

SUPPLEMENTAL INFORMATION CHECKLIST FOR
**Medical Offices, Veterinarians,
and Mortuaries**

This supplemental information checklist must be completed and uploaded with any required documents when submitting a Minor or Significant Industrial User Pretreatment Review Application. Complete, sign, then submit this form and any supplemental information or documents to:

<https://palsonline.co.pierce.wa.us/palsonline/#/dashboard>. All documents must be uploaded in PDF format.

Use this form if:

1. You are proposing to provide medical, veterinary, and/or mortuary services other than dentistry or orthodontics (e.g., doctors office, hospitals, veterinary hospitals, funeral homes, diagnostic imaging services), **AND**
2. The building is, or will be, connected to Pierce County Sanitary Sewers, **AND**
3. The business/commercial facility is designated as a **Minor Industrial User** or a **Significant Industrial User** (see the [Handout H1, What Type of Industrial User Are You?](#)).

A. Information to be Shown on Floor Plan, Plumbing Plan, and Commercial Site Map

1. **Floor Plan.** See [Bulletin B4](#). Additionally, show and label fixtures, equipment, and patient chairs/tables.
2. **Plumbing Plan.** See [Bulletin B4](#). Additionally, show the location of any existing and/or proposed pretreatment systems such as silver recovery system, amalgam traps, etc.
3. **Commercial Site Map.** See [Bulletin B24](#).

B. Business Practices

Submit a copy of your list of services (e.g., general practice, emergency medical, surgery, physical therapy, mortuary services, veterinary services, diagnostic imaging, etc.).

C. Hours of Operation

	Shift 1	Shift 2*	Shift 3*	Close
Sunday:	____:____	____:____	____:____	____:____
Monday:	____:____	____:____	____:____	____:____
Tuesday:	____:____	____:____	____:____	____:____
Wednesday:	____:____	____:____	____:____	____:____
Thursday:	____:____	____:____	____:____	____:____
Friday:	____:____	____:____	____:____	____:____
Saturday:	____:____	____:____	____:____	____:____

* If your business only has one shift, leave the second and third columns blank.

D. X-Rays

1. Are you performing any x-rays on the premises? Yes No

If "No", skip the rest of this section.

2. Will you be using digital x-ray equipment only? Yes No

If "Yes", skip the rest of this section.

3. How will the fixer for the film developing be disposed?

- It will be treated through a silver recovery system and discharged to plumbing
 It will be contained and removed from site by a waste management company.

- a. **If the fixer will be treated through a silver recovery system and discharged to plumbing**, submit the following documents for the silver recovery system:
- Catalog cut sheet (i.e., manufacturer's product literature) with model identified,
 - Sizing criteria (letter from manufacturer or published product literature) with verification that the facility is within the criteria (i.e. GPD of fixer used/treated, Films/day or week processed, etc),
 - Written confirmation (letter from manufacturer or published product literature) that the system will operate at or below the discharge limit of 2.00 mg/l of silver,
 - Operation and Maintenance manual (Please note a log book must be kept on the premises with receipts of inspections for the silver recovery system up to three years), and
 - A copy of a detailed maintenance agreement with a commercial service to maintain the proposed silver recovery system.
- b. **If x-rays will be developed on the premises and the fixer contained on the premises with no discharge of silver-bearing waste to the sanitary sewer system**, the owner/user must enter into a Maintenance Agreement with a commercial service to remove the silver-bearing waste from the site.
- Submit a copy of a maintenance agreement between the owner/user and a waste management company to remove silver-bearing waste from the site.

E. Plaster

1. Are you making plaster casts on the premises? Yes No

If "No", skip the rest of this section.

If "Yes", plaster traps must be installed on any drains in the casting area. Show location of each trap the on the plumbing plan. Enter the number of each trap model being used below:

- a. Gleco Traps(s): _____GT-19 _____GT-64 _____GT-32C _____GT 43C _____GT-128C
- b. Zurn Traps(s): _____Z-1180 _____Z-1181
- c. _____Other Trap(s). Submit a catalog cut sheets (i.e., manufacturer's product literature) and supporting sizing criteria and calculations.

F. Sterilization

1. Are you performing equipment sterilization on the premises? Yes No

If "No", skip the rest of this section.

2. Will you be using steam sterilization? Yes No

If "Yes", skip the rest of this section.

F. Sterilization (cont.)

3. Are you using glutaraldehyde in concentrations greater than 1% in your on-site sterilization process?
 Yes No

If “No”, skip the rest of this section.

If “Yes”, which Best Management Practices will you employ? (Check all that apply)

- a. Have waste glutaraldehyde picked up by a hazardous waste management firm. Maintain records on site showing the dates and volumes and name of the contractor picking up the waste.
- b. Neutralize waste glutaraldehyde with a commercially available process following the manufacturer’s directions. Maintain records on site showing the date and volumes neutralized and discharged and the person performing the treatment.
- c. Hold activated glutaraldehyde for a minimum of 14 days before discharging it to the sewer. Maintain records on site showing the storage period, the dates and volumes discharged and the person performing the discharge.

***Please note that glutaraldehyde solutions may not be diluted to less than 1% for disposal to the sewer.**

G Medication

1. Will medications be kept and or dispensed? Yes No

If “Yes”, submit a written description detailing how unused, expired or returned medications will be disposed.

H. Affidavit

As the Applicant, I/we hereby state that all the information provided herein and stated above is true and correct.

I/We further state that we are either the legal owner of the property described above, an authorized agent of the owner, or a tenant that has entered into a lease agreement with the property owner to operate the business and/or facility described herein on the owner’s property.

I/We further state that:

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- a. ____ Medical waste will be disposed of in appropriate medical waste containers and not discharged to the sewer system, and
- b. ____ If I/we propose to revise any of the above noted business practices, I/we will submit a new Pretreatment Review application.

Applicant’s Signature

Date

Applicant’s Name (Printed)

Title

Company Name (Printed)

Note: The Applicant must be the property owner or tenant/business owner. Engineers, architects, contractors, or other agents of the Applicant are not allowed to sign this form without submittal of documented approval from the Applicant.