



**East Bay Municipal Utility District
Hospital Pollution Prevention BMP Self-Certification Form**

East Bay Municipal Utility District recently issued a Hospital Pollution Prevention Permit to your facility. This permit requires your facility to provide documentation of current and planned Best Management Practices to minimize the discharge of pollutants of concern to the sanitary sewer. You may use the following form to provide the required documentation. You may also submit supplementary documentation with this form, as appropriate.

SECTION A. GENERAL INFORMATION

1. Facility Name (official or legal name) _____

2. Permit number _____

2. Operator Name (person, firm, organization or other entity which operates the facility)

3. Facility Street Address, City, State, Zip:

4. Mailing Address, City, State, Zip, if different from facility address:

5. Designated Facility Contact for EBMUD:

Name _____

Title _____

Telephone No. _____

Mailing Address _____

City, State, Zip _____



SECTION B. REQUIRED HOSPITAL BEST MANAGEMENT PRACTICES. PLEASE RESPOND TO EACH STATEMENT.

Pollutant of Concern or Potential Pollutant Source	Best Management Practice	BMP currently in place or planned?	If planned, when will it be implemented?	Comments/Additional Information
Mercury	Mercury-reduction purchasing plan	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Performed facility audit to identify locations of mercury-containing equipment and reagents.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Replacement plan for mercury-containing equipment including but not limited to mercury thermometers, mercury-containing switches, and sphygmomanometers	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Mercury spill cleanup kits where mercury-containing equipment and reagents are located.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Where applicable, establish a p-trap and sump cleaning plan where mercury wastes are likely to accumulate.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Provide training on identification, handling, labeling, and spill cleanup of mercury-containing equipment or compounds.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
Pharmaceuticals	Labeled containers at each nursing station and other applicable locations for disposal of pharmaceutical waste, in accordance with applicable federal or state regulations.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	



Pharmaceuticals (continued)	Staff training to reduce or eliminate disposal of liquid and solid pharmaceutical waste, including intravenous solutions containing pharmaceuticals, to the sanitary sewer. (Intravenous solutions containing <u>only</u> glucose, salt, lactate and/or electrolytes may be discharged to the sanitary sewer.)	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
Laboratory: Chemicals and Heavy Metals	Container security/secondary containment for chemicals.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Drain protection (drain plugs, do not store chemicals near sinks).	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Collection of hazardous wastes and disposal off-site.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
Film Processing: Silver & Other Heavy Metals	Pre-treat or off-haul silver-rich wastewater generated from x-ray film processing.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	No silver rich solution (e.g. fix, bleach-fix, washless stabilizer and low flow wash) shall bypass the treatment system prior to discharge to the sanitary sewer.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
	Any overflow shall be pumped back into the treatment system for silver removal.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	
Cooling Tower: Heavy Metals & Chemical Pollutants	Elimination of tri-butyl tin, copper or chromium additives.	Current <input type="checkbox"/> Planned <input type="checkbox"/>	DD/MM/YYYY	



SECTION C. PLEASE PROVIDE INFORMATION ON ADDITIONAL HOSPITAL POLLUTION PREVENTION PRACTICES.

Facility Operation/Area	Current Pollution Prevention Practices	Additional Information/Comments
Patient rooms		
Cafeteria/food prep		
Morgue		
Surgical		
Purchasing		
Laundry		
Irrigation/Landscaping		
Laboratory		
Other		