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PROVINCE OF GAUTENG

GAUTENG HEALTH CARE WASTE MANAGEMENT REGULATIONS

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CHAPTER 1
APPLICATION AND DEFINITIONS

1. Application

(1) These Regulations apply to all persons who generate, collect, receive, store, transport, treat, dispose of, or handle health care risk waste in any form in the Province of Gauteng.

2. Definitions

(i) '**the Act'** means the Environment Conservation Act 73 of 1989;

(ii) **'animal'** means only those animals kept at laboratories for the purposes of biological or scientific research and testing;

(iii) '**authorisation'** means the written authorisation issued by the competent authority in terms of Regulation 13 of these Regulations;

(iv) **'CEO'** means the duly authorised person at the health care risk waste generator, transport operator, transfer station, treatment facility or disposal facility, with the power to manage and control the work authorized by that person and to exercise supervision over the other employees in the employ of the facility;

(v) '**competent authority**' means the relevant Provincial Government department responsible for the environment for the Province of Gauteng;

(vi) **'consignment'** means each individual load of health care risk waste, comprising of one or more containers containing health care risk waste, transported by a health care risk waste transporter;

(vii) '**container**' means a bag, or a puncture resistant or leak proof container in which health care risk waste is placed;

(viii) '**controlled combustion treatment**' means any method, technique or process to render health care risk waste to flue gasses and residues, by means of oxidation at high temperatures. This includes oxidation of waste as well as other thermal treatment processes such as pyrolysis gasification or plasma processes insofar as the substances resulting from the treatment are subsequently incinerated;

(ix) **'domestic health care risk waste generator'** means a household or other facility which generates reasonably minimal quantities of health care risk waste, such as plasters, bandages, nappies or sanitary pads, during the course of daily life; but does not include households or facilities which generate health care risk waste such as sharps waste, or households where there is one or more chronically ill persons requiring the use of equipment such as a dialysis machine;

(x) '**enforcement officer**' means any duly authorised representative, director or employee, including environmental health specialists and local health officers, of the competent authority;

(xi) '**genotoxic waste**' includes certain cytostatic drugs, vomit, urine, or faeces from patients treated with cytostatic drugs, genotoxic substances or chemicals which have mutagenic, tetratogenic or carcinogenic properties;

(xii) **'hazardous waste'** means waste that may, by circumstances of use, quantity, concentration or inherent physical, chemical or infectious characteristics, cause ill health or increase mortality in humans, fauna and flora, or adversely affect the environment when improperly treated, stored, transported or disposed of;

(xiii) '**HOD**' means the Head of Department of the competent authority responsible for the environment;

(xiv) '**health care general waste**' means the non-hazardous component of health care waste and can include liquids but excludes any health care waste generated from isolation wards;

(xv) '**health care risk waste**' means waste capable of producing an infectious disease. Health care risk waste includes any of the following:

(a) Laboratory waste, including, but not limited to, all of the following:
  (i) Human or animal specimen cultures from health care and pathological laboratories;
  (ii) Cultures and stocks of infectious agents from research and industrial laboratories;
  (iii) Wastes from the production of bacteria, viruses, or the use of spores, discarded, live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures; or
  (iv) Waste containing any microbiological specimens sent to a laboratory for analysis;

(b) Human surgery specimens or tissue removed at surgery or autopsy;

(c) Animal parts, tissues or fluids suspected or known to be infected with any zoonotic disease;

(d) Waste, which at the point of transport from the generator's site, or at any point thereafter, contains recognizable fluid blood, fluid blood products and containers or equipment containing blood that is fluid or blood from animals known to be infected with any zoonotic disease;

(e) Waste containing discarded materials contaminated with excretion, exudates, or secretions from humans or animals who or which are required to be isolated by the infection control staff, the attending physician or surgeon, the attending veterinarian, or the local health officer, in order to protect others from highly communicable diseases or from isolated animals known to be infected with any zoonotic disease;

(f) All waste generated in isolation wards;

(g) Infectious liquids;

(h) Sharps waste;

(i) Chemical waste which consists of discarded solid, liquid, and gaseous chemicals, including pharmaceutical waste and other hazardous waste from diagnostic and experimental work and from cleaning, housekeeping, and disinfecting procedures;

(j) Waste containing any radio-active material, or waste produced from patient treatment containing radio active material;

(k) Any waste, specimen, tissue, fluid, liquid, or sharp which resembles health care risk waste as contemplated in Regulation 2 (a) - (j);

(xvi) '**health care waste**' is health care general waste and health care risk waste;

(xvii) '**health care waste generator**' means any person, whose acts or processes produce health care waste and includes, but is not limited to:

(a) Home based care givers and organisations;

(b) Medical and Dental Practitioners, clinics, hospitals, surgery centres, laboratories, research laboratories, and General Practitioners;

(c) Veterinary Practitioners, clinics, and hospitals;

(d) Traditional Healers; and

(e) Tattoo artists; body pierces, undertakers, and embalmers.

(xviii) '**health care waste officer'** means the nominated professional within a health care facility who is responsible for the day-to-day monitoring, management and problem-solving in relation to the management of health care waste, including liaison with health care waste service providers;

(xix) **health care risk waste transfer station**' means any person who receives but does not treat health care risk waste. Health care risk waste transporters who store health care risk waste are also health risk care waste transfer stations;

(xx) '**health care risk waste transporter**' means any person who transports health care risk waste, but does not include any person who transports health care risk waste for the purposes of testing or research, or who transports health care risk waste from one point within a facility to another point within that facility. Health care risk waste generators who transport their own health care risk waste are for the purposes of these Regulations also health care risk waste transporters;

(xxi) '**health care risk waste treatment facility**' means any premises where health care risk waste is treated;

(xxii) '**health care risk waste disposal facility**' means any site or premises including a landfill site used for the ultimate disposal of health care risk waste;

(xxiii) '**home based care**' means the provision of health services by formal and informal caregivers in the home in order to promote, restore and maintain a person's maximum level of comfort, function and health, including care for the duration that that person suffers from an illness or disease;

(xxiv) '**infectious agent**' means any type of micro organism including, spores, bacteria, fungi, parasite, or virus which normally causes, or significantly contributes to the cause of, increased morbidity or mortality of human beings;

(xxv) '**infectious waste'** means health care risk waste which is suspected to contain pathogens and which normally causes, or significantly contributes to the cause of increased morbidity or mortality of human beings, and includes but is not limited to sharps waste and anatomical waste; but excludes baby-nappies and sanitary pads;

(xxvi) **'internal transport'** means the movement of health care risk waste from one point within any premises or facility to another point within that facility;

(xxvii) '**leak proof container**' means a container which is constructed of impermeable material and has a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling of the waste-filled container;

(xxviii) '**Local Government**' means the municipal sphere of Government as defined in Section 151 of the Constitution of South Africa Act 108 of 1996;

(xxix) '**major generator**' means a health care risk waste generator that generates more than 10(ten) kilograms per day of health care risk waste calculated as a monthly average;

(xxx) '**Minister**' means the Minister of Environmental Affairs and Tourism;

(xxxi) "**minor generator**" means a health care risk waste generator that generates up to 10(ten) kilograms per day of health care risk waste calculated as a monthly average, but does not include a domestic health care risk waste generator;

(xxxii) '**MEC**' means the Member of the Executive Council responsible for the Environment of the Provincial Government;

(xxxiii) '**non-combustion treatment'** means any method, technique or process for microbial inactivation or for otherwise altering the biological, chemical or physical characteristic of health care risk waste so as to render the health care risk waste unrecognisable and in order to reduce the hazards it presents, and

facilitate disposal by any means of technology which does not constitute controlled combustion treatment, including but not limited to autoclave treatment;

(xxxiv) '**parametric monitoring'** is the monitoring of compliance of a health care risk waste treatment facility with the requirements of these Regulations using operating parameters such as time, temperature, pressure, or size as an indicator of treatment efficiency;

(xxxv) **'pathological waste'** Pathological waste includes tissues, organs, body parts, human foetuses and deceased animals infected with zoonotic diseases, blood, and body fluids, but excludes teeth, hair and nails;

(xxxvi) **'pharmaceutical waste'** means all pharmaceutical products and medicinal chemicals that are no longer usable in patient treatment and which have been returned to patient care areas, and that have become outdated or contaminated or are no longer required, and items contaminated with cytotoxic pharmaceuticals;

(xxxvii) **'performance testing'** is the testing conducted at a non-combustion health care risk waste treatment facility prior to the facility being issued with an authorisation in terms of these Regulations, which testing is carried out using typical and representative health care risk waste or a challenged load;

(xxxviii) **'person'** includes a natural person, a juristic person, an unincorporated body, an association, an organ of state and the MEC;

(xxxix) '**Provincial Government**' means the provincial sphere of government as defined in Section 103 of the Constitution of South Africa, Act 108 of 1996;

(xl) '**puncture resistant container**' means a rigid container which, when sealed cannot be re-opened without difficulty and which is not easily penetrated under normal use;

(xli) '**ROD'** means the written authorisation granted by the competent authority in accordance with Section 22 of the Act;

(xlii) '**reduced monitoring'** is the reduced monitoring regime which may be carried out by a health care risk waste treatment facility after a period of documented compliance with all performance requirements in terms of these Regulations;

(xliii) '**registration number'** means the number allocated by the competent authority to a health care waste generator, transporter, transfer station, or treatment facility in terms of Regulations 14, 18, 22 and 25 respectively of these Regulations;

(xliv) '**regular monitoring'** is the standard monitoring regime as determined in the authorisation and/or ROD for a treatment facility;

(xlv) **'these Regulations'** means these Health Care Risk Waste Regulations promulgated in terms of Section 24 of the Act, and includes all Schedules to the Regulations;

(xlvi) **'sharps container'** means a puncture resistant container which when sealed cannot be opened without great difficulty, and which is spill proof under normal handling conditions;

(xlvii) '**sharps waste**' includes any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

(a) Hypodermic needles, syringes, blades, and needles with or without attached tubing; and

(b) Broken glass items, such as Pasteur pipettes and blood vials contaminated with health care risk waste.

(xlviii) '**storage**' means the holding of health care wastes in a manner that does not constitute treatment or disposal of health care risk waste;

(xlix) **'temporary authorisation'** means the temporary authorisation issued by the competent authority in terms of Regulation 12 of these Regulations to a health care risk waste treatment facility;

(l) '**tracking document**' means the health care waste-tracking document specified in Regulation 21 of these Regulations;

(li) **transport**' means the movement of health care risk waste from the point of generation to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of health care risk waste from a health care risk waste generator to another health care risk waste generator for the purposes of testing and research, or internal transport;

(lii) '**transport operator**' means a person or enterprise engaged in the transportation of health care risk waste;

(liii) '**treatment**' means any method, technique, or process designed to change the biological character or composition of any health care waste so as to eliminate its potential for causing disease, pollution impact on the environment and risk to health, and **'treat**' has a corresponding meaning;

(liv) '**waste information system**' means the waste information system established under the Waste Information Regulations promulgated in terms of Section 24 of the Act, under *Provincial Government Notice* No. Provincial Government Gazette No. dated 2003;

(lv) '**zoonotic disease'** is a disease which can be spread from animals to humans.

CHAPTER 2
GENERAL REQUIREMENTS APPLICABLE TO HEALTH CARE WASTE

3. General prohibition and duty of care

(1) No person may containerise, collect, transport, sort, recover, treat, store, dispose of or otherwise manage health care risk waste other than in accordance with these Regulations.

(2) No person may containerise, collect, transport, sort, recover, treat, store, dispose of or otherwise manage health care risk waste in a manner that results in or creates a risk of harm to human health or the environment.

(3) Every generator of health care risk waste must take all reasonable measures to prevent any other person from contravening sub-regulations (1) and (2) in relation to that health care risk waste. Such reasonable measures include but are not limited to ensuring that all persons involved with the collection, transport, treatment and disposal of health care risk waste generated by that facility, are aware of and are in compliance with these Regulations.

(4) A major health care risk waste generator must conduct an ongoing training and education program at which each employee of the generator attends on an annual basis, so as to ensure that the principles of waste minimisation and improved environmental awareness are understood and implemented.

(5) No person may manually lift a container of health care risk waste which weighs in excess of 15 (fifteen) kilograms.

4. Segregation

(1) All health care risk waste generators must, at the point of generation and at all times thereafter, segregate health care risk waste from health care general waste. No person shall dispose of health care risk waste together with health care general waste or in any manner other than in the manner prescribed under these Regulations.

5. **Waste minimisation**

(1) A health care risk waste generator must manage the impacts of health care risk waste in its operations by minimising the generation of health care risk waste at source. The HOD may set targets for such minimisation, in general or for a specific institution.

6. **Packaging**

(1) All health care risk waste generators must place solid or semi-solid health care risk waste, such as animal body parts, human body parts, and laboratory wastes in one or more leak proof colour coded containers which clearly indicate the contents of the container.

(2) All health care risk waste packaging must be in accordance with the Minimum Requirements for packaging of health care risk waste, as set out in Schedule 1 to these Regulations.

(3) All health care risk waste generators must mark health care risk waste containers in accordance with SABS Code of Practice 0248 : Handling and Disposal of Waste Material within Health Care Facilities, or the international ISO Biohazard symbol, or other recognised symbol, and clearly indicate the contents on the container.

(4) All containers containing health care risk waste generated at a major generator must clearly indicate the name or registration number of that generator. All containers containing health care risk waste generated at a minor generator must clearly indicate that the contents were generated at a minor generator.

(5) All health care risk waste generators must secure leak proof containers and puncture resistant containers when full to prevent leakage or expulsion of contents during handling, storage or transport.

(6) All persons must place health care risk waste in one or more leak proof containers for the purpose of internal transport. All persons must place leak proof containers containing health care risk waste in one or more rigid puncture resistant containers prior to storage or transport from the facility. Rigid puncture resistant containers shall be leak proof, have tight fitting covers, and be kept clean and in good repair.

(7) All persons must place liquid health care risk waste in capped or tightly secured leak proof and spill proof containers.

(8) All health care risk waste generators must, at the point of generation and at all times thereafter, place and keep sharps waste in a sharps container. When full, sharps containers must be tightly sealed to prevent the release of any sharps waste from the container.

(9) All health care risk waste generators, transporters and treatment facilities must minimise the manual handling and lifting of health care risk waste containers by employees by providing alternative means of carrying out these functions.

7. Internal transport

(1) No health care risk waste may be transported internally at a major generator except in accordance with the Minimum Requirements set out in Schedule 9 to these Regulations.

(2) Health care risk waste generators must ensure that :

(a) the internal transport of health care risk waste occurs in such a manner so as not to cause a risk of harm to any person;

(b) the manual lifting and carrying of health care risk waste for the purpose of internal transport is avoided, or where it cannot be avoided all together, minimized; and

(2) Every major generator must provide the necessary equipment and implement a manoeuvrable, wheeled system for the internal transport of health care risk waste.

8. **Storage**

(1) Any pathological waste not treated within 24 (twenty four) hours of generation thereof must be stored at a temperature below –2 (two)^{o}C.

(2) No person shall store sharps waste for more than 6 (six) months.

(3) If a person is unable to control the odour from stored health care risk waste and the odour poses a nuisance, that person must effect more frequent removal.

(4) All health care risk waste generators must ensure that the time period between health care risk waste being collected by a transporter from the generator's premises and that waste being treated, does not exceed 72 (seventy two) hours, excluding any time that the health care risk waste is stored at a temperature below –2 (two)^{o}C: Provided that health care risk waste from minor generators may be stored in a refrigerated area at a transfer station for any reasonable period.

(5) Sub- regulation (4) above does not apply to pharmaceutical waste, which may be stored and treated in accordance with the treatment facilities ROD or conditions attached to an authorisation issued in terms of these Regulations

(6) Any and all areas used for the storage of health care risk waste containers shall be secured so as to deny access to these areas to unauthorized persons. Storage areas must be clearly marked with warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Storage areas may be secured by use of locks on entry doors, gates, or receptacle lids. Storage areas must be maintained so as to prevent the entry of animals and natural elements and to prevent them from becoming breeding sites or food sources for insect vectors or rodents. For the purpose of this sub-regulation (6) 'animals' includes those animals not kept at laboratories for the purposes of biological or scientific research and testing.

(7) Storage of health care risk waste must be carried out in accordance with the Minimum Requirements set out in Schedule 9 to these Regulations.

9. **Treatment**

(1) The competent authority may approve any health care risk waste treatment method that renders the health care risk waste unrecognisable and which results in the destruction of pathogenic micro-organisms without posing a risk to human health or the environment, and which meets with all of the requirements for the treatment of health care risk waste prescribed in these Regulations. Any such approval must be reflected in the ROD issued by the competent authority, or in the conditions attached to an authorisation granted to the facility in terms of these Regulations.

(2) Any form of microbial inactivation or other sterilization must take place at a health care risk waste treatment facility which is permitted in terms of the Act, and authorised and registered in terms these Regulations; and must be in accordance with the treatment facility's ROD, or with conditions attached to an authorisation granted to the facility in terms of these Regulations. All health care risk waste treatment facilities must comply with all of the testing requirements and standards set out in Schedules 3 and 4 to these Regulations.

(3) The competent authority may set standards for controlled combustion treatment ash residue for, amongst other requirements, maximum allowable percentage of combustible matter; and maximum contents of heavy metals with a view to forcing optimisation of the combustion efficiency and segregation of heavy metal containing components from the waste stream.

(4) The competent authority may set standards for residues from non-combustion treatment for the microbial inactivation achieved. The residues from non-combustion technologies must meet the same requirements with respect to the heavy metal content as the controlled combustion treatment.

(5) Any controlled combustion treatment at a health care risk waste treatment facility referred to in sub-regulation (2), must be in accordance with the treatment facilities ROD or with

conditions attached to an authorisation granted to the facility in terms of these Regulations; and with the standards set by the competent authority in Schedule 3 to these Regulations. Controlled combustion treatment must be conducted in an enclosed combustion chamber, such as a furnace. No open burning is permitted.

10. **Disposal**

(1) Health care risk waste may only be disposed of once it has been treated by a method approved by the competent authority and in accordance with the requirements of Regulation 9 above.. In exceptional circumstances, and upon application by a generator of health care risk waste or any person authorised and registered in terms of these Regulations, the MEC may grant an exemption in writing to such person from the operation of this sub-regulation (1), for a specified amount of health care risk waste and for a limited period only.

(2) All persons must dispose of treated health care risk waste in terms of the Minimum Requirements set out in Schedule 9, and in a manner, which does not cause harm to the public health or the environment. Health care risk waste, which has been effectively treated, may be mixed with general waste, unless the health care waste is otherwise hazardous because of its toxicity.

(3) All health care risk waste, subject to the exception provided for in sub- regulation (1) above, must be disposed of in the following manner::

(a) For treated health care risk waste that is solid or semi-solid after treatment - disposal at a waste disposal site lawfully permitted in terms of the Act to receive such waste, and where duly authorised staff are available to complete any manifest or tracking document which may be required in terms of these Regulations or the waste information system.

(b) For treated health care risk waste that remains liquid after treatment - discharge to a public sewage system in a manner that complies with all applicable wastewater discharge requirements of the relevant Local Government or the Department of Water Affairs and Forrestry.

11. **Health and safety**

(1) All health care risk waste generators must ensure that once health care risk waste is placed in a container, that health care risk waste is not removed from that container for the purposes of decanting to another container, or for any other purpose, until such waste is received by the treatment facility.

(2) In order to avoid any injuries to or infection of people, health care risk waste generators must:

(a) take all necessary measures to ensure that re-usable containers are effectively disinfected before re- use, according to the standards specified in Schedule 2 to these Regulations

(b) provide adequate secure storage areas for health care risk waste;

(c) make provision for minimal manual handling of health care risk waste; and

(c) provide appropriate personal protective equipment to employees handling health care risk waste.

(3) All health care risk waste generators must in addition comply with the provisions of the Occupational Health and Safety Act 85 of 1993 and the Regulations promulgated under that Act.

12. **Temporary authorisation**

(1) Within 60 (sixty) days from the date on which these Regulations come into force, any health care risk waste treatment facility, which has not been issued with an ROD, must obtain a temporary authorisation. Such temporary authorisation shall be obtained by submitting an application to the competent authority, on forms as set out in Schedule 5 to these Regulations.

(2) On application in terms of sub-regulation (1), the competent authority will issue the treatment facility with a certificate of temporary authorisation, which will be valid for 120 (one hundred and twenty) days from the date on which it was issued.

(3) Within 120 (one hundred and twenty) days of being issued with such a certificate of temporary authorisation, a treatment facility must submit a report to the competent authority, which report shall include at least the results of the tests and other information as set out in Schedule 7 to these Regulations.

(4) The Report must be signed by the CEO of the treatment facility.

(5) In the event that the results of the tests required in Schedule 7 to these Regulations indicate that the applicant does not comply with the Minimum Environmental Performance Requirements for controlled combustion and non-combustion treatment facilities as set out in Schedules 3 and 4 to these Regulations, the applicant's report must include a plan detailing the steps which the applicant will take, and the time frames in which these steps are to be taken, in order to achieve compliance with the abovementioned Schedules.

(6) Within 90 (ninety) days of the date on which the applicant submits a report in terms of sub-regulation (3), the competent authority must decide whether to grant or deny an authorisation in terms of Regulation 13.

13. Authorisations

(1) Within 90 (ninety) days from the date on which these Regulations come into force, or in the case of a treatment facility referred to in Regulation 12, within 90 (ninety) days from the date of submission of the report required in terms of Regulation 12(3), every health care risk waste transport operator, transfer facility, treatment facility or disposal facility must obtain an authorisation from the competent authority. Such authorisation shall be obtained by submitting an application to the competent authority, on forms as set out in Schedule 5 to these Regulations.

(2) Prior to issuing or renewing an authorisation, the competent authority must review, as the case may be, either the report submitted in terms of Regulation 12(3); the compliance history of the applicant under any ROD issued to the applicant; the report submitted by a treatment facility in terms of Schedule 4; or the compliance history of the applicant under any local or provincial laws governing health care risk waste or pollution.

(3) The competent authority must deny an authorisation, or specify additional authorisation conditions, if :

(a) the competent authority identifies that the plan for compliance contained in any report submitted in terms of Regulation 12(3) does not in the opinion of the competent authority, provide adequate means of compliance within a reasonable time frame; or

(b) within the 2 (two) year period preceding the date of application, the applicant has breached any condition contained in a ROD issued to the applicant; or

(c) within the 2 (two) year period preceding the date of application, the applicant has breached any laws or Regulations governing health care risk waste or pollution at a facility owned or operated by the applicant and the breaches or offences demonstrate a recurring pattern of non-compliance or pose, or have posed, a significant risk to public health and safety or to the environment; or

(d) the results of the tests conducted by a treatment facility in terms of Schedule 4 to these Regulations as required in terms of Regulation 9(2), indicate that the required microbial inactivation standards have not been achieved.

(4) In making a decision whether to grant or deny an authorisation, the competent authority must consider, among other factors:
   (a) Whether granting the authorisation would result in a risk of harm to public health or the environment; and
   (b) The present and future ability of the applicant to safely operate the facility in compliance with the provisions of these Regulations.

(5) The competent authority may impose reasonable authorisation conditions necessary to facilitate the applicant's compliance with the provisions of these Regulations including but not limited to the performance and other tests as set out in Schedules 3 and 4 to these Regulations.

(6) The competent authority must provide the applicant with a written notice of the decision to grant or deny an authorisation or to impose authorisation conditions. Such notice must include a concise statement expressing the competent authority's reasons for granting or denying the authorisation or imposing authorisation conditions.

(7) An authorisation granted under these Regulations shall be valid for 2 (two) years. An application for renewal of the authorisation shall be submitted to the competent authority not less than 90 (ninety) days prior to the expiration date. If the holder of an authorisation fails to make a timely application for renewal, the authorisation shall expire on the expiration date indicated on the authorisation. An authorisation will terminate prior to its expiration date if either of the following occurs:
   (a) The holder of the authority sells or otherwise transfers the facility.
   (b) The holder of the authority surrenders the authorisation to the competent authority because the holder of the authorization ceases operation.

(8) The competent authority may impose a reasonable fee for the administration of an application for authorisation.

(9) The following persons are exempt from requiring an authorisation as provided for in this Regulation 13:
   (a) Any health care risk waste generator receiving from external sources, less than 15 (fifteen)% of the gross waste generated at the receiving facility is exempt from requiring authorisation as a health care risk waste transfer station.
   (b) Any person transporting a total of less than 5 (five) kilograms per day of health care risk waste calculated as a monthly average is exempt from requiring authorisation as a health care risk waste transporter.

CHAPTER 3
REQUIREMENTS APPLICABLE TO HEALTH CARE RISK WASTE GENERATORS

14. Registration

(1) Within 90 (ninety) days after the promulgation of these Regulations every major generator must register with the competent authority. Registration must be accomplished by submitting to the competent authority an application, on forms as set out in Schedule 5 to these Regulations.

(2) Every minor generator must register with the Local Government on a date to be fixed by notice in the Provincial *Gazette*: Provided that such notice may designate the time period within which a category or categories of minor waste generators must register with a particular Local Government.

(3) On registration with the competent authority, every major generator will be issued with a registration certificate indicating the facility's registration number.

(4) Registration certificates shall be valid for 2 (two) years. Major generators must apply for renewal of the registration certificate not less than 30 (thirty) days prior to the expiry date of any current registration certificate. Such application must be accomplished by submitting to the competent authority forms as set out in Schedule 5 to these Regulations.

(5) Health care risk waste generators must submit an updated application form within 30 (thirty) days of any of and material change to the information specified in Schedule 5.

(6) The competent authority may impose a reasonable fee for the administration of an application for the issue or renewal of a registration certificate.

15. **General requirements**

(1) 90 (ninety) days after the promulgation of these Regulations, no major generator shall operate without a valid registration.

(2) Health care risk waste generators must segregate, pack, transport internally and store health care risk waste in strict conformance with Regulations 4, 6, 7 and 8 respectively of these Regulations and with the Minimum Requirements set out in Schedule 9 to these Regulations.

(3) Health care risk waste generators must treat and dispose of health care risk waste in strict compliance with Regulations 9 and 10 respectively of these Regulations and with the Minimum Requirements set out in Schedule 9 to these Regulations; and ensure that any health care risk waste transporter transports health care risk waste generated at the facility to a health care risk waste treatment facility which is permitted in terms of the Act, and authorised and registered in terms of these Regulations.

(4) Health care risk waste generators must not release health care risk waste to a health care risk waste transporter until they have first:

(a) made reasonably certain that the health care risk waste transporter is registered with the competent authority and is in possession of a valid authorisation issued by the competent authority, which information shall be available on the competent authority's official web site; and

(b) obtained a tracking document for each consignment of health care risk waste.

16. **Health care waste management plans and audit reports**

(1) Upon the first application for renewal of a registration certificate in terms of Regulation 14(4) of these Regulations, each major generator must prepare a Health Care Waste Management Plan, which evaluates objective means to reduce the volume of health care risk waste and the management of all health care waste that is produced by the generator, and submit such plans to the competent authority. The generator must consider the quantity of waste, the hazardous properties of the waste, the safety of its patients and employees, economic costs and savings, and other appropriate factors in developing a plan. At a minimum, each plan must include the requirements set out in Schedule 7 to these Regulations.

(2) Upon each subsequent application for renewal of a registration certificate in terms of Regulation 14(4), each major generator must submit a written audit report to the competent authority. The audit report may be compiled by either an internal or an external auditor, and must include at a minimum the requirements set out in Schedule 7 to these Regulations.

(3) The management plan and audit report must be signed and approved by a duly mandated official of the competent authority and by the CEO of the relevant generator.

(4) The competent authority must review every submitted audit report within a period of 90(ninety) days of the date of signature by the competent authority and the CEO of the relevant generator, whichever is the later.

17. **Home based care and minor generators**

(1) Local Government must provide a service for the safe collection and treatment of health care risk waste.

(2) All Local Governments within Gauteng shall before 1 March 2005 prepare Local Government Health Care Risk Waste Management Plans to achieve and implement such services, and for the management of health care risk waste generated within each Local Government's area of jurisdiction, in accordance with Schedule 6 to these Regulations.

(3) The competent authority must support Local Government in complying with sub-regulation (1), including but not limited to assisting in the development of the plans. The MEC may provide a Guideline for the development of Local Government Health Care Risk Waste Management Plans to assist Local Governments in meeting their obligations.

CHAPTER 4
REQUIREMENTS APPLICABLE TO HEALTH CARE RISK WASTE TRANSPORTERS

18. **Registration**

(1) Within 90 (ninety) days after the promulgation of these Regulations, every health care risk waste transporter must register with the competent authority on forms as set out in Schedule 5 to these Regulations.

(2) Any health care risk waste transporter transporting a total of less than 5 (five) kilograms per day of health care risk waste calculated as a monthly average is exempt from requiring registration as a health care risk waste transporter as provided for in sub-regulation (1).

(3) On registration, the health care risk waste transporter will be issued with a registration certificate indicating the transporter's registration number.

(4) Within 1 (one) year from the date of publication of these Regulations and thereafter once annually, the competent authority shall publish a list of all registered transporters in the Provincial *Gazette*, and on the competent authority's official web site.

(5) Registration shall be valid for 2 (two) years.

(6) Health care risk waste transporters shall apply for renewal of the registration certificate 30 (thirty) days before the expiration date of any current registration certificate. Such application must be accomplished by submitting to the competent authority forms as set out in Schedule 5 to these Regulations.

(7) Within 30 (thirty) days of any material change to the information specified in the form set out in Schedule 5, health care risk waste transporters must submit an updated application form to the competent authority.

(8) 90 (ninety) days after the promulgation of these Regulations, no health care risk waste transporter shall operate without a valid registration in terms of these Regulations.

(9) The competent authority may impose a reasonable fee for the administration of an application for the issue or renewal of a registration certificate.

19. **General transportation requirements**

(1) Health care risk waste transporters must provide and require all persons manually handling containers of untreated health care risk waste to wear clean, protective gloves and coveralls, changeable lab coats, or other protective clothing. The competent authority may require other protective devices appropriate to the type of untreated health care risk waste being handled.

(2) Health care risk waste transporters must transport untreated health care risk waste in leak proof and puncture resistant containers in separate vehicle compartments.

(3) Health care risk waste transporters must not transport untreated health care risk waste in the same vehicle with other waste unless the untreated health care risk waste is contained separately and kept separate from other waste by barriers.

(4) Health care risk waste transporters must transport untreated health care risk waste in strict compliance with the Minimum Requirements as set out in Schedule 9 to these Regulations.

(5) Health care risk waste may only be transported to:

(a) a health care risk waste transfer station permitted in terms of the Act and which is authorised and registered in accordance with these Regulations, for the purpose of consolidating untreated health care risk waste prior to its ultimate transport to a lawfully permitted health care risk waste treatment facility; and

(b) a health care risk waste treatment facility permitted in terms of the Act and which is authorised and registered in accordance with these Regulations.

Provided that any generator intending to transport health care risk waste outside of the Gauteng Province, must obtain the prior written approval of the competent authority. Such approval may only be granted if the generator can show that the health care risk waste will be transported to a waste treatment facility or transfer station which is permitted in terms of the Act and complies with the Minimum Requirements as set out in Schedule 9 to these Regulations.

20. **Reporting and audit reports**

(1) Every health care risk waste transporter must report to the waste information system.

(2) Upon each application for renewal of a registration certificate in terms of Regulation 18(6), every health care risk waste transporter must submit a written audit report to the competent authority. The audit report may be compiled by either an internal or an external auditor, and must include at a minimum the requirements set out in Schedule 7 to these Regulations.

(3) The audit report must be signed and approved by a duly mandated official of the competent authority and by the CEO of the relevant transporter.

(4) The competent authority must review every submitted audit report within a period of 90 (ninety) days of the date of signature by the competent authority and the CEO of the relevant transporter, whichever is the later.

(5) All records must be kept by a health care risk waste transporter for a minimum of 3 (three) years.

21. **Tracking documents**

(1) A health care risk waste transporter must maintain completed tracking documents for all health care risk waste it transports. At the time the health care risk waste transporter receives health care risk waste from any person, the transporter shall provide that person with a copy of the tracking document for that person's health care risk waste records. At the time the health care risk waste transporter releases the health care risk waste to a health care risk waste transfer station or treatment facility, the transporter shall provide that person with a copy of the tracking document for that person's health care risk waste records; and return a copy of the tracking document duly signed by the health care risk waste transfer station or treatment facility to the person from whom the health care risk waste was received.

(2) The transporter must maintain a copy of such tracking documents for a minimum of 2 (two) years. The transporter must submit to the competent authority, upon request, copies of any tracking documents the transporter is required to maintain.

(3) The tracking document shall include, but shall not be limited to the information contained in the form as set out in Schedule 8 to these Regulations.

(4) Any health care risk waste transporter transporting health care risk waste in a vehicle must have a tracking document in his or her possession while transporting the waste. The

tracking document shall be shown upon demand to any employee of the competent authority or any law enforcement officer. If the waste is transported by rail, vessel, or air, the railway operator, vessel operator, or airline must enter on the shipping papers any information concerning the waste, which the competent authority may require.

(5) With respect to waste generated from a major generator, a health care risk waste transporter must, at all times during transit, be able to identify the facility from which a particular container was collected. With respect to waste generated from a minor generator, at all times during transit, a health care risk waste transporter must be able to identify that a particular container was generated at a minor generator.

CHAPTER 5
REQUIREMENTS APPLICABLE TO HEALTH CARE RISK WASTE TRANSFER STATIONS

22. Registration

(1) Within 90 (ninety) days after promulgation of these Regulations, every health care risk waste transfer station must register with the competent authority on forms as set out in Schedule 5 to these Regulations.

(2) Any health care risk waste generator receiving less than 15 (fifteen)% of the gross health care risk waste generated at the receiving facility is exempt from requiring registration as a health care risk waste transfer station as required by sub-regulation (1) above.

(3) On registration, the health care risk waste transfer station will be issued with a registration certificate indicating the facility's registration number.

(4) Within 1 (one) year of the promulgation of these Regulations, the competent authority shall publish a list of all registered health care risk waste transfer stations in the Provincial *Gazette* and on the competent authority's official website.

(5) Registration shall be valid for 2 (two) years.

(6) Health care risk waste transfer stations must apply for renewal of the registration certificate 30 (thirty) days before the expiration date of any current registration certificate. Such application must be accomplished by submitting to the competent authority a form as set out in Schedule 5 to these Regulations.

(7) Within 30 (thirty) days of any material change to the information specified in the form set out in Schedule 5, a health care risk waste transfer station must submit an updated application form to the competent authority.

(8) 90 (ninety) days after the promulgation of these Regulations, no health care risk waste transfer station shall operate without a valid registration.

(9) The competent authority may impose a reasonable registration fee for the administration of an application for the issue or renewal of a registration certificate.

23. Storage

(1) A health care risk waste transfer station shall ensure that all untreated health care risk waste is stored in strict conformance with any ROD issued to the risk waste transfer station; and with the requirements of Regulation 8 of these Regulations.

24. Reporting, record keeping and audit reports

(1) Health care risk waste transfer stations must report to the waste information system.

(2) Health care risk waste transfer stations must maintain, for a minimum of 2 (two) years, and must submit to the competent authority, upon request, copies of the tracking documents for all health care risk waste it receives for storage.

(3) Upon each application for renewal of a registration certificate in terms of Regulation 22(6), every health care waste transporter must submit a written audit report to the competent authority. The audit report may be compiled by either an internal or an external auditor, and must include at a minimum the requirements set out in Schedule 7 to these Regulations.

(4) The audit report must be signed and approved by a duly mandated official of the competent authority and by the CEO of the relevant transfer station.

(5) The competent authority must review every submitted audit report within a period of 90(ninety) days of the date of signature by the competent authority and the CEO of the relevant transfer station, whichever is the later.

CHAPTER 6
REQUIREMENTS APPLICABLE TO PERSONS OPERATING HEALTH CARE RISK WASTE TREATMENT FACILITIES

25. Registration

(1) Within 90 (ninety) days after the promulgation of these Regulations every health care risk waste treatment facility or sterilization plant must register with the competent authority. Registration shall be accomplished by submitting to the competent authority an application, on forms as set out in Schedule 5.

(2) On registration, the health care risk waste treatment facility will be issued with a registration certificate indicating the facility's registration number.

(3) Within 1 (one) year of the date of promulgation of these Regulations and thereafter once annually, the competent authority shall publish a list of all registered health care risk waste treatment facilities in the Provincial *Gazette* and on the competent authority's official website.

(4) The registration certificate shall be valid for 2 (two) years.

(5) Health care risk waste treatment facilities must apply for renewal of the registration certificate 30 (thirty) days prior to the expiration date of any current registration certificate. Such application must be accomplished by submitting to the competent authority forms as set out in Schedule 5 to these Regulations.

(6) Within 30 (thirty) days of any material change to the information specified in the form set out in Schedule 5, a health care risk waste treatment facility must submit an updated application form to the competent authority.

(7) The competent authority may impose a reasonable fee for the administration of an application for the issue or renewal of a registration certificate.

26. General requirements

(1) 90 (ninety) days after the promulgation of these Regulations, no health care risk waste treatment facility shall operate without a valid registration.

(2) Health care risk waste treatment facilities must treat health care risk waste in strict conformance with any ROD issued to the treatment facility, or with the conditions attached to an authorisation issued to the facility in terms of these Regulations; and with Regulation 9 of these Regulations.

(3) All health care risk waste treatment facilities must perform all tests and comply with all standards as set out in Schedules 3 and 4 to these Regulations.

27. Reporting, audit reports and records

(1) Health care risk waste treatment facilities must report to the waste information system.

(2) Upon each application for renewal of a registration certificate in terms of Regulation 25(5), every health care waste treatment facility must submit a written audit report to the competent authority. The audit report may be compiled by either an internal or an external auditor, and must include at a minimum the requirements set out in Schedule 7 to these Regulations.

(3) The audit report must be signed and approved by a duly mandated official of the competent authority and by the CEO of the relevant treatment facility.

(4) The competent authority must review every submitted audit report within a period of 90 (ninety) days of the date of signature by the competent authority and the CEO of the relevant treatment facility, whichever is the later.

(5) Records of the environmental performance test results required by Schedules 3 and 4 to these Regulations must be maintained by the treatment facility for a period of not less than 3 (three) years.

(6) The competent authority may request any health care risk waste treatment facility to carry out independent tests to verify compliance with the requirements for emissions, effluents and residues as set out in Schedule 3 to these Regulations.

CHAPTER 7
ENFORCEMENT

28. Appointment of health care risk waste inspector

(1) The HOD may, in writing, appoint any suitably qualified person as a health care risk waste inspector to perform the functions contemplated in these Regulations.

(2) A health care risk waste inspector must be provided with a certificate of appointment signed by the HOD.

29. Powers and duties of health care risk waste inspector

(1) A health care risk waste inspector may, at any reasonable time and without prior notice, enter or cross a property with the necessary persons, vehicles, equipment and material in order to carry out a routine audit or inspection of any health care risk waste transporter, transfer facility, treatment facility or disposal facility.

(2) A health care risk waste inspector may, at any reasonable time and without prior notice, on the authority of a warrant, enter a property with the necessary persons, vehicles, equipment and material, and perform any action necessary to -

(a) investigate whether these Regulations, or any condition attached to any authority, or any rule or standard adopted in accordance with these Regulations, or any notice or directive issued under these Regulations is being contravened; or

(b) investigate whether any information supplied in connection with these Regulations is accurate.

(3) A warrant referred to in sub-regulation (2) may only be issued by a judge or a magistrate who has jurisdiction in the area where the property in question is situated, and must only be issued if it appears from information obtained on oath or affirmation that –

(a) there are reasonable grounds for believing that these Regulations, any condition attached to any health care risk waste permit or any notice or directive under these Regulations, is being contravened;

(b) there are reasonable grounds for believing that any information supplied in connection with a health care risk waste permit is inaccurate; or

(c) it is necessary to carry out an activity mentioned in sub-regulation (2) and access to that property has been denied.

(4) If a warrant is reasonably likely to be issued if applied for but the delay involved in obtaining a warrant is likely to defeat the object of an inspection in terms of sub-regulation (2), a health care risk waste inspector may enter a property without a warrant.

(5) A health care risk waste inspector entering a property in terms of this sub-regulation must, at the request of any person on that property, identify himself or herself and present a certificate of appointment contemplated in Regulation 28(2).

30. **Duty to assist health care risk waste inspector**

(1) When a health care risk waste inspector enters any property or site referred to in Regulation 29, the operator, owner or manager and each employee performing any work there must assist the health care risk waste inspector, furnish answers to questions and provide any facility that the inspector reasonably requires.

(2) Persons questioned by a health care risk waste inspector under sub-regulation (1) must answer each question to the best of their ability, but no person is required to answer any question if the answer may reasonably be self-incriminating.

31. **Duty to produce documents**

(1) Any person who holds or should hold an authorisation or any other document, including any electronic document, issued or required in accordance with these Regulations, must produce it at the request of the health care risk waste inspector and must-

(a) allow the inspector, for the purpose of the inspection, to remove any articles or objects pointed out by the inspector;

(b) allow the inspection of documents specified by the inspector including the making of copies thereof; and

(c) furnish the inspector, at the inspector's reasonable request, with any information under that person's control.

32. **Powers of health care risk waste inspector to deal with unsafe conditions**

(1) If a health care risk waste inspector reasonably believes that a condition or activity is a threat or may present a reasonable risk to human health or the environment, the inspector may issue a written directive to any person responsible for that condition or activity that –

(a) the activity be restricted or suspended, and the inspector may place conditions on that activity; or

(b) action be undertaken within a reasonable time by the person concerned to remove the threat.

(2) Any person issued with a directive under sub-regulation (1) must take the steps set out in the directive, within the specified period, to rectify the activity or condition referred to in the directive.

CHAPTER 9
OFFENCES AND PENALTIES

33. **Offences and Penalties**

(1) Any person who contravenes or fails to comply with any provision of these Regulations or any condition, notice, order, instruction, directive, prohibition, authorisation, permission, rule, standard, exemption, certificate or document determined, given, issued, promulgated or granted in terms of these Regulations is guilty of an offence.

(2) Any person convicted of an offence in terms of sub-regulation (1) is liable on conviction to a maximum fine of R100 000 (one hundred thousand) or to imprisonment for a period not exceeding 1(one) year, or to both such fine and imprisonment.

34. **Enquiry in respect of compensation for harm, loss or damage suffered**

(1) Where any person is convicted of an offence under these Regulations and -
(a) another person has suffered harm or loss as a result of the act or omission constituting the offence; or
(b) damage has been caused to property or to the environment, the Court may, in the same proceedings -
(i) at the written request of the person who suffered the harm or loss; or
(ii) at the written request of the MEC; and
(iii) in the presence of the convicted person,
enquire without pleadings into the harm, loss or damage and determine the extent thereof.

35. **Award of damages**

(1) After making a determination in terms of Regulation 34(1), the Court may -
(a) award damages for the loss or harm suffered by the person referred to in Regulation 34(1) against the accused;
(b) order the accused to pay for the cost of any remedial measures implemented or to be implemented; or
(c) order that the remedial measures be implemented by the accused.

36. **Director's liability**

(1) Any person who is or was a director of a juristic person at the time of the commission by that juristic person of an offence under these Regulations shall himself or herself be guilty of the said offence and be liable on conviction to the penalty specified if the offence in question resulted from the failure of the director to take all reasonable steps that were necessary under the circumstances to prevent the commission of the offence: Provided that proof of the said offence by the juristic person shall constitute *prima facie* evidence that the director is guilty under this Regulation.

37. **Offences in relation to employer and employee relationships**

(1) Whenever an act or omission by an employee or agent –
(a) constitutes an offence in terms of these Regulations, and takes place with the express or implied permission of the employer or principal, as the case may be, the employer or principal is, in addition to the employee or agent, as the case may be, liable to conviction for that offence; or
(b) would constitute an offence by the employer or principal, as the case may be, in terms of these Regulations that employee or agent will, in addition to that employer or principal, be liable to conviction for that offence, provided that proof of the said offence by the employer, principal or agent, as the case may be, shall constitute *prima facie* evidence that the said person is guilty under this sub-regulation.

38. **Interdict or other order by High Court**

(1) A High Court may, on application by the MEC, grant an interdict or any other appropriate order against any person who has contravened any provision of these Regulations, including

an order to discontinue any activity constituting the contravention and to remedy the adverse effects of the contravention.

39. **Directive to cease activities**

(1) If any person contravenes a condition attached to an authorisation granted in terms of these Regulations, or if in the opinion of the HOD, any person conducts any activity in relation to health care risk waste management or fails to conduct any activity as a result of which human health or the environment is or may be seriously damaged, endangered or detrimentally affected, the HOD may in writing direct such person –
   (a) to cease such activity; or
   (b) to take such steps as the HOD may deem fit to prevent any further harm or damage.

(2) The HOD may also direct the person referred to in sub-regulation (1) to conduct any activity or function at the expense of such person to rehabilitate any damage caused to human health or the environment as a result of the activity or failure referred to in sub-regulation (1), to the satisfaction of the HOD.

(3) If the person referred to in sub-regulation (1) fails to comply with any directive issued under sub-regulation (1) the HOD may take any necessary steps as if he or she were that person and may authorise any other person, on his or her behalf, to take all steps required for fulfilling the purpose as set out in such directive.

(4) Any expenditure incurred by the HOD in the conducting of any function by virtue of the provisions of sub-regulation (3) may be recovered from the person concerned.

40. **Manner of appeal**

(1) An appeal to the Minister or MEC under Section 35(3) of the Act, must be made in writing within 30 (thirty) days from the date on which the notice in terms of sub-regulation 13(6) is received by the applicant indicating that authorisation is denied.

(2) An appeal must set out all the facts as well as the grounds of appeal, and must be accompanied by all relevant documents or copies thereof which are certified as true by a commissioner of oaths.

41. **Commencement**

(1) These Regulations will come into operation on a date fixed by the MEC in the Provincial *Gazette*.

(2) Different dates may be so fixed in respect of different provisions of these Regulations.

SCHEDULE 1

1. **Minimum requirements for packaging for health care risk waste in terms of Regulation 6(2)**

(1) Liners with a capacity of 60 (sixty) litres or more must be at least 80 (eighty) microns in thickness.

(2) Liners with a capacity of less than 60 (sixty) litres must be at least 60 (sixty) microns in thickness.

(3) Liners used as barriers in puncture resistant containers that are at no time removed from such puncture resistant containers, other than for the final treatment of the contents, must be at least 40 (forty) microns in thickness.

(4) All liners and disposable containers must be manufactured from polypropylene or polyethylene polymers; or polymers that cause, at a maximum, equivalent environmental impacts to those caused by polypropylene or polyethylene polymers when disposed by incineration, or treated by means of any available alternative technology.

(5) Final outer packaging used for external transport of health care risk waste from a health care risk waste generator must be puncture resistant and must be able to retain liquids.

(6) Lids used for disposable sharps containers must be secured in such a way that they cannot be reopened once closed.

(7) Lids used for pathological or anatomical waste containers must provide an airtight seal to prevent the emission of odours.

(8) For the purpose of ensuring sufficient tensile strength, the maximum allowable percentage of recycled materials in all liners is 10 (ten)%; Provided that for outer packaging the maximum allowable percentage of recycled materials is 15 (fifteen) %.

SCHEDULE 2

1. **Standards for disinfection of reusable health care risk waste containers in terms of Regulation 11(2)**

(1) Written operating procedures must be established by any person responsible for disinfecting reusable health care risk waste containers, which procedures shall include approved testing methodologies for relevant biological and other indicators relating to the adequate disinfection of reusable health care risk waste containers for each unit; as well as all pertinent operating parameters.

(2) Adequate disinfection of reusable health care risk waste containers must be monitored by any person responsible for disinfecting such containers, based on swab tests or similar sampling procedures for relevant biological indicators, which tests or sampling must be conducted by a competent person. Such samples must be processed by an accredited laboratory for the following biological indicators:
   (a) Bacterial cultures; and
   (b) Fungal cultures.

(3) The minimum frequency of testing to be conducted in terms of Paragraph 1(2) of this Schedule 2, must be in accordance with the following:
   (a) Initial testing prior to commencement of operations: Daily sample swab tests of disinfected reusable health care risk waste containers for 5 (five) working days;
   (b) Testing during usual operation: Weekly sample swab tests of disinfected reusable health care risk waste containers before dispatch to health care facilities; and monthly sample swab tests of reusable health care risk waste containers after delivery to a health care facility;
   (c) After 4 (four) consecutive months of achieving reasonably adequate levels of disinfection, the test frequency as required by (a) and (b) above, may be reduced to 50 (fifty) %; Provided that should any one sample fail to achieve a reasonably adequate level of disinfection, the frequency levels required by (a) and (b) above must be adhered to.

(4) Any person responsible for disinfecting reusable health care risk waste containers must ensure that a report is compiled quarterly by a competent person regarding the level of disinfection achieved by the facility, based on a reasonable number of representative samples, and on the results of the tests conducted in terms of Paragraph 1(2) of this Schedule 2, which report shall include details of all procedures used.

(5) The reports required in terms of Paragraph 1(4) above must be maintained for a period of 3 (three) years.

(6) The number of swab samples taken for the purpose of monitoring in terms of this Schedule 2 shall be reasonable in relation to the number of reusable health care risk waste containers disinfected per day at the disinfecting facility and shall be determined by a competent person.

(7) The specific area of the reusable health care risk waste container to be used for sampling, as well as the location for intercepting reusable health care risk waste containers for sampling once delivered to a health care facility, shall be determined by a competent person

SCHEDULE 3

1. **Minimum environmental performance requirements for controlled combustion treatment facilities in terms of Regulation 9(2)**

Note: Although the Department of Environmental Affairs and Tourism's Emission Guideline Standards as expressed in Table 1 below are to be achieved by 1 January 2004 by all controlled combustion treatment facilities, it is intended that the competent authority will over time increase the environmental performance requirements for controlled combustion treatment facilities to the current European Union (EU) Standard. The current EU standards are presented in Table 2 below.

(1) Emissions to the atmosphere:

Table 1

DEAT Emission Guideline Standards (to be met by 1 January 2004)		
Type	Maximum allowable emission to the air from controlled combustion treatment facilities (Daily average values)	Monitoring frequency samples per year Standard (reduced after period of documented compliance)
Units	mg/Nm^3	
PM/dust	180	Continuous
CO	-	Continuous
Dioxin/furan (nanogram) TEQ	0.2	1
HCl	30	Continuous
HF	-	-
SO_2	25	Continuous
NO_x	-	-
NH_3	-	-
Pb, (same for Cr, Be, Ar, As, Sb, Ba, Ag, Co, Cu, Mn, Sn, V, Ni)	0.5	4 (1)
Cd (same for Tl)	0.05	4 (1)
Hg	0.05	4 (1)
Reference Conditions and definitions	11% O_2, 273 Kelvin, 101.3 kPa. All parameters to be defined and measured as in the Directive 2000/76/EC of the European Parliament and of the Council of 4 December 2000 on Incineration of Waste	

Table 2

Directive 2000/76/EC of the European Parliament and of the Council of 4 December 2000 on Incineration of Waste		
Type	Maximum allowable emission to the air from controlled combustion treatment facilities (Daily average values)	Monitoring frequency Samples per year Standard (reduced after period of documented compliance)
Units	mg/Nm^3	
PM/dust	10	Continuous
CO	50	Continuous
O_2	-	Continuous
Water Vapour	-	Continuous
TOC	10	-
Dioxin/furan (nanogram) TEQ	0.1	Every three months for the first year; Two measurements per year thereafter; Can be reduced to once every year provided emissions are below 50% of the emission limit value.
HCl	10	Continuous. (Periodic measurement may be approved by the competent authority provided the operator can prove emissions cannot exceed the prescribed emission limit).
HF	1	Continuous. (May be omitted if treatment ensures that HCl meets the emission limit value. Periodic measurement may be approved by the competent authority provided the operator can prove emissions cannot exceed the prescribed emission limit).
SO_2	50	Continuous. (Periodic measurement may be approved by the competent authority provided the operator can prove emissions cannot exceed the prescribed emission limit).
NO_x	200	-
NH_3	10	-
Pb, (same for Cr, Be, Ar, As, Sb, Ba, Ag, Co, Cu, Mn, Sn, V, Ni)	0.05	Every three months for the first year; Two measurements per year thereafter
Cd (same for Tl)	0.05	Every three months for the first year; Two measurements per year thereafter
Hg	0.05	Every three months for the first year; Two measurements per year thereafter

Reference Conditions and definitions	11% O_2, 273 Kelvin, 101.3 kPa. All parameters to be defined and measured as in the Directive 2000/76/EC of the European Parliament and of the Council of 4 December 2000 on Incineration of Waste

(2) Discharges to sewer systems

(a) Any discharge of effluent must be approved by the relevant Local Government authority.

(b) No effluent from the treatment process may be discharged unless it complies with the standards set by the Department of Water Affairs and Forestry.

(3) Quality of residues from controlled combustion treatment plants

(a) Residues shall be rendered reasonably unrecognisable as consisting health care risk waste.

(b) All hypodermic needles, blades, glass containers, tubes, syringes and any other single object in the waste shall be broken and rendered unusable.

(c) The loss of ignition for the residues after treatment shall be a maximum of 5 (five) % by weight.

SCHEDULE 4

1. **Minimum environmental performance requirements for non-combustion (alternative) treatment facilities in terms of Regulation 9(2)**

(1) Emissions to the atmosphere:
   (a) All non-combustion treatment facilities must take adequate measures to avoid emissions of any pathogens or odours via exhausts, vents or similar outlets.
   (b) Information relating to the use of all filter materials and the maintenance and replacement of such filters at the treatment facility must be recorded in writing by the treatment facility.

(2) Microbial inactivation standards which must be achieved at all times by all non combustion treatment facilities are as follows:
   (a) Vegetative bacteria, fungi, lipophillic/hydrophilic viruses, parasites and mycobacteria: *?6 Log_{10} reduction;*
   (b) *B. stearothermophilus* spores or *B. subtilis* spores: *?4 Log_{10} reduction;*

(3) Representative biological indicators:
   (a) Representative biological indicators shall be used to indicate microbial inactivation standards. Amongst others, the following organisms may be used for test purposes:
   Vegetative Bacteria:
   Staphylococcus aureus (ATCC 6538)
   Pseudomonas aeruginosa (ATCC 15442)
   Fungi:
   Candida albicans (ATCC 18804)
   Penicillum chrysogenum (ATCC 24791)
   Aspergillus niger
   Viruses:
   MS-2 *Bacteriophage* (ATCC 15597 – B1)
   Parasites:
   Cryptospridium spp. *oocysts* and *Giardia* spp. cysts
   Mycobacteria*:*
   Mycobacterium terrae
   Mycobacterium phlei
   Mycobacterium bovis (BCG) (ATCC 35743)
   Spores:
   Bacillus stearothermophilus (ATCC 7953)
   Bacillus subtilis (ATCC 19659)
   (b) The competent authority may from time to time amend the list of approved representative biological indicators as determined in Paragraph 1(3)(a) above, by notice in the Provincial *Gazette*.
   (c) Details of any organisms, including but not limited to species and cultures, which are not listed in Paragraph 1, which are to be used for testing in terms of this Schedule 4, must be submitted by the facility in writing to the competent authority for approval at least 1 (one) month prior to testing. Such approval must be granted or denied by the competent authority within 1 (one) month of receiving a submission from an applicant.

2. Performance testing requirements

(1) For the purposes of this Schedule 4, the responsible person shall be an independent analyst from an accredited testing laboratory or a health practitioner licensed in terms of the Occupational Health and Safety Act, 1993,as amended.

(2) Prior to an authorisation being issued to a non-combustion health care risk waste treatment facility in terms of Regulation 13 of these Regulations, the following performance tests must be complied with:

(a) The responsible person must conduct a performance test at the facility in order to demonstrate, using representative health care risk waste, that is, selected general waste that has the approximate composition of health care risk waste, together with indicator organisms; that the facility is able to achieve the microbial inactivation standards specified in Paragraph 1(2) above.

(b) The parameters for parametric monitoring for effective performance, including but not limited to temperature, maximum throughput, and time; must be determined by the responsible person. The facility must thereafter operate within these parameters, unless it is demonstrated during the performance test that these parameters need to be adjusted.

(c) Once it has been demonstrated that the facility is able to meet the microbial inactivation standards as set out in Paragraph 1(2) of this Schedule 4, using representative waste, health care risk waste must be used to conduct a further performance test in order to demonstrate that the facility is able to meet the microbial inactivation standards specified in Paragraph 1(2) of this Schedule 4.

(d) The performance test must thereafter be carried out daily for 4 (four) consecutive days using both representative and actual health care risk waste, as determined by the responsible person. For the duration of this performance test a reference sample must be included with each run, that is, a sample that has undergone the same preparation, transportation and storage as the entire batch, in order to determine the microbial inactivation standards achieved during treatment.

(a) The performance test must demonstrate that the facility can satisfy the microbial inactivation standards as set out in Paragraph 1(2) of this Schedule 4 on a challenge load, that is, a load that is considered to offer a considerable challenge to the facility. The operator, in collaboration with the responsible person, shall determine what constitutes a challenge load, and prior approval must be obtained from the competent authority in writing at least 1 (one) month prior to the challenge load being tested.

(3) During the performance testing phase for batch processes, each load shall be tested against the bacterial spores *B subtilis* or *B stearothermophilus;* and for continuous processes, the process shall be tested every 2 (two) hours against the bacterial spores *B subtilis* or *B stearothermophilus*, in terms of the microbial inactivation standards specified in Paragraph 1(2) of this Schedule 4.

(4) The results of testing during this performance testing phase must be submitted as a report to the competent authority. The report should at a minimum:

(a) Provide details of the batch and tube numbers for each vial used;

(b) Record the date and time of each test run;

(c) Provide the results of the tests on each microbial species;

(d) Provide details of the sampling, storage and testing procedures used; and

(e) Provide an evaluation of the results obtained, together with a comparison of results obtained in any previous report.

3. Regular testing programme

(1) Upon the issue of an authorisation to the treatment facility in terms of Regulation 13 of these Regulations, the following minimum regular testing requirements must be complied with by the facility for 12 (twelve) months after the date of issue of such authorisation:

(a) For batch processes, each load must be tested against the bacterial spores *B stearothermophilus* or *B subtilis,* in terms of the microbial inactivation standards specified in Paragraph 1(2) of this Schedule 4.

(b) For continuous processes, the process must be tested every 2 (two) hours against the bacterial spores *B stearothermophilus* or *B subtilis*, in terms of the microbial inactivation standards specified in Paragraph 1(2) of this Schedule 4.

(c) The system must be tested daily against bacterial spores *B subtilis* or *B stearothermophilus,* in terms of the microbial inactivation standards specified in Paragraph 1(2) of this Schedule 4.

(d) The system must be tested at least once a month against mycobacteria, including *M.Bovis* BCG*, M.phlie* or other equivalent mycobacteria; and for *B*. *subtilis* or B. *stearothermophilus*, in terms of the microbial inactivation standards specified in Paragraph 1(2) of this Schedule 4, using vials prepared by an accredited laboratory.

(e) Should the results of any test conducted as part of the regular testing programme specified in this Paragraph 3, indicate that the facility is unable to achieve the microbial inactivation standards specified in Paragraph 1(2) of this Schedule 4, the facility must immediately notify the competent authority in writing. Upon such notification, the competent authority may require the facility to commence with a further testing programme, in accordance with the performance testing requirements, as provided for in Paragraph 2 of this Schedule 4, and using actual health care risk waste.

(f) Parametric monitoring may not be the only method of monitoring undertaken, unless a particular exemption is granted by the competent authority following a motivation, supported by documentation, submitted by the facility.

(2) The results of the regular testing programme must be submitted to the competent authority as a report every 3 months for the period for which the programme is undertaken.

4. Reduced routine testing programme

(1) Once a facility has demonstrated that it is able to meet the criteria required by the regular testing programme provided for in Paragraph 3 above, the competent authority may permit in writing, a reduced frequency of testing. The motivation for such a reduction must be prepared or certified by the responsible person and submitted to the competent authority.

(2) If such permission is granted by the competent authority, the facility must nevertheless continue to demonstrate that it is able to meet the standards of microbial inactivation specified in Paragraph 1(2) of this Schedule 4. Should the facility at any stage not comply with such standards of microbial inactivation, the facility must immediately notify the competent authority in writing. Upon such notification, the competent authority may require the facility to commence a further testing programme in accordance with the performance testing requirements, as specified in Paragraph 2 of this Schedule 4, using actual health care risk waste.

(3) Substitution of some or all of the routine testing programme by parametric monitoring may be permitted by the competent authority, provided that the facility is able to demonstrate that it has the appropriate controls and a quality management system in place.

(4) The results of the reduced routine testing programme must be submitted to the competent authority as a report every 6 (six) months.

SCHEDULE 5

1. **Forms for temporary authorisation in terms of Regulation 12(1); authorisation in terms of Regulation 13(1); and registration in terms of Regulations 14(1), 18(1), 22(1) and 25(1) respectively**

Temporary authorisation form for:
Health care risk waste (HCRW) treatment facilities.

Section A: Details			
Name of Entity:			
Commercial registration number:			
Name of Director:		**Name of alternative contact person:**	
Physical Address:		**Postal Address:**	
Telephone No.		**Facsimile (Fax) No.**	
Section B: Treatment details			
Describe the treatment principle (material flow, use of containers, degree of mechanisation, use of manual handling, treatment technology, types of emissions and effluents and pollution abatement measures			
Does the treatment facility comply with the performance requirements of these Regulations? (Attach documentation)			

I, _____(name), with my signature declare that all information submitted above is correct and accurate and that I am authorized to submit the above information in my capacity as _____ for the said Entity.
Date: _____ Place: _____ Signature: _____

For Official Use only:

Type of Entity	Authorisation No.	Authorisation commencement date	Authorisation expiry date	Application for renewal of authorisation to be submitted on or before
Treatment Facility ☐				

Responsible Official:		**Date:**		**Signature:**	
Other notes:					

Registration form for:
Health care risk waste (HCRW) generators, transporters, transfer stations and treatment facilities.

Section A: All parties registering

Type of Activity (Tick as appropriate)	HCRW Generator		HCRW Transporter		HCRW transfer station		HCRW treatment facility	

Name of Entity:			
Commercial registration number:			
Name of Director:		**Name of alternative contact person:**	
Physical Address:		**Postal Address:**	

Name of Local Government		**Facsimile (Fax) No.**	
Telephone No.		**Email address**	

Section B: Health care risk waste generators only		
Minor Generator ☐ (Less than 10 kg per day) **Major Generator** ☐ (10 kg or more per day) (Tick as appropriate)	Estimated HCRW generation per day (monthly average)	
	Type of on-site HCRW treatment facility (if applicable: Complete Section E)	
	Name of transporter collecting HCRW (if applicable)	
	Name of transfer station used (if applicable)	
	Name of external HCRW treatment facility used (if applicable)	
	Registration no. of transporter collecting HCRW (if applicable)	
	Registration no. of HCRW transfer station used (if applicable)	
	Registration number of HCRW treatment facility used.	
Section C: Health care risk waste transporters only		
Transporter	Type and number of vehicles operated for this service	
	Name of HCRW treatment facility/ies used within Gauteng	
	Registration no. of HCRW treatment facility/ies used within Gauteng	
	Name and province of HCRW treatment facility/ies used outside of Gauteng	
Section D: Health care risk waste transfer stations only		
Transfer Station	Type of transfer	

	Authorised or permitted in terms of the Environment Conservation Act by the competent authority	
	Date authorised	
	Permit / ROD / Registration number	
	HCRW transfer capacity (tonnes/months)	
Section E: Health care risk waste treatment facilities only (Onsite and offsite)		
Treatment Facility	Type of HCRW treatment technology	
	Authorised or permitted in terms of the Environment Conservation Act, 1989 by competent authority	
	Date authorised	
	Permit / ROD / Registration number	
	HCRW treatment capacity (tonnes/months)	

I, _____(name), with my signature declare that all information submitted above is correct and accurate and that I am authorized to submit the above information in my capacity as _____ for the said Entity.
Date: _____ Place: _____ Signature: _____

For Official Use only:

Type of Entity	**Allocated Registration No.**	**Registration Application: Date Received**	**Temporary Waste Information System (WIS) password**	**Permanent Waste Information System (WIS) password**
Minor Generator ☐				
Major Generator ☐				
Transporter ☐				
Transfer Station ☐				
Treatment Facility ☐				

Responsible Official:		**Date:**		**Signature:**	
Other notes:					

Authorisation form for:
Health care risk waste (HCRW) transporters, transfer stations and treatment facilities.

Section A: All parties registering								
Type of Activity (Tick as appropriate)	HCRW Generator		HCRW Transporter		HCRW transfer station		HCRW treatment facility	
Name of Entity:								
Commercial registration number:								

Name of Director:		**Name of alternative contact person:**	
Physical Address:		**Postal Address:**	
Telephone No.		**Facsimile (Fax) No.**	

Section B: HCRW Transporters only

HCRW Collection Vehicle Fleet Details

Vehicle No	Make.	Model	Year	Registration number	Nominal capacity (tonnes)	Lifting tailgate?	Seamless impermeable body?	Spill kit provided?	Driver and Crew	Other details?
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

1										
1										
1										
1										
1										
1										
1										
1										
1										
2										

Provide details on the contents of the spill kit:	
Provide details on driver and crew training:	

Section C: HCRW Transfer Stations only

Describe the transfer principle (material flow, use of containers, degree of mechanisation, use of manual handling, transfer technology, types of emissions and effluents and pollution abatement measures

Does the transfer facility comply with the performance requirements of these Regulations? (Attach documentation)	

Section D: HCRW Treatment Facilities only	
Describe the treatment principle (material flow, use of containers, degree of mechanisation, use of manual handling, treatment technology, types of emissions and effluents and pollution abatement measures	
Does the treatment facility comply with the performance requirements of these Regulations? (Attach documentation)	

I, _____(name), with my signature declare that all information submitted above is correct and accurate and that I am authorized to submit the above information in my capacity as _____ for the said Entity.
Date: _____ Place: _____ Signature: _____

For Official Use only:

Type of Entity	**Authorisation No.**	**Authorisation commencement date**	**Authorisation expiry date**	**Application for renewal of authorisation to be submitted on or before**
Transporter ☐				
Transfer Station ☐				
Treatment Facility ☐				

Responsible Official:		**Date:**		**Signature:**	
Other notes:					

SCHEDULE 6

1. **Local Government Plan in terms of Regulation 17(2)**

(1) Local Government Plans shall, at a minimum, include the following information:

(a) Objectives of the Health Care Risk Waste Management Plan.

(b) A status quo report including:

(i) An assessment of type and number of health care risk waste generators within the jurisdiction of the Local Government including, but not limited to:

- General Practitioners,
- Traditional Healers,
- tattoo artists and body pierces,
- research and educational institutions,
- laboratories,
- pharmaceutical industries,
- medical clinics,
- hospitals,
- veterinary clinics, and
- undertakers;

(ii) an assessment of the total monthly quantities of health care risk waste generated within the jurisdiction of the Local Government;

(iii) a mapping of all current health care risk waste treatment and disposal facilities located in the Local Government's area of jurisdiction; and

(iv) the current status of By - laws and Regulations regarding health care risk waste in the Local Government's area of jurisdiction.

(c) An investigation of the needs and options for health care risk waste management within the Local Government's area of jurisdiction, including:

(i) an assessment of the need for and shortcomings of current health care risk waste service delivery and options for providing or improving on such service;

(ii) an assessment of current collection systems in terms of logistics, affordability, required level and control over service delivery;

(iii) an assessment of "drop-off" systems in terms of logistics, affordability, required level and control over service delivery; and

(iv) an overall assessment detailing the time frame, financing and cost recovery and other operational requirements of the required service delivery system.

(d) Details relating to target setting; the role of health care risk waste generators, Local Government and the private sector respectively; the development or amendment of By - laws or other legislative tools;; details of an Action Plan; and a Consultation Plan for the initial implementation of the Health Care Risk Waste Management Plan.

SCHEDULE 7

1. Content of report to be submitted in terms of Regulation 12(3)

(1) The report must at a minimum include the following:

(a) The name and location of the facility;

(b) The name of the Local Authority in whose area of jurisdiction the facility is located;

(c) Contact person at the facility, including contact details such as telephone number, fax number and email address;

(d) The registration number allocated to the facility in terms of Regulation 25(2), if applicable;

(e) A technical description of the treatment facility including relevant details of the treatment technology used; mass balances; nominal and typical throughputs; type of emissions and environmental impacts to aspects such as the atmosphere, soil, open waters, effluents, quality and disposal of residues; noise; odor; any effects on traffic; impacts on habitats, wildlife and plants, and impacts on community;

(f) Copies of performance test reports in relation to the treatment facility's compliance with the requirements of these Regulations;

(g) Quantities of health care risk waste treated on a monthly basis over the past 12 months, including graphs of the monthly tonnage of health care risk waste for that period;

(h) Reporting of pertinent operational issues including incident reporting.

2. Content of Health Care Waste Management Plan for major generators in terms of Regulation 16(1)

(1) The Health Care Waste Management Plan must at a minimum include the following:

(a) The types of health care services provided by the facility;

(b) The number of beds available at the facility;

(c) The number of out - patients treated at the facility;

(d) Monthly generation rate of health care risk waste and health care general waste at the facility, recorded in the form of tables and graphs;

(e) The name and registration number of the transporter/s utilised by the facility;

(f) The name and registration number of the treatment facility/ies utilised by the health care risk waste generator;

(g) The name and contact details of the CEO of the facility;

(h) The name and contact details of the Health Care Waste Officer of the facility;

(i) The scope and objectives of the Health Care Waste Management Plan, including evaluation of technologies, procedures, and personnel;

(j) The health care waste management system employed including systems used by any third parties operating from the health care facility;

(k) Plan drawing of the facility indicating the routes for internal transport of health care risk waste and the location of the central waste store room(s);

(l) Measures to implement health care waste reduction options into management practices and procedures, including analysis of health care waste streams and individual processes, and opportunities to reduce or eliminate health care waste generation. Such assessments must evaluate data on the types, amount, and hazardous constituents of health care waste generated, the source and reason for the

generation, and potential health care waste reduction and recycling techniques applicable to those health care wastes;

(m) Employee awareness and training programs that involve employees in health care waste reduction planning and implementation to the maximum extent feasible.

3. **Content of Health Care Waste Management Audit Reports in terms of Regulations 16(2), 20(2), 24(3), 27(2) respectively**

(1) The Health Care Waste Management Audit Reports must at a minimum include the following:

(a) The name and location of the operator or facility submitting the report;

(b) Name of Local Authority in whose area of jurisdiction the operator or facility is located;

(c) Contact person for the operator or facility including contact details such as telephone number, fax number and email address of the operator or facility;

(d) The registration number allocated to the operator or facility submitting the report in terms of Regulations 14(3), 18(3), 22(3), 25(2);

(e) An estimate of the quantity of health care waste generated or managed and an estimate of the quantity of health care waste treated, both on site and off site, during the current reporting year including graphs of the monthly tonnage of health care risk waste for that year;

(f) Reporting of pertinent operational issues including:

(i) Incident's which have occurred involving health care risk waste;

(ii) Material changes to the waste management system;

(iii) Replacement of infrastructure related to health care risk waste management;

(iv) Changes to services and/or capacity which may impact on the tonnage of waste generated, transported, stored or treated;

(v) Use and status of waste tracking documents;

(vi) Change of CEO or Health Care risk Waste Officer, if applicable;

(vii) Training undertaken specific to health care risk waste; and

(viii) Changes to external service providers.

(g) A description of factors which have, during the current reporting year, affected health care waste generation and on site or off site health care risk waste treatment.

(h) A statement concerning the availability of the Health CareWaste Management Plan, its latest date of revision and when the next revision is planned for;

(i) *For Generators only:* An assessment of the effect, during the current year, of each health care waste reduction measure implemented upon the generation and the on-site and off-site management of health care waste.

SCHEDULE 8

1. **Tracking document for health care risk waste transporters in terms of Regulation 21(3)**

HEALTH CARE RISK WASTE TRACKING AND COLLECTION DOCUMENT

Date:	/ /
Requisition No:	

Generator Name Address and Registration	**Contact Details**
	Tel:
	Fax:
Registration Number:	Email:

Waste Details	**Disposable Containers (Qty)**	**Total Mass (kg)**	**Reusable Containers (Qty)**	**Total Mass (kg)**
Infectious				
Sharps				
Pathological				
Pharmaceutical				

Item	**Service / Description**		**Qty**	**Item**	**Service / Description**		**Qty**
1.1	lt	Reusable box		4.1	lt	Disposable Sharps	
1.2	lt	Reusable box		4.2	lt	Disposable Sharps	
1.3	lt	Reusable box		4.3	lt	Disposable Sharps	
2.1	lt	Reusable wheelie		5.1	lt	Disposable Specican	
2.2	lt	Reusable wheelie		5.2	lt	Disposable Specican	
2.3	lt	Reusable wheelie		5.3	lt	Disposable Specican	
3.1	lt	Reusable Sharps		6.1	lt	Disposable Box	
3.2	lt	Reusable Sharps		6.2	lt	Disposable Box	
3.3	lt	Reusable Sharps		6.3	lt	Disposable Box	

Note: *Disposable containers placed inside reusable containers are not to be recorded separately.*

Special Instructions

Transporter Name:	*Transporter Registration No:*

GENERATORS CERTIFICATION:	**TRANSPORTERS ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS**
I HEREBY DECLARE THAT THE CONTENTS ARE PROPERLY DESCRIBED, PACKAGED, MARKED AND LABELLED PRIOR TO TRANSPORTATION ACCORDING TO ALL RELEVANT LEGISLATION	I HEREBY DECLARE THAT THE CONTENTS AS DESCRIBED, IS PACKAGED, MARKED AND LABELLED ACCORDING TO ALL RELEVANT LEGISLATION AND IS COLLECTED FOR TRANSPORTATION
Name:	Name: .....
Signature:	Signature: .....
Date: / /	Date: / /

TREATMENT VERIFICATION			
Treatment Facility Name:		***Facility Registration No.***	
Confirmation of Waste Received		**Confirmation of Waste Treated**	
Name:		Name:	
Signature:		Signature:	
Date: / /		Date: / /	

SCHEDULE 9

1. **Minimum requirements for the internal transport and storage of health care risk waste in terms of Regulations 7(3) and 8(7) respectively**

(1) Minimum requirements for internal transport and storage

(a) Collection from point of generation:

(i) Health care risk waste at all major generators shall be collected and removed from wards, departments and similar on a daily basis and brought to a safe

(ii) No health care risk waste may be handled by health care risk waste management staff unless containerised;

(iii) The required personal protective equipment shall be used when handling health care risk waste containers.

(b) Internal transport between point of generation and storage facility:

(i) Where it is reasonably practicable, given the number of containers to be transported, health care risk waste shall be transported on purpose - made trolleys with sufficient storage space and designed to avoid spillage, breakage and other damage;

(ii) Health care risk waste containers shall not be loaded onto transportation trolleys higher than the design level, and unsecured containers that may drop from trolleys may not be loaded onto the trolleys;

(iii) Unless the contents of the trolley are reasonably inaccessible, the trolleys must be locked and may not constitute a risk of contact with infectious agents to others. The trolleys shall not be left unattended when full.

(c) Storage on Site:

(i) All storage facilities at major generators must have sufficient capacity to store up to 8 (eight) days of waste generated at the facility.

2. **Minimum requirements for external collection and off-site transport in terms of Regulation 19(4)**

(1) Duty of care:

Without affecting the application of the duty-of-care principle to the generator, transporters of health care risk waste have a duty of care to ensure that all such waste is treated and disposed of in accordance with the requirements of these Regulations.

(2) Collection from on-site storage area:

(i) health care risk waste shall not be handled by health care risk waste management staff unless containerised;

(ii) health care risk waste storage areas shall be closed and secured on completion of the collection round; and

(iii) no health care risk waste container shall be left unattended.

(c) Loading of health care risk waste containers:

(i) manual handling of health care risk waste containers shall be minimised;

(ii) access to health care risk waste vehicles shall be safe and unobstructed;

(iii) containers shall be secured when loaded; and

(iv) where containers are to be stacked, the maximum allowable stacking height for the particular types of containers shall be adhered to.

(d) Vehicle design:

(i) health care risk waste collection vehicles shall be equipped with spill kits; and

(ii) health care risk waste collection vehicles shall be clearly marked as transporting health care risk waste.

3. **Minimum requirements for health care risk waste disposal in terms of Regulation 10(2)**

(1) Disposal of residues:

(a) The Department of Water Affairs and Forestry's *Minimum Requirements for the Handling, Classification and Disposal of Hazardous Waste* shall be complied with and residues shall be disposed of or landfilled accordingly;

(b) All health care risk waste treatment facilities shall upon request from the competent authority document compliance with these Regulations by use of a combination of independent tests to be approved by the competent authority;

(c) The health care risk waste treatment facility must immediately and in writing notify the competent authority of any non-compliance, indicating the reason for such non-compliance and the plan for avoiding future non-compliance. If permitted disposal facilities cannot be utilised according to the Department of Water Affairs and Forestry's Minimum Requirements, operations must cease and backup treatment measures introduced until such time that compliance can be achieved;

(d) A standard frequency of tests shall be carried out; Provided that in case of three successive past tests demonstrating compliance, the frequency may be reduced to a prescribed minimum frequency.