

RCRA Inspection Report

1) Inspector and Author of Report

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U.S. Environmental Protection Agency, Region 4
Enforcement and Compliance Assurance Division
Chemical Safety and Land Enforcement Branch
RCRA Enforcement Section
61 Forsyth Street, SW
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2) Facility Information

Veterans Affairs Medical Center
1601 Brenner Avenue
Salisbury, North Carolina 28144

EPA ID#: NC4360031047
NAICS #: 62211 – General Medical and Surgical
Hospitals

3) Responsible Officials

Dan Gerjets
GEMS Program Manager
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4) Inspection Participants

Bradley Pearson, VA Medical Center
Dan Gerjets, VA Medical Center

Rose Pruitt, NCDEQ
Richard Concepción, NCDEQ
Laurie Benton DiGaetano, USEPA

5) Date of Inspection

October 7, 2024 at 9:20 AM

6) Applicable Regulations¹

Resource Conservation and Recovery Act (RCRA) Sections 3002 (42 U.S. Code – Annotated U.S.C.A. 6925 and 6927), and 40 Code of Federal Regulation (C.F.R.) Parts 260 - 270, 273, 278, & 279; and the North Carolina Solid Waste Management Law, N.C.G.S. § § 130A-17 to -28 and 130A-290 to - 310.22, and North Carolina Hazardous Waste Management Rules, 15A NCAC 13A .0101 to .0119.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.13(e)], the generator must meet the applicable independent generator category requirements listed in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.10]. A generator's category also determines which of the provisions of 15A NCAC 13A .0107(a) [40 C.F.R. §§ 262.14, 262.15, 262.16 or 262.17] must be met to obtain an

¹ As the State's authorized hazardous waste program operates in lieu of the federal RCRA program, the citations of those authorized provisions will be to the authorized State program. However, for ease of reference, the federal citations will follow in brackets.

exemption from the storage facility permit, interim status, and operating requirements when accumulating hazardous waste.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)], a generator may accumulate as much as 55 gallons of non-acute hazardous waste in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without a permit or without having interim status, as required by Sections 130A-294(c) and (g) of the NCSWML, N.C.G.S. § 130A-294(c) to (g) [Section 3005 of RCRA, 42 U.S.C. § 6925], and without complying with 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b) or § 262.17(a)], except as required in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(7) and (8)], provided that the generator complies with the satellite accumulation area conditions listed in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15] (hereinafter referred to as the “SAA Permit Exemption”).

Pursuant to 15A NCAC 13A .0102(b) [40 C.F.R. § 260.10], a small quantity generator of hazardous waste (SQG) is a generator who generates greater than 100 kilograms (220 pounds) but less than 1,000 kilograms (2,200 pounds) of non-acute hazardous waste and less than or equal to 1 kilogram (2.2 lbs) of acute hazardous waste in a calendar month.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16)], an SQG may accumulate hazardous waste on-site for 180 days or less without a permit or without having interim status, as required by Sections 130A-294(c) and (g) of the NCSWML, N.C.G.S. § 130A-294(c) to (g) [Section 3005 of RCRA, 42 U.S.C. § 6925], provided that the generator complies with the conditions listed in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16] (hereinafter referred to as the “SQG Permit Exemption”).

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.501(d)(1)], a healthcare facility who manages non-creditable hazardous waste pharmaceuticals and potentially creditable hazardous waste pharmaceuticals that are not destined for a reverse distributor is subject to Sections 266.502 and 266.505 through 266.508 for those materials in lieu of parts 262 through 265.

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.501(d)(2)], a healthcare facility who manages potentially creditable hazardous waste pharmaceuticals that are prescription pharmaceuticals and destined for a reverse distributor is subject to Sections 266.502(a), 266.503, 266.505 through 266.507 for those materials in lieu of parts 262 through 265.

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.506(b)], hazardous waste pharmaceuticals that are also listed on a schedule of controlled substances by the Drug Enforcement Administration (DEA) in 21 C.F.R. Part 1308 are exempt from 40 C.F.R. Parts 262 through 273 provided that, among other conditions, they are destroyed by a method that the DEA has publicly deemed in writing to meet their non-retrievable standard of destruction.

Pursuant to 15A NCAC 13A .0119(a) [40 C.F.R. § 273.9], a small quantity handler of universal waste (SQHUW) is a universal waste handler who does not accumulate 5,000 kilograms or more of universal waste (batteries, pesticides, mercury-containing equipment, lamps, or aerosol cans, calculated collectively) at any time.

7) Purpose of Inspection

The purpose of this inspection was to conduct an unannounced compliance evaluation inspection to determine the Veterans Affairs Medical Center's compliance with the applicable requirements of RCRA and the corresponding North Carolina regulations. This was an EPA lead inspection.

8) Facility Description

The Veterans Affairs (VA) Medical Center primarily operates as a mental health and long-term medical care facility. The facility has occupied the 49-acre tract of land where it is located since 1948, and it currently includes 32 separate buildings. The facility's operations include an onsite pharmacy, diagnostic laboratory, small surgical facility, and an Oncology treatment practice. The VA has approximately 3,000 employees at this location, and the center includes 100 medical treatment beds and 140 long term care beds. The facility is supplied with municipal water and sewer.

Between July 27, 2011, and June 4, 2021, the VA Medical Center notified as a small quantity generator (SQG) of hazardous waste operating at the subject facility under the NAICS Code 62221 for Psychiatric and Substance Abuse Hospitals. Prior to the inspection, the most recent notification, which was submitted on May 30, 2023, identified the facility as a SQG of hazardous waste operating under the NAICS Code 62211 for General Medical and Surgical Hospitals. The notification also indicated that the VA Medical Center is operating under 15A NCAC 13A .0111(g) [40 C.F.R. Part 266, Subpart P] for the management of hazardous waste pharmaceuticals at a healthcare facility, and that the facility may generate hazardous waste with one or more of the following EPA Waste Codes:

D001	Exhibiting the characteristic of Ignitability
D002	Exhibiting the characteristic of corrosivity
D004	Exhibiting the characteristic of toxicity for arsenic
D005	Exhibiting the characteristic of toxicity for barium
D006	Exhibiting the characteristic of toxicity for cadmium
D007	Exhibiting the characteristic of toxicity for chromium
D008	Exhibiting the characteristic of toxicity for lead
D009	Exhibiting the characteristic of toxicity for mercury
F003	Spent non-halogenated xylene, acetone, ethyl acetate, ethyl benzene, ethyl ether, methyl isobutyl ketone, n-butyl alcohol, cyclohexanone, or methanol
P003	Acutely hazardous 2-propenal
P012	Acutely hazardous arsenic trioxide
P046	Acutely hazardous alpha,alpha-dimethylphenethylamine
P075	Acutely hazardous nicotine & salts
P108	Acutely hazardous strychnine & salts

The facility accumulates hazardous waste in designated satellite accumulations areas (SAAs), including forty-five "med-rooms" located throughout the hospital. The hazardous wastes generated on-site primarily include spent laboratory solvents, off-specification or out-of-date

medications, and unused product that remains following patient treatment in the dialysis center. To minimize the disposal of waste medications, the facility has partnered with an outside contractor, Pharmalink, to manage potentially creditable materials for reverse distribution. All unused and waste medication generated from administration of medications is returned to the on-site pharmacy where personnel identify potentially creditable materials and hazardous wastes. Potentially creditable materials are managed in the drug cache until they are picked up for reverse distribution, which occurs once every three months. Hazardous wastes are accumulated in the laboratory SAA. Containers of hazardous waste are transferred from the VA Medical Center's SAAs to the designated central accumulation area (CAA), which is located in a small outbuilding at the facility, before they are shipped off-site.

9) Previous Inspection History

On September 15, 2011, the North Carolina Department of Environmental Quality (NCDEQ) conducted the most recent RCRA CEI at the subject facility following a Compliance Assistance Visit that was conducted on July 21, 2011. No apparent violations of RCRA's requirements were found during that CEI.

10) Opening Conference

On October 7, 2024, EPA inspector Laurie Benton DiGaetano, accompanied by NCDEQ inspectors Rose Pruitt and Richard Concepción, arrived at the VA Medical Center at approximately 9:20 a.m. Bradley Pearson, Occupational Safety and Health Manager, received the inspectors. The inspectors introduced themselves, showed their credentials to Mr. Pearson, and explained the purpose of the visit. During the opening conference, Mr. Pearson phoned Dan Gerjets, Green Environmental Management System (GEMS) Manager, who was not scheduled to work on the day of the inspection.

The inspectors described the anticipated use of equipment (digital camera) during the inspection. The EPA inspector explained that the EPA has resources available for entities that meet the Small Business Regulatory Enforcement Fairness Act's classification of a "small business," which is generally set by the Small Business Administration using the business' SIC/NAICS code and annual receipts or number of employees. A copy of the EPA's information sheet for small businesses can be found at <https://www.epa.gov/sites/production/files/2017-06/documents/smallbusinessinfo.pdf>. The EPA inspector also discussed the facility's ability, pursuant to 40 C.F.R. § 2.203, to assert a business confidentiality claim for information submitted to EPA. The facility did not assert a business confidentiality claim.

The inspection participants discussed health and safety protocols and required personal protective equipment, and the inspectors continued the opening conference with Mr. Gerjets, who arrived at the facility at approximately 10:30 a.m. Mr. Gerjets provided an overview of the facility's history and current operations before leading the inspectors on a tour of the facility operations. Mr. Gerjets noted that the GEMS Manager position had been vacant for approximately three years before he filled the position in December 2022. He noted that an outside contractor is scheduled to complete a full audit of the VA Medical Center's

environmental programs within the next month, and that he has been in contact with the NCDEQ to schedule a Compliance Assistance Visit following that audit.

11) **Inspection Observations**

Microbiology Laboratory SAA:

The VA Medical Center manages a SAA in the Microbiology Laboratory for accumulating hazardous waste gram stain waste, which contains ammonium acetate, ethyl alcohol, isopropyl alcohol, and acetone, that is generated in this area. After adhering bacteria to a microscope slide, laboratory personnel wash the slide with gram stain and the excess stain washes from the slide into an accumulation container at the SAA. The inspectors observed one 2.5-gallon container in this SAA (Photos 1, 2, & 3). The container was closed and labeled with the words "Gram Stain Waste" and with a biohazard pictogram. It was not labeled with the words "Hazardous Waste" or with an indication that the contents are flammable. VA Medical Center personnel estimated that the container is emptied approximately once every two weeks and explained that the GEMS Manager transfers the hazardous waste from this area to the Chemistry / Hematology Laboratory upstairs, where it is placed into a cabinet at the Chemistry / Hematology SAA before it is transferred to the CAA. The laboratory upstairs is neither at or near the point of generation in the Microbiology Laboratory nor under the control of the personnel in the Microbiology Laboratory.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(5)], which is a condition of the SAA Permit Exemption, a generator is required to mark or label its containers with the words "Hazardous Waste" and with an indication of the hazardous of the contents.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)], a generator may accumulate as much as 55 gallons of non-acute hazardous waste in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without a permit or without having interim status, as required by Sections 130A-294(c) and (g) of the NCSWML, N.C.G.S. § 130A-294(c) to (g) [Section 3005 of RCRA, 42 U.S.C. § 6925], and without complying with 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b) or § 262.17(a)], except as required in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(7) and (8)], provided that the generator complies with the SAA Permit Exemption.

Molecular Laboratory:

The inspection participants toured the Molecular Laboratory and observed containers for accumulating biohazardous waste. Personnel stated that no RCRA hazardous waste is generated in this area.

Chemistry / Hematology Laboratory SAA:

The VA Medical Center manages a SAA for accumulating waste alcohols generated in the Chemistry and Hematology areas. The inspectors observed three 1-gallon containers of hazardous waste in a flammable cabinet at this SAA (Photos 4 & 5). Mr. Gerjets stated that the waste in this SAA had been generated since Friday afternoon, when he transferred all the

containers from this SAA to the CAA. Mr. Gerjets also explained that hazardous waste from the Microbiology Laboratory SAA is routinely transferred to this area before it is transferred to the CAA. The Chemistry / Hematology Laboratory is neither at or near the point of generation in the Microbiology Laboratory, nor under the control of the Microbiology Laboratory personnel.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)], a generator may accumulate as much as 55 gallons of non-acute hazardous waste in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without a permit or without having interim status, as required by Sections 130A-294(c) and (g) of the NCSWML, N.C.G.S. § 130A-294(c) to (g) [Section 3005 of RCRA, 42 U.S.C. § 6925], and without complying with 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b) or § 262.17(a)], except as required in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(7) and (8)], provided that the generator complies with the SAA Permit Exemption.

Mr. Gerjets also showed the inspectors a stack of hazardous waste labels, which he explained that he had brought to this area on Friday. Mr. Gerjets explained that he is in the process of training personnel in this area on the hazardous waste labeling requirements for containers in the SAA. Each container observed in this SAA was identified with the word "Waste," but was not labeled with the words "Hazardous Waste." One container was still identified with the original methyl alcohol label, and two were still identified with the original Giemsa Stain labels. Although, the original labels included indications of the hazards associated with the raw material products, the containers were not clearly marked to indicate the hazards associated with the hazardous waste spent materials that were present inside each container.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(5)], which is a condition of the SAA Permit Exemption, a generator is required to mark or label its containers with the words "Hazardous Waste" and with an indication of the hazardous of the contents.

Pathology Laboratory:

The VA Medical Center manages a SAA in the Pathology Laboratory for managing hazardous waste that is generated in this area. The inspectors observed two flammable cabinets in the SAA. Personnel working in this area explained that spent solvents are collected in the 1-gallon containers and then stored in the flammable cabinets, and that additional wastes may also be generated and stored in the cabinets. One cabinet did not contain any waste containers (Photo 6), and the other contained several 1-gallon containers labeled as waste (Photo 7). Three containers were labeled with the words "Hazardous Waste" and marked to identify that the contents are flammable. It appeared that an adequate hazardous waste determination had not been made on the contents of the remaining 1-gallon containers that were labeled "waste," because personnel were not able to identify the contents of those containers.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.11], a person who generates a solid waste, as defined in 15A NCAC 13A .0106 [40 C.F.R. § 261.2], must follow the steps articulated in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.11] to make an accurate determination whether that waste is a hazardous waste in order to ensure wastes are properly managed according to applicable RCRA regulations.

The Pathology Laboratory is also equipped with two stations where formalin is used with sample specimens. Each station includes a laboratory sink beneath a vent hood (Photo 8). One container of clean formalin and one container of dirty formalin are stored beneath each of the two sinks.

Pharmacy:

Brad Smith joined the inspection team in the Pharmacy area. Mr. Smith is responsible for managing the drug cache, and he maintains an inventory list of the medications on-site. The list includes the expiration date for each medication in the system. Using the inventory system, Mr. Smith can identify medications that are reaching expiration on the Pharmacy shelf and prepare them for potential reverse distribution. In addition, Mr. Smith stated that his department performs a monthly audit to identify medications in dispensing devices at the facility that are reaching expiration. VA Medical Center personnel in this department prepare potentially creditable items for reverse distribution, and Mr. Gerjets performs a hazardous waste determination on those items that are not potentially creditable.

Mr. Smith stated that Pharmalink, the reverse distribution company, picks up material for reverse distribution once every three months, and the most recent pick-up occurred on September 24, 2024. Before the scheduled pick-up, VA Medical Center personnel scan each potentially creditable item to create an inventory list for Pharmalink. When Pharmalink personnel arrive at the facility, they scan each item again to create their own inventory list. Pharmalink and VA Medical Center personnel then compare the two lists and create a list of the actual inventory sent for reverse distribution. The day after the pick-up event, Pharmalink sends a list back to the facility that identifies the materials for which the VA Medical Center will receive credit. According to VA Medical Center personnel, Pharmalink handles the disposal of evaluated hazardous waste pharmaceuticals that will not be sent to another reverse distributor for further evaluation or verification of manufacture credit.

If Mr. Smith identifies any medication as non-creditable before the reverse distribution pick-up, he provides that material to Mr. Gerjets. Mr. Gerjets then performs a hazardous waste determination on the material before arranging for its disposal. According to Mr. Gerjets, he recently received a number of medications with October 2024 expiration dates, and he is in the process of performing waste determinations on that material so that he can arrange for its disposal.

The VA Medical Center also manages a SAA for accumulating hazardous waste pharmaceuticals generated in the Pharmacy. Non-acute hazardous waste pharmaceuticals are typically accumulated in 9-gallon or 18-gallon containers, and acute hazardous waste pharmaceuticals are accumulated in 2.5-gallon containers. The inspectors observed one 9-gallon container and one 18-gallon container in the Pharmacy (Photos 9 & 10) and one 18-gallon container in the Storage Closet (Photo 11) for accumulating non-acute hazardous waste pharmaceuticals generated in this SAA. The 9-gallon container was empty, but the 18-gallon containers held hazardous waste pharmaceuticals. Each container was labeled with the words "Hazardous Waste," but they were not labeled with the words "Hazardous Waste Pharmaceuticals." In

addition, the 18-gallon container of hazardous waste pharmaceuticals observed in the Pharmacy was not closed.

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.502(e)], a healthcare facility must label or clearly mark each container of non-creditable hazardous waste pharmaceuticals with the phrase “Hazardous Waste Pharmaceuticals.”

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.502(d)(3)], a healthcare facility must keep containers of non-creditable hazardous waste pharmaceuticals closed and secured in a manner that prevents unauthorized access to its contents.

The inspectors also observed one 2.5-gallon container in the Pharmacy and two 2.5-gallon containers in the storage closet (Photo 11) for accumulating acute hazardous waste pharmaceuticals generated in this SAA. Each container was labeled with the words “Hazardous Waste.” Although, the containers were not labeled with the words “Hazardous Waste Pharmaceuticals,” the 2.5-gallon containers were all empty at the time of the inspection.

In addition to the RCRA hazardous waste accumulation containers, the inspectors observed one red container for accumulating biohazardous waste in the Pharmacy, one red container for accumulating biohazardous waste in the storage closet, and one 55-gallon container for accumulating non-RCRA waste pharmaceuticals in the storage closet.

Vault:

Medications that are classified by the DEA as a controlled substance are managed in the Vault. The inspectors observed one 1-gallon container of Narc-X in this area (Photo 12). Mr. Gerjets explained that the VA Medical Center has recently initiated the use of Narc-X to destroy DEA controlled substances. The Narc-X container arrives partially full to allow room for unused controlled substances to be added into the container. According to Mr. Gerjets, the Narc-X product neutralizes the unused controlled substance within two hours of adding it into the container, and the DEA has approved this method to meet their non-retrievable standard of destruction. The VA Medical Center has not generated any containers of waste Narc-X, and Mr. Gerjets stated that he will enlist the waste broker to assist with making a waste determination on the material when the first container of waste is generated.

Battery Accumulation Area:

Mr. Gerjets explained that used batteries are collected in various locations throughout the facility before they are brought to the CAA for separation and preparation for recycling. The inspection participants observed numerous alkaline batteries inside one of the used battery collection containers at a nurses’ station (Photo 13). The container was open and labeled “materials for recycling.” Note that if the alkaline batteries are managed as universal waste batteries, the container must be labeled with the words “universal waste batteries.”

Medrooms:

The inspection participants toured one of the 45 designated Medrooms to observe how hazardous waste medications are accumulated in all Medrooms throughout the medical center. The VA Medical Center manages one SAA in each Medroom to accumulate hazardous waste medications that are generated in patient rooms and treatment areas. The inspectors observed one 2.5-gallon container and one bottle of Narc-X in this Medroom (Photo 14). In preparation for the accumulation of P-listed waste, the 2.5-gallon container was labeled with the words "Hazardous Waste." Although, the 2.5-gallon container was not labeled with the words "Hazardous Waste Pharmaceuticals," it was empty at the time of the inspection.

Dialysis:

The VA Medical Center uses RenalPure 116, 117, 120, and 124 to treat patients in the Dialysis Area. The product is packaged in one-gallon containers, which are hooked up to the dialysis machine for patient treatment. At the end of the treatment session, medical center personnel must dispose of any product that remains in a used container. Because the product exhibits the hazardous waste characteristic of corrosivity, leftover product is managed as D002 hazardous waste. The VA Medical Center manages a SAA in a corrosive cabinet at the Dialysis Area to accumulate leftover RenalPure (Photo 15). The inspectors observed eight 1-gallon containers of hazardous waste RenalPure in this SAA. The containers were not labeled with the words "Hazardous Waste," and they were not marked with an indication of the hazards of their contents (Photo 16).

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(5)], which is a condition of the SAA Permit Exemption, a generator is required to mark or label its containers with the words "Hazardous Waste" and with an indication of the hazardous of the contents.

Central Accumulation Area (CAA):

The VA Medical Center manages a hazardous waste CAA in an outbuilding on the medical campus. Access to the building is controlled through a locked door, which is positioned in the middle of one long side of the building. Portable secondary containment pallets were positioned along both long exterior walls to the left of the entrance, and along the back exterior wall to the right of the entrance. The building was also equipped with a corrosive storage cabinet across from the entrance door. The CAA is identified with a "no smoking" sign; it is equipped with a fire extinguisher and a spill kit; and personnel working in this area carry two-way radios for emergency communication.

At the far corner on the right side of the building, the inspectors observed one 55-gallon container and twenty-four 1-gallon containers of hazardous waste on secondary containment pallets (Photo 16 & 17). These containers all held hazardous waste that was generated in the Dialysis Area. Each container was labeled with the words "Hazardous Waste", marked with an accumulation start date, and identified with an indication that its contents are corrosive. The 55-gallon container was dated August 22, 2024, and the oldest 1-gallon container was dated July 9, 2024.

At the near corner on the left side of the building, the inspectors observed one 55-gallon container (Photo 18), nine 2.5-gallon plastic bottles, and six boxes of hazardous waste alcohols (Photo 19) on secondary containment pallets. Each of these containers was labeled with the words “Hazardous Waste” and identified with an indication that its contents are flammable. Each plastic bottle was dated January 20, 2024; two cardboard boxes were dated December 20, 2023; and four cardboard boxes were dated January 20, 2024. All of the accumulation start dates were prior to May 11, 2024, which indicates that the containers were stored on-site for more than 180 days. The 55-gallon container was not marked with an accumulation start date.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(d)], which is a condition of the SQG Permit Exemption, a generator who accumulates hazardous waste for more than 180 days is subject to the requirements of 15A NCAC 13A .0101 to .0119 [40 C.F.R. Parts 264, 265, 267, 268, and 270] of this chapter unless it has been granted an extension to the 180-day period.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(6)(i)(C)], which is a condition of the LQG Permit Exemption, a generator is required to mark or label its containers with the date upon which each period of accumulation begins.

At the far corner on the left side of the building, the inspectors observed two 5-gallon buckets, two square cardboard boxes, one 35-gallon container, and five cardboard boxes on secondary containment pallets (Photos 20 and 21). One 5-gallon bucket was labeled as nonRCRA waste; one 5-gallon bucket was labeled with the words “Hazardous Waste”, identified as a flammable liquid, and dated January 3, 2024, which is greater than 180 days before the inspection; each square cardboard box was labeled with the words “Hazardous Waste”, marked with an indication that its contents are corrosive and oxidizing, and dated July 19, 2024; and the 35-gallon container was labeled with the words “Nonhazardous Waste” and dated January 20, 2024. Mr. Gerjets stated that the remaining five cardboard boxes contain expired materials that were brought here from the pharmacy storage area in preparation for the scheduled third-party audit. The cardboard boxes were not labeled with the words “Hazardous Waste Pharmaceuticals.”

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(d)], which is a condition of the SQG Permit Exemption, a generator who accumulates hazardous waste for more than 180 days is subject to the requirements of 15A NCAC 13A .0101 to .0119 [40 C.F.R. Parts 264, 265, 267, 268, and 270] of this chapter unless it has been granted an extension to the 180-day period.

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.502(e)], a healthcare facility must label or clearly mark each container of non-creditable hazardous waste pharmaceuticals with the phrase “Hazardous Waste Pharmaceuticals.”

The inspectors observed a small pile of hazardous waste used lead vests on a secondary containment pallet just inside the door and to the left side of the building (Photo 22). The secondary containment pallet is not a closed container; it was not labeled with the words “Hazardous Waste;” it was not marked with an indication that the lead vests exhibit the hazardous waste characteristic of toxicity; and it was not marked with an accumulation start date.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(2)], which is a condition of the SQG Permit Exemption, a container holding hazardous waste must always be closed during accumulation.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(6)], which is a condition of the SQG Permit Exemption, a small quantity generator must mark or label its containers with the words "Hazardous Waste"; with an indication of the hazards of the contents; and with the date upon which each period of accumulation begins clearly visible for inspection on each container.

Just inside the entrance to this building, the inspection participants observed one yellow container, which was labeled as nonRCRA pharmaceuticals; one 18-gallon container, which was labeled with the words "Hazardous Waste," but was not marked with an indication of the hazards of its contents or with an accumulation start date (Photo 23); and one 18-gallon container, which was labeled with the words "Hazardous Waste," marked with an indication that its contents are corrosive, and dated July 19, 2024 (Photo 24).

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(6)(i)(B) and (C)], which is a condition of the SQG Permit Exemption, a generator is required to mark or label its containers with an indication of the hazards of the contents and with the date upon which each period of accumulation begins.

The inspectors also observed a mobile cart which held three cardboard boxes on the top shelf (Photo 25) and three plastic containers on the bottom shelf. Mr. Gerjets stated that he brought the mobile cart and containers to the CAA on Friday, and that he staged them here for identification and processing. The cardboard boxes on the top shelf contain expired medications, including epinephrine, pralidoxime chloride, and clindamycin (Photos 26 & 27). Unused epinephrine is a commercial chemical product that is identified as an acutely hazardous waste (P042) when it is discarded. Although each of the three containers on the bottom shelf was labeled with the words "Hazardous Waste", the boxes of unused epinephrine were not. None of these containers were marked with an indication of the hazards of its contents or with an accumulation start date.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(6)(i)(B) and (C)], which is a condition of the SQG Permit Exemption, a generator is required to mark or label its containers with an indication of the hazards of the contents and with the date upon which each period of accumulation begins.

Along the wall across from the entrance to this building, the inspectors observed an acid cabinet. Six 1-gallon or less containers of expired and waste cleaning agents and one cardboard box were observed on the top of the cabinet (Photo 28). Two containers of D002 hazardous waste peroxide were not labeled with the words "Hazardous Waste," with an indication of the hazards of the contents, or with an accumulation start date. The cardboard box was labeled hazardous waste pending waste characterization and dated July 19, 2024. It was not marked with an indication of the hazards of its contents.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(6)], which is a condition of the SQG Permit Exemption, a generator is required to mark or label its containers with the words “Hazardous Waste,” with an indication of the hazards of the contents, and with the date upon which each period of accumulation begins.

The inspectors observed approximately twenty containers of waste corrosive liquids, each approximately one gallon or less, stored on the two shelves inside the acid cabinet (Photo 29). Each container appeared to be labeled with the words “Hazardous Waste,” identified with an indication that its contents are corrosive, and marked with an accumulation start date (Photo 30). The inspectors observed at least thirteen containers with accumulation start dates over 180 days old: one container dated November 10, 2023, two containers dated November 12, 2023, one container dated December 6, 2023, one container dated December 15, 2023, three containers dated January 12, 2024, one container dated January 17, 2024, and four containers dated May 3, 2024.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(d)], which is a condition of the SQG Permit Exemption, a generator who accumulates hazardous waste for more than 180 days is subject to the requirements of 15A NCAC 13A .0101 to .0119 [40 C.F.R. Parts 264, 265, 267, 268, and 270] of this chapter unless it has been granted an extension to the 180-day period.

The inspectors observed that less than two feet of aisle space was available to access containers of hazardous waste in the CAA (Photos 16, 17, 20, 25, and 28).

Pursuant to 15A NCAC 13A .0107(a), which is a condition of the SQG Permit Exemption that is more stringent to the SQG Permit Exemption found in 40 C.F.R. § 262.16(b)(8)(v), a small quantity generator must maintain aisle space of at least two feet in a central accumulation area to allow the unobstructed movement of personnel, fire prevention equipment, spill control equipment, and decontamination equipment.

Grounds Area:

The VA Medical Center accumulates used oil in 55-gallon drums and then transferred the used oil into a 1,000-gallon storage tank at the Grounds Area (Photo 31). Personnel estimated that the contents of the tank are sent off-site approximately once per year and stated that it is currently being sent to Heritage. The inspectors observed the used oil tank, which was labeled with the words “used oil.”

Old COVID Building:

At the time of the inspection, the VA Medical Center was managing universal waste in an old COVID Building, which was also full of supplies that had been placed here while the storage building was under renovation. The inspectors observed a large trash bag of used batteries (Photo 32) and a 5-gallon bucket of used lamps (Photo 33). Neither container was closed; the bag of batteries was not labeled; and the bucket of lamps was labeled as universal waste batteries.

Pursuant to 15A NCAC 13A .0119(a) [40 C.F.R. § 273.14(a)], a SQHUW must label or mark universal waste batteries (i.e., each battery), or a container in which the batteries are contained clearly with any one of the following phrases: “universal waste – battery(ies),” or “waste battery(ies),” or “used battery(ies).”

Pursuant to 15A NCAC 13A .0119(a) [40 C.F.R. § 273.13(d)], a SQHUW must contain any lamp in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with the contents of the lamps. Such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions.

Pursuant to 15A NCAC 13A .0119(a) [40 C.F.R. § 273.14(e)], a SQHUW must label or mark each lamp or a container or package in which such lamps are contained clearly with any one of the following phrases: “universal waste – lamp(s),” or “waste lamp(s),” or “used lamp(s)”.

12) Records Review

Waste Manifest and Land Disposal Restriction Records:

According to the records found in the eManifest system, the VA Medical Center initiated two shipments of hazardous waste during calendar year 2021 and two during calendar year 2022. Each shipment included between approximately 250 and 585 pounds of D001, F003 hazardous waste flammable liquids containing xylene and ethanol, and one 2022 shipment also included approximately 1,150 pounds of D001 hazardous waste paint. In calendar year 2023, the eManifest system includes 17 hazardous waste manifest records documenting shipments of approximately 400 lbs of D001, F003 hazardous waste sent to Tradebe Treatment and Recycling, LLC (IND000646943); approximately 1,860 lbs of D001, F003 hazardous waste, 260 lbs of U026, U035, U058, U059, U089, U150, U206 hazardous waste, 90 lbs of U035, U058, U059, U089 hazardous waste, and 5 lbs of P001, P042, P075 acute hazardous waste sent to Tradebe Treatment and Recycling of Tennessee (TND000772186); and approximately 370 lbs of D001 hazardous waste, 60 lbs of D002 hazardous waste, 80 lbs of D001, D002 hazardous waste, 320 lbs of D001, D003 hazardous waste, and 75 lbs of U026, U035, U058, U059, U089, U150, U206 hazardous waste sent to DLD Environmental Services, Inc. (MID092947928).

The eManifest system did not include any hazardous waste manifest records documenting shipments of hazardous waste during calendar year 2024. However, the VA Medical Center provided Hazmat Bills of Lading/Manifest records of shipments of wastes sent from the facility to Heritage Environmental Services (IND093219012). The Hazmat Bills of Lading/Manifest records included the following identifying information about the wastes:

Date	Manifest #	Waste	Volume
04/12/23	3970905-9000	Ethylene glycol and water	1,771 lbs
04/12/23	3970905-9000	Ethylene glycol and water	1,163 lbs
03/25/24	4286996-15119	Non-controlled P-listed pharms Liquid, toxic medicine (warfarin, nicotine)	489 lbs
05/07/24	278800	Used oil	3,870 lbs
08/22/24	4421039-15119	Non-controlled P-listed pharms	7 lbs

		Liquid, toxic medicine (warfarin, nicotine)	
08/22/24	4421039-15119-2	Exempt mixed pharmaceuticals Liquid, flammable, toxic medicine (phenol, methanol)	903 lbs
08/22/24	4421039-9000	Tiger foam compressed gas cylinder (4,4' diphenylmethane diisocyanate, polymethylene polyphenyl isocyanate)	500 lbs
08/22/24	4421039-9000	Flammable fuel/solvent Flammable liquids (ethylbenzene, hexane)	2,400 lbs
08/22/24	4421039-9000	Universal waste mercury devices	4 lbs
08/22/24	4421039-9000	Universal waste 4' lamps	148 lbs
08/22/24	4421039-9000	Universal waste HID/vapor lamps	19 lbs

Some of the wastes that were sent using the Hazmat Bills of Lading/Manifest were hazardous waste and some were hazardous waste pharmaceuticals. Specifically, discarded unused warfarin is listed as P001 acute hazardous waste; discarded unused nicotine is listed as P075 acute hazardous waste; discarded unused phenol is listed as U035 hazardous waste; discarded unused methanol is a D001 hazardous waste exhibiting the characteristic of ignitability; and waste flammable fuel/solvent is, at a minimum, a D001 hazardous waste exhibiting the characteristic of ignitability. In addition, the waste flammable fuel/solvent may also be regulated as a F003 hazardous waste spent solvent, and if the waste ethylene glycol and water exhibited the characteristic of ignitability, it would be regulated as D001 hazardous waste.

Pursuant to 15A NCAC .0107(b) [40 C.F.R. § 262.20(a)], a generator that transports, or offers for transport a hazardous waste for offsite treatment, storage, or disposal must prepare a Manifest (OMB Control number 2050-0039) on EPA Form 8700-22, and, if necessary, EPA Form 8700-22A.

Pursuant to 15A NCAC .0111(g) [40 C.F.R. § 266.508(a)(2)], a healthcare facility must ship non-creditable hazardous waste pharmaceuticals off-site to a designated facility (such as a permitted or interim status treatment, storage, or disposal facility) in compliance with the manifest requirements of 40 C.F.R. Part 262 Subpart B, except that a healthcare facility shipping non-creditable hazardous waste pharmaceuticals must write the word "PHARMS" in Item 13 of EPA Form 8700-22.

Contingency Plan and Quick Reference Guide (QRG):

On October 20, 2024, Dan Gerjets provided the VA Medical Center's Tier 2 Online Submission Report, which indicates that Kyle Baker has been identified as the Facility Emergency Coordinator and that the facility has made arrangements with emergency response entities via the North Carolina Department of Public Safety's EPLAN system.

Training Records:

On October 20, 2024, Dan Gerjets provided the job description for the GEMS Manager, who is responsible for planning, organizing, and implementing the hazardous waste management

program at the facility. The job description included the requisite skill, education, or other qualifications, and the duties assigned to that position. No records were provided to document that specific training related to the management of hazardous waste or to the management of non-creditable hazardous waste pharmaceuticals was completed by the GEMS Manager or any additional employees who handle hazardous waste or non-creditable hazardous waste pharmaceuticals, as appropriate. Furthermore, the GEMS Manager position was vacant for approximately three years prior to Mr. Gerjets assignment to that position.

Pursuant to 15A NCAC .0107(a) [40 C.F.R. § 262.16(b)(9)(iii)], a small quantity generator must ensure that all employees are thoroughly familiar with proper waste handling and emergency procedures, relevant to their responsibilities during normal facility operations and emergencies.

Pursuant to 15A NCAC .0111(g) [40 C.F.R. § 266.502(b)], a healthcare facility must ensure that all personnel that manage non-creditable hazardous waste pharmaceuticals are thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal facility operations and emergencies.

Weekly Inspection Records:

On October 20, 2024, Dan Gerjets provided the available records of weekly inspections of the hazardous waste central accumulation area (CAA) since February 2, 2023. The inspection checklist includes a place to record observations about leaking containers and deterioration of containers caused by corrosion or other factors. The checklist also includes places to record observations about container labels, container closure, accumulation start dates, spill response equipment, and communication device(s). No inspection dates were recorded on the records of four inspections conducted during the month of July 2023, but all remaining records included the date of the inspection. The records all include the signature and initials of the employee conducting the inspections. Although, Mr. Gerjets stated that he conducts inspections of the CAA every week, no records were provided for one week between February 23, 2023, and March 9, 2023; for twenty-one weeks between May 14, 2024, and October 8, 2024; or for any weeks prior to February 2, 2023.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(2)(iv)], which is a condition of the SQG Permit Exemption, a generator must, at least weekly, inspect central accumulation areas looking for leaking containers and for deterioration of containers caused by corrosion or other factors.

13) Closing Conference

The inspectors conducted the exit meeting at 4:00 PM with Joe Laurer, Chief of Engineering, Bradley Pearson, Occupational Safety and Health Manager, and Dan Gerjets, GEMS Manager. During this meeting, the inspectors stated their preliminary conclusions of the inspection, and stated that they would send an email listing all records that will be requested as part of the inspection review.

On October 10, 2024, Laurie Benton DiGaetano sent an email to Dan Gerjets requesting records of waste profiles, waste shipments, weekly inspections, hazardous waste training, and emergency response arrangements. In a series of emails on October 19 and 20, 2024, Dan Gerjets provided the available requested records.

14) Sampling Overview

No sampling was conducted during this CEI.

15) Summary of Observations

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.11], a person who generates a solid waste, as defined in 15A NCAC 13A .0106 [40 C.F.R. § 261.2], must follow the steps articulated in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.11] to make an accurate determination whether that waste is a hazardous waste in order to ensure wastes are properly managed according to applicable RCRA regulations.

It appears that personnel had not made an adequate hazardous waste determination on some 1-gallon containers of "waste" that were observed in the Pathology Laboratory SAA.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)], a generator may accumulate as much as 55 gallons of non-acute hazardous waste in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without a permit or without having interim status, as required by Sections 130A-294(c) and (g) of the NCSWML, N.C.G.S. § 130A-294(c) to (g) [Section 3005 of RCRA, 42 U.S.C. § 6925], and without complying with 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b) or § 262.17(a)], except as required in 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(7) and (8)], provided that the generator complies with the SAA Permit Exemption.

Facility personnel stated that hazardous waste is transferred from the Microbiology Laboratory SAA to the Chemistry / Hematology Laboratory SAA before it is taken to the CAA.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.15(a)(5)], which is a condition of the SAA Permit Exemption, a generator is required to mark or label its containers with the words "Hazardous Waste" and with an indication of the hazardous of the contents.

In the Microbiology Laboratory SAA, the inspectors observed one 2.5-gallon container of hazardous waste gram stain waste that was not labeled with the words "Hazardous Waste" or marked with an indication that the contents are flammable.

In the Chemistry / Hematology SAA, the inspectors observed three 1-gallon containers of hazardous waste that were not labeled with the words "Hazardous Waste" or with a clear indication of the hazards of the contents.

In the Dialysis SAA, the inspectors observed eight 1-gallon containers of hazardous waste RenalPure that were not labeled with the words "Hazardous Waste" or marked with an indication of the hazards of the contents.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(2)], which is a condition of the SQG Permit Exemption, a container holding hazardous waste must always be closed during accumulation.

In the CAA, the inspectors observed a small pile of hazardous waste used lead vests on a secondary containment pallet, which is not a closed container.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(2)(iv)], which is a condition of the SQG Permit Exemption, a generator must, at least weekly, inspect central accumulation areas looking for leaking containers and for deterioration of containers caused by corrosion or other factors.

Although, Mr. Gerjets stated that he conducts inspections of the CAA every week, no records were provided for one week between February 23, 2023, and March 9, 2023; for twenty-one weeks between May 14, 2024, and October 8, 2024; or for any weeks prior to February 2, 2023.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(b)(6)], which is a condition of the SQG Permit Exemption, a small quantity generator must mark or label its containers with the words "Hazardous Waste"; with an indication of the hazards of the contents; and with the date upon which each period of accumulation begins clearly visible for inspection on each container.

In the CAA, the inspectors observed one 55-gallon drum of hazardous waste alcohols that was not marked with the date upon which hazardous waste accumulation began.

In the CAA, the inspectors observed a small pile of D008 hazardous waste used lead vests on a secondary containment pallet, which was not labeled with the words "Hazardous Waste;" not marked with an indication of the hazards of its contents; and not marked with the date upon which the hazardous waste began accumulating.

In the CAA, the inspectors observed one 18-gallon container just inside the building entrance. The container was labeled with the words "Hazardous Waste," but it was not marked with an indication of the hazards of its contents or with the date upon which hazardous waste began accumulating.

In the CAA, the inspectors observed three cardboard boxes of expired medications, including unused epinephrine, on the top shelf of a mobile cart. The cardboard boxes were not labeled with the words "Hazardous Waste", with an indication of the hazards of the contents, or with an accumulation start date.

In the CAA, the inspectors observed three plastic containers on the bottom shelf of a mobile cart. The containers were labeled with the words "Hazardous Waste", but they were not marked with an indication of the hazards of the contents or with an accumulation start date.

In the CAA, the inspectors observed two containers of D002 hazardous waste peroxide on the top of the acid cabinet. The containers were not labeled with the words "Hazardous Waste," with an indication of the hazardous of the contents, or with an accumulation start date.

Pursuant to 15A NCAC 13A .0107(a), which is a condition of the SQG Permit Exemption that is more stringent to the SQG Permit Exemption found in 40 C.F.R. § 262.16(b)(8)(v), a small quantity generator must maintain aisle space of at least two feet in a central accumulation area to allow the unobstructed movement of personnel, fire prevention equipment, spill control equipment, and decontamination equipment.

The inspectors observed that less than two feet of aisle space was available to access containers of hazardous waste in the CAA.

Pursuant to 15A NCAC .0107(a) [40 C.F.R. § 262.16(b)(9)(iii)], a small quantity generator must ensure that all employees are thoroughly familiar with proper waste handling and emergency procedures, relevant to their responsibilities during normal facility operations and emergencies.

No records were provided to document that specific training related to the management of hazardous waste was completed by the GEMS Manager or any additional employees who handle hazardous waste. Furthermore, the GEMS Manager position was vacant for approximately three years prior to Mr. Gerjets assignment to that position.

Pursuant to 15A NCAC 13A .0107(a) [40 C.F.R. § 262.16(d)], which is a condition of the SQG Permit Exemption, a generator who accumulates hazardous waste for more than 180 days is subject to the requirements of 15A NCAC 13A .0101 to .0119 [40 C.F.R. Parts 264, 265, 267, 268, and 270] of this chapter unless it has been granted an extension to the 180-day period.

In the CAA, the inspectors observed nine 2.5-gallon plastic bottles of hazardous waste alcohols dated January 20, 2024; two cardboard boxes of hazardous waste alcohols dated December 20, 2023; four cardboard boxes of hazardous waste alcohols dated January 20, 2023; one 5-gallon bucket of hazardous waste flammable liquid dated January 3, 2024. Each of these containers had been stored on-site greater than 180 days.

In the CAA, the inspectors observed at least thirteen containers of hazardous waste corrosives that had been stored on-site for greater than 180 days. The containers were observed in an acid cabinet. One container was dated November 10, 2023; two containers were dated November 12, 2023; one container was dated December 6, 2023; one container was dated December 15, 2023; three containers were dated January 12, 2024; one container was dated January 17, 2024; and four containers were dated May 3, 2024.

Pursuant to 15A NCAC .0107(b) [40 C.F.R. § 262.20(a)], a generator that transports, or offers for transport a hazardous waste for offsite treatment, storage, or disposal must prepare a Manifest (OMB Control number 2050-0039) on EPA Form 8700-22, and, if necessary, EPA Form 8700-22A.

The VA Medical Center did not prepare a hazardous waste manifest for a shipment of 2,400 lbs of D001 (and possibly F003) hazardous waste flammable fuel/solvent that was sent to Heritage Environmental Services on August 22, 2024.

Pursuant to 15A NCAC .0111(g) [40 C.F.R. § 266.502(b)], a healthcare facility must ensure that all personnel that manage non-creditable hazardous waste pharmaceuticals are thoroughly

familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal facility operations and emergencies.

No records were provided to document that specific training related to the management of non-creditable hazardous waste pharmaceuticals was provided to the GEMS Manager or any additional employees who handle non-creditable hazardous waste pharmaceuticals. Furthermore, the GEMS Manager position was vacant for approximately three years prior to Mr. Gerjets assignment to that position.

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.502(d)(3)], a healthcare facility must keep containers of non-creditable hazardous waste pharmaceuticals closed and secured in a manner that prevents unauthorized access to its contents.

In the Pharmacy, the inspectors observed one 18-gallon container of hazardous waste pharmaceuticals that was not closed.

Pursuant to 15A NCAC 13A .0111(g) [40 C.F.R. § 266.502(e)], a healthcare facility must label or clearly mark each container of non-creditable hazardous waste pharmaceuticals with the phrase “Hazardous Waste Pharmaceuticals.”

The inspectors observed one 18-gallon container of hazardous waste pharmaceuticals in the Storage Closet, one 18-gallon container of hazardous waste pharmaceuticals in the Pharmacy. Each of these containers was labeled with the words “Hazardous Waste,” but they were not labeled with the phrase “Hazardous Waste Pharmaceuticals.”

In the CAA, the inspectors observed five cardboard boxes of expired pharmaceuticals. None of these containers were marked with the phrase “Hazardous Waste Pharmaceuticals.”

Pursuant to 15A NCAC .0111(g) [40 C.F.R. § 266.508(a)(2)], a healthcare facility must ship non-creditable hazardous waste pharmaceuticals off-site to a designated facility (such as a permitted or interim status treatment, storage, or disposal facility) in compliance with the manifest requirements of 40 C.F.R. Part 262 Subpart B, except that a healthcare facility shipping non-creditable hazardous waste pharmaceuticals must write the word “PHARMS” in Item 13 of EPA Form 8700-22.

The VA Medical Center did not prepare a hazardous waste manifest for two shipments of P001 and P075 hazardous waste pharmaceuticals that were sent to Heritage Environmental Services on March 25, 2024, and on August 22, 2024, and for one shipment of U035 hazardous waste pharmaceuticals that was sent to Heritage Environmental Services on August 22, 2024.

Pursuant to 15A NCAC 13A .0119(a) [40 C.F.R. § 273.13(d)], a SQHUW must contain any lamp in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with the contents of the lamps. Such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions.

In the Old COVID Building, the inspectors observed a large trash bag of universal waste batteries and a 5-gallon bucket of universal waste lamps. Neither container was closed.

Pursuant to 15A NCAC 13A .0119(a) [40 C.F.R. § 273.14(a)], a SQHUW must label or mark universal waste batteries (i.e., each battery), or a container in which the batteries are contained clearly with any one of the following phrases: “universal waste – battery(ies),” or “waste battery(ies),” or “used battery(ies).”

In the Old COVID Building, the inspectors observed a large trash bag of universal waste batteries. The bag was not labeled.

Pursuant to 15A NCAC 13A .0119(a) [40 C.F.R. § 273.14(e)], a SQHUW must label or mark each lamp or a container or package in which such lamps are contained clearly with any one of the following phrases: “universal waste – lamp(s),” or “waste lamp(s),” or “used lamp(s).”

In the Old COVID Building, the inspectors observed a 5-gallon bucket of universal waste lamps. The bucket was labeled with the phrase “universal waste batteries.”

16) **List of Attachments**

Attachment 1 – Photo Log

17) **Signed**

LAURIE DIGAETANO Digitally signed by LAURIE DIGAETANO
Date: 2024.12.06 12:10:17 -05'00'

Laurie Benton DiGaetano
Environmental Engineer

18) **Concurrence**

BROOKE YORK Digitally signed by BROOKE YORK
Date: 2024.12.06 14:49:15 -05'00'

Brooke York
Acting Chief
RCRA Enforcement Section

Attachment 1 – Photo Log

33 Photos taken on: October 7, 2024

Photos taken by: Laurie Benton DiGaetano

Photos taken with: Panasonic DMC TS-5

EPA Property Tag: S09533



Photo 1: 2.5-gallon container accumulating gram stain hazardous waste in the Microbiology Laboratory SAA. The container is not labeled with the words "Hazardous Waste".



Photo 2: Label on 2.5-gallon container of gram stain hazardous waste in the Microbiology Laboratory SAA. The label indicates that the gram stain waste contains ammonium acetate, ethyl alcohol, isopropyl alcohol and acetone.



Photo 3: 2.5-gallon container accumulating gram stain hazardous waste in the Microbiology Laboratory SAA. The container is marked to indicate that the contents pose a biological hazard, but it is not marked to indicate that the contents are flammable.



Photo 4: Two of three 1-gallon containers accumulating hazardous waste alcohols in the Chemistry / Hematology Laboratory SAA. Each container was labeled with the word “waste” and identified with the indication of hazards on the original labels, but they were not labeled with the words "Hazardous Waste".

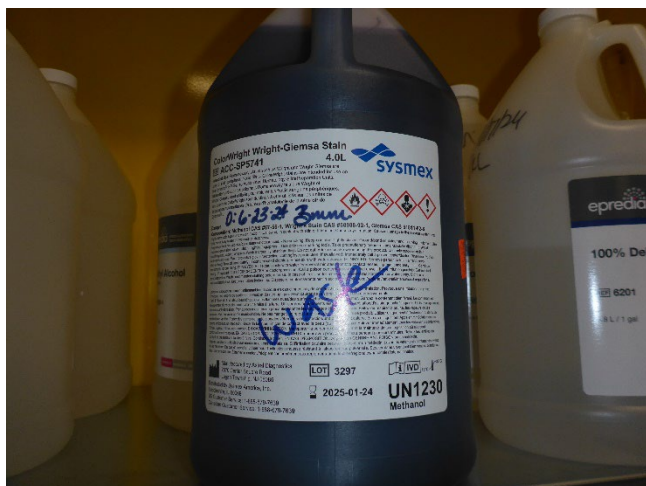


Photo 5: The third 1-gallon container accumulating hazardous waste alcohols in the Chemistry / Hematology Laboratory SAA. The container was labeled with the word “waste” and identified with the indication of hazards on the original label, but it was not labeled with the words "Hazardous Waste".



Photo 6: The first of two flammable cabinets used to hold containers of hazardous waste accumulated in the Pathology SAA. No waste containers present in this cabinet at the time of the inspection.



Photo 7: The second of two flammable cabinets used to hold containers of hazardous waste accumulated in the Pathology SAA. The inspectors observed several 1-gallon containers labeled waste in this cabinet. Three containers were labeled as hazardous waste and marked to indicate that its contents are flammable.



Photo 8: One of two stations where formalin is used with specimens at a vented laboratory sink. The inspectors observed one container of clean formalin and one container of dirty formalin in the cabinet beneath the sink.



Photo 9: One trash can, one red medical waste container, one 18-gallon hazardous waste container, and one 9-gallon hazardous waste container in the Pharmacy. The hazardous waste containers accumulate hazardous waste pharmaceuticals generated in the Pharmacy SAA. The 9-gallon container was empty. The 18-gallon container was open.



Photo 10: The 18-gallon container was labeled with the words "Hazardous Waste", but it was not marked with an indication of the hazards of its contents.



Photo 11: One red medical waste container, one 18-gallon hazardous waste container, and two 2.5-gallon hazardous waste containers in the storage closet. The hazardous waste containers accumulate hazardous waste pharmaceuticals generated in the Pharmacy SAA.



Photo 12: One 1-gallon container of NarcX used to neutralize DEA controlled substances in the vault area.



Photo 13: 5-gallon bucket at a nurses' station for accumulating used batteries.

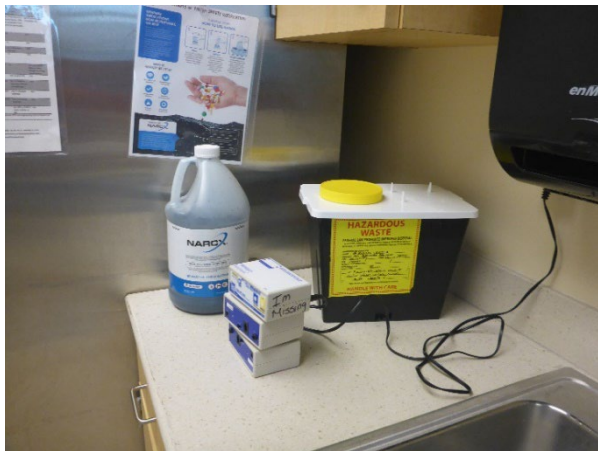


Photo 14: One 1-gallon bottle of NarcX and one 2.5-gallon container for accumulating acutely hazardous waste in a Medroom. The 2.5-gallon container was labeled with the words "Hazardous Waste". Although it was not marked with an indication of hazards of its contents in preparation for use, the 2.5-gallon container was empty.



Photo 15: Corrosive cabinet in the Dialysis area to hold 1-gallon containers of leftover product, which is characterized as D002 hazardous waste.



Photo 15: Label on one container of D002 hazardous waste leftover Dialysis product. The container was not labeled with the words "Hazardous Waste" or with an indication of the hazards of its contents.



Photo 16: One 55-gallon container and twenty-four 1-gallon containers of D002 hazardous waste leftover dialysis product observed in the far corner on the right side of the CAA building.



Photo 17: Twenty-four 1-gallon containers of D002 hazardous waste leftover dialysis product observed in the far corner on the right side of the CAA building.



Photo 18: One 55-gallon container of hazardous waste alcohols observed on the near corner on the left side of the CAA building.



Photo 19: nine 2.5-gallon plastic bottles and six boxes of hazardous waste alcohols observed on the near corner on the left side of the CAA building.

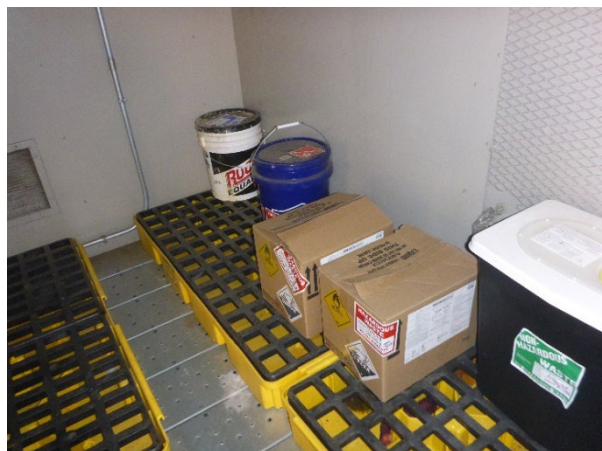


Photo 20: Two 5-gallon buckets, two square cardboard boxes, and one 35-gallon container at the far corner on the left side of the CAA.



Photo 21: One 35-gallon container and five cardboard boxes at the far corner on the left side of the CAA.



Photo 22: Pile of used lead vests on a secondary containment pallet just inside the door and to the left of the CAA.



Photo 23: One 18-gallon container just inside the entrance to the CAA. The container was labeled with the words "Hazardous Waste", but it was not marked with an indication of the hazards of its contents.



Photo 24: One 18-gallon container just inside the door to the CAA. The container was labeled with the words "Hazardous Waste", marked with an indication that its contents are corrosive, and dated July 19, 2024.



Photo 25: Three cardboard boxes on the top of a mobile cart just inside the CAA.



Photo 26: Boxes of epinephrine and pralidoxime chloride found inside boxes on the top of a mobile cart just inside the CAA.



Photo 27: Box of clindamycin found on the top of a mobile cart just inside the CAA.



Photo 28: Six 1-gallon or less containers of expired and waste cleaning agents and one cardboard box observed on the top of an acid cabinet located along the wall across from the entrance to the CAA.



Photo 29: Two shelves holding containers of waste corrosive liquids. Each container appeared to be labeled with the words "Hazardous Waste", identified with an indication that its contents are corrosive, and marked with an accumulation start date.



Photo 30: Containers of waste corrosive liquids inside the acid cabinet at the CAA. Each container appeared to be labeled with the words "Hazardous Waste", identified with an indication that its contents are corrosive, and marked with an accumulation start date.



Photo 31: 1,000-gallon tank of used oil in the Grounds Area.



Photo 32: Bag of used batteries in the Old COVID Building.



Photo 33: 5-gallon bucket of universal waste lamps in the Old COVID Building. The bucket was not closed, and it was labeled with the words “universal waste – batteries”.