



RCRA Compliance Inspection Report

IHS Yakama Service Unit

Toppenish, Washington

WAR000200113

November 29, 2022

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Disclaimer

This report is a summary of observations and information gathered from the facility at the time of the inspection. The information provided does not constitute a final decision on compliance with RCRA regulations, nor is it meant to be a comprehensive summary of all activities and processes conducted at the facility.

Section A: Basic Facility and Inspection Information

Facility Information

Handler Name: Indian Health Service (IHS) Yakama Service Unit

Handler ID Number: WAR000200113

Facility Contact/Title: Lt. Adriel Perry, PHS, Facilities Manager

Facility Location Address: 401 Buster Road, Toppenish, Washington 98948

Facility Mailing Address: 401 Buster Road, Toppenish, Washington 98948

Contact Phone Number: (509) 865-1716

Contact Email Address: adriel.perry@ihs.gov

Inspection Information

Inspection Type: RCRA Compliance Evaluation Inspection (CEI)

Inspection Date: November 29, 2022

Arrival Time: 8:50 a.m.

Departure Time: 10:59 a.m.

Inspection Team:

EPA: Jennifer Parker, RCRA Inspector
Jon Jones, RCRA Inspector

Yakama Nation: Terry Ganuelas, Yakama Nation Environmental Management Program
Adrian Komaromy, Yakama Nation Environmental Management Program

Section B: General Facility Information

Owner/Operator Information and Site Location

The Yakama Service Unit facility is owned by the Yakama Nation and operated by IHS. It is located on the Yakama Reservation, in Toppenish, Washington.

Background and Activities

The Yakama Service Unit is an outpatient health center that provides a full range of services, including primary care, dental, laboratory, and pharmacy services. The facility does not provide chemotherapy or radiation services. Information about the services provided and the hours of operation are summarized on the IHS website at:

<https://www.ihs.gov/portland/healthcarefacilities/yakama/>.

Section C: Regulatory Information

Regulatory Status

At the time of the inspection, the facility's Deputy CEO, Commander Adele Davis, PHS, told us that the facility does not generate more than 220 pounds (100 kg) of hazardous waste per month. Based on our observations of waste generation and the amount of waste on site during the inspection, the facility appeared to be a very small quantity generator that was generating less than 220 pounds of hazardous waste during the month of the inspection.

Site Hazardous Waste Information

Wastes generated at the IHS Yakama Service Unit include waste pharmaceuticals, dental amalgam, aerosol cans, batteries, fluorescent lamps and light ballasts, medical waste, and used oil.

Section D: Description of Inspection

Purpose of Inspection

This was a Resource Conservation and Recovery Act (RCRA) inspection. The facility was inspected to ensure compliance with standards for hazardous waste generators (40 C.F.R. Parts 262 through 273), including the standards for management of hazardous waste pharmaceuticals at 40 C.F.R. Part 266 subpart P, and the standards for management of used oil (40 C.F.R. Part 279). The inspection was conducted as part of a Core Program requirement for Fiscal Year 2023.

Inspection Entry and Opening Conference

There was an unannounced inspection. The weather did not affect our ability to conduct the inspection.

We walked in the front door of the facility, and I informed the person at the reception/check-in window that we were there to conduct a hazardous waste inspection. Lt. Perry arrived very quickly and walked us to a conference room in a separate building for the opening discussion. Lt. Perry invited Mr. Joseph Smartlowit, Custodial Supervisor, to join us in the opening discussion.

At 8:50 a.m., Jon Jones and I introduced ourselves, explained that we were there to conduct a RCRA hazardous waste inspection, and presented our inspector credentials. The Yakama Nation Environmental Management Program representatives also introduced themselves.

Lt. Perry introduced himself as the Facilities Director and told us that he has been in the position for six months. He and Mr. Smartlowit then described most of the wastes generated at the facility and how they are managed. However, they noted that although the custodial program manages large quantities of medical waste, it does not manage pharmaceutical wastes, and Lt. Perry committed to invite personnel with direct knowledge of the facility's waste pharmaceutical generation and management to join us later in the inspection.

According to the facility representatives, waste light ballasts and fluorescent lamps are collected in batches at the facility and then taken to Yakima County's small business and household hazardous waste collection facility. They told us further that waste batteries are

collected in the facility's maintenance shop before they are delivered to the county hazardous waste collection facility. We asked about maintenance work done in the shop and we were told that the facility and third-party contractors conduct some appliance work, but no vehicle maintenance is performed at the facility.

Lt. Perry told us that there are two amalgam separators in the mechanical space and a third party recycles the amalgam. He said the facility recently sent off two buckets of amalgam for recycling and shipments are typically made annually unless more frequent shipments are needed when waste amalgam generation happens at a faster rate and the buckets fill up in less than a year.

Lt. Perry also described a project he is working on to clean out the building in phases, including converting to LED lighting. He explained that the previous phases of the project have generated a total of about 300 pounds of waste, including lamps, PCB-containing light ballasts, and batteries that were mostly alkaline. During the next phase of the project, more LED lights will be installed in the next portion of the building to be addressed in this multi-phase project.

Following the opening discussion, Lt. Perry led us through the facility.

Inspection Summary

During the inspection we looked at the facility's processes, in addition to hazardous waste management practices, generation points, and accumulation areas. We looked for wastes that facility representatives had not yet identified or designated as hazardous. We also observed the facility's universal waste and used oil management. Specifically, we inspected the following areas of the facility:

- Maintenance Shop
- Solid Waste Staging Area
- Mechanical Space/HVAC Room
- Dental Clinic
- Pharmacy.

Only those areas in which we observed potential compliance concerns or noted other pertinent issues are discussed in this inspection report.

Inside the maintenance shop, we asked about generation of waste aerosol cans. The maintenance shop personnel told us that they rarely generate more than one waste aerosol can per month but when they are generated, they are thrown away in the maintenance shop trash cans. We offered information that under the federal RCRA program, used aerosol cans can be managed as universal waste in accordance with 40 C.F.R. Part 273.

In the outdoor area near the maintenance shop that the facility personnel referred to as the solid waste staging area or the solid waste container area, the facility was accumulating waste fluorescent lamps, light ballasts, and used oil. We observed that waste fluorescent lamps were sticking out of four open containers in which they were being accumulated (see photos PB290006 and PB290008), and we observed that some of the waste lamps in the open containers were broken (see photos PB290010 and PB290011). Lt. Perry told us the facility will repackage all waste fluorescent lamps before they are taken to Yakima County's waste collection facility. Waste light ballasts had been placed on the concrete pad and on a cart in this area (see photos PB290009 and PB290013). Lt. Perry had previously told us the facility

had generated PCB-containing ballasts during earlier phases of the facility clean out project, but it was not clear if any of these were PCB-containing ballasts.

Inside the fenced portion of the solid waste staging area, there was an unlabeled green 55-gallon drum. Inspector Jones knocked on the sides of it to try to approximate the amount of liquid it held and estimated that it was approximately one-third full of an unknown liquid. Facility personnel told us the green drum contained used oil and it had been in the staging area for a number of years. The drum containing used oil was not marked or labeled with the words "Used Oil."

In the pharmacy, we spoke with Pharmacy Director, Captain Mark Iseri, PHS, and Deputy Chief Pharmacist, Commander Francisco Silva, PHS. We learned from the facility representatives that expired medicines are isolated from other stock and when they have accumulated enough to fill a few totes, facility personnel box the medicines and place return tags on them, then they send them to the reverse distributor, Pharmalogistics, in Libertyville, Illinois. We asked if the clinic has sent any waste pharmaceuticals to the reverse distributor for which it previously did not receive credit. The facility representatives told us they do not think the clinic receives credit for every pharmaceutical they submit for evaluation, but the reverse distributor has not rejected any of their shipments and the clinic has not received any instructions from the reverse distributor that they should never send any of the pharmaceuticals again.

The pharmacy has a MedSafe container in the lobby for patients to deposit pharmaceuticals that were dispensed but can no longer be used. The facility also deposits waste pharmaceuticals generated at the pharmacy in the MedSafe container. The facility representatives told us they have been trying to get one of the black Stericycle containers for accumulation of waste pharmaceuticals generated inside the pharmacy, but they have not been able to get it yet. At the time of the inspection, the pharmacy personnel were collecting spilled pills in pill bottles (see photos PB290017 and PB290018). When full, the pharmacy personnel deposit the pill bottles in the MedSafe container. The bags lining the MedSafe container are eventually shipped out to MedSafe.

We asked Pharmacists Iseri and Silva if the facility determines if any of the waste pharmaceuticals generated in the pharmacy are hazardous waste. The pharmacists told us that this pharmacy does not identify hazardous waste pharmaceuticals or distinguish them from any other waste pharmaceuticals generated at the facility. We informed the pharmacists that RCRA requires making a hazardous waste determination. We also told them that the regulations at 40 C.F.R. Part 266 subpart P define the specific waste management requirements for hazardous waste pharmaceuticals that are based on the total amount of hazardous waste generated per month, and there are a few options for management of hazardous waste pharmaceuticals for facilities that generate a total of less than 220 pounds of hazardous waste per month. We suggested they review the EPA website regarding the hazardous waste pharmaceuticals rule, including the linked compliance assistance information.

Closing Conference

Following the facility walk-through, we returned to the conference room to conduct the closing conference. In addition to the EPA and Yakama Nation Environmental Management Program inspectors, facility representatives who attended the closing conference included Commander Davis, Lt. Perry, and Luis Gunnier, Maintenance Superintendent. We thanked the

facility representatives for their cooperation. We went through the areas of concern identified during the inspection, as described above. We answered their questions and told them that we will complete an inspection report that will be shared with the facility.

The inspection ended at 10:59 a.m.

ATTACHMENT

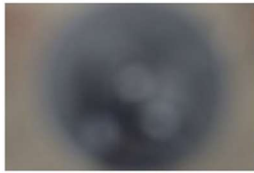
IHS Yakama Service Unit Photo Log

All photographs were taken by Jennifer Parker during the inspection on November 29, 2022, using an Olympus Tough TG-6 digital camera, and are listed in the Photo Log below. None of the photographs have been manipulated in any way.

- PB290001.JPG – Blurry photo looking into trash can in maintenance shop in which waste batteries are accumulated.
- PB290002.JPG – Blurry photo looking into trash can in maintenance shop in which waste batteries are accumulated.
- PB290003.JPG – Looking into trash can in maintenance shop in which waste batteries are accumulated. While looking at these batteries, we were told that the facility generates less than 5 pounds of waste lithium-ion batteries per month.
- PB290004.JPG – Looking into same trash can in maintenance shop shown in photo PB290003.
- PB290005.JPG – One of three boxes of waste fluorescent lamps in the solid waste staging area.
- PB290006.JPG – Three boxes of waste fluorescent lamps in the solid waste staging area.
- PB290007.JPG – Two of the three boxes of waste fluorescent lamps in the solid waste staging area.
- PB290008.JPG – Another container holding waste fluorescent lamps in the solid waste staging area.
- PB290009.JPG – Waste ballasts in the solid waste staging area.
- PB290010.JPG – Looking into the same container shown in photo PB290008.
- PB290011.JPG – Looking into the same container shown in photo PB290008.
- PB290012.JPG – Waste ballasts on cart inside the fenced portion of the solid waste staging area.
- PB290013.JPG – Green drum of used oil inside the fenced portion of the solid waste staging area. The same container of waste lamps shown in photo PB290008 is near the lower left corner of the photo.
- PB290014.JPG – Dental amalgam separators in the mechanical space/HVAC room.
- PB290015.JPG – Same dental amalgam separators shown in photo PB290014.
- PB290016.JPG – Dental clinic personnel opened the waste amalgam bucket. The waste in the bucket includes chair filter traps and amalgam capsules.
- PB290017.JPG – Pill bottle in which pharmacy personnel had collected spilled pills.
- PB290018.JPG – Same pill bottle shown in photo PB290017.



PB290001.JPG



PB290002.JPG



PB290003.JPG



PB290004.JPG



PB290005.JPG



PB290006.JPG



PB290007.JPG



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