the course of my duties. I acknowledge that a physician may examine me and I may be tested for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) at no charge.*

The physician, who is authorizing the testing, should be aware of the latest CDC guidelines. Currently, the testing frequencies are six weeks, 12 weeks and six months subsequent to the exposure. Any post exposure prophylaxis should be consistent with US Public Health Service recommendations. (MMWR June 29, 2001)

The results will be forwarded to the physician in a confidential manner and will be communicated to me by the physician.

☐ *I hereby authorize the evaluation and testing for the presence of Hepatitis B Virus .*

☐ *I hereby authorize the evaluation and testing for the presence of Hepatitis C Virus .*

☐ *I hereby authorize the evaluation and testing for the presence of HIV .*

If the employee declines HIV testing, regulations require any baseline blood collected be retained for 90 days so that the employee may subsequently elect to have HIV testing done.

Employee's Printed Name _____

Employee's Signature _____
Employee Address: _____
_____

Date: __ __ / __ __ / __ __ __ __

_____
Manager / Site Supervisor's Printed Name

_____ _____
Manager / Site Supervisor's Signature *Date*

(ALL COMPLETED FORMS MUST BE FORWARDED TO VERLIANT AT 832-717-4737)

EXHIBIT 8.6 CONT.

OCCUPATIONAL EXPOSURE FORMS IC

Stericycle, Inc. Address: _____
(Street Address) *(City, State Zip)*

Evaluation of Employee after Occupational Exposure
(Copy to Stericycle, Inc.)

Employee _____ *SS #* ___ ___ ___ / ___ ___ / ___ ___ ___ ___

Employee Address: _____

_____

Date of exposure: ___ ___ / ___ ___ / ___ ___ *Date of evaluation:* ___ ___ / ___ ___ / ___ ___

This employee was evaluated in accordance with 29 CFR 1910.1030. The circumstances of exposure, employment duties, previous medical history including vaccinations, and information regarding the source, if available, have been reviewed. The employee has been counseled, and informed of any medical conditions resulting from the exposure, and the post exposure results have been communicated.

☐ *Hepatitis B vaccination is not indicated*

☐ *Hepatitis B vaccination is indicated*

☐ *Hepatitis B vaccination has been received*

Follow up dates: ☐ *6 weeks* ___ ___ / ___ ___ / ___ ___

☐ *12 weeks* ___ ___ / ___ ___ / ___ ___

☐ *26 weeks* ___ ___ / ___ ___ / ___ ___

Clinic Name: _____ *Clinic Telephone # :* (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Clinic Address: _____

Date: ___ ___ / ___ ___ / ___ ___ ___ ___ *Tel #* (___ ___ ___) ___ ___ ___ / ___ ___ ___ ___

Physician Name _____

Physician Signature _____

(ALL COMPLETED FORMS MUST BE FORWARDED TO VERLIANT AT 832-717-4737)

EXHIBIT 8.6 CONT.

OCCUPATIONAL EXPOSURE FORMS *ID*

Stericycle, Inc. Address:_____
(Street Address) *(City, State Zip)*

Evaluation of Employee after Occupational Exposure (Copy to employee and Stericycle, Inc. / Verliant)

Employee: _____ *SS#:* ___ ___ ___ / ___ ___ / ___ ___ ___ ___

Employee address: _____

_____

Date of exposure: ___ ___ / ___ ___ / ___ ___ *Date of evaluation:* ___ ___ / ___ ___ / ___ ___

This employee was evaluated in accordance with 29 CFR 1910.1030. The circumstances of exposure, employment duties, previous medical history including vaccinations, and information regarding the source, if available, reviewed. The employee has been counseled, and informed of any medical conditions resulting from the exposure, and post exposure results communicated.

☐ *Hepatitis B vaccination is not indicated*

☐ *Hepatitis B vaccination is indicated*

☐ *Hepatitis B vaccination has been received*

Dear _____:
(Employee)

The above information was communicated to your employer. The following results below are confidential.

Your test for Hepatitis B: ☐ *showed immunity* ☐ *did not show immunity*

You : ☐ *need vaccination for Hepatitis B* ☐ *do not need vaccination for Hepatitis B*

Your test for Hepatitis C was: ☐ *negative* ☐ *positive* ☐ *not done*

Your test for HIV was : ☐ *negative* ☐ *positive* ☐ *not done*

Your require follow up in _____*weeks. Recommended follow-up is at 6, 12 and 26 weeks.*

Clinic Information:
Clinic Name: _____*Clinic Telephone # : (*___ ___ ___*)* ___ ___ ___ - ___ ___ ___ ___

Clinic Address: _____

Appointment Date & Time: _____

Please call for an appointment.

*Tel #; (*___ ___ ___*)* ___ ___ ___ - ___ ___ ___ ___

_____
Physician Name *Physician Signature*

(ALL COMPLETED FORMS MUST BE FORWARDED TO VERLIANT AT 832-717-4737)