

## **RCRA Inspection Report**

### **1) Inspector and Author of Report**

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### **2) Facility Information**

University of Florida (UF)  
3076 Longleaf Road  
Gainesville, Florida 32611  
Alachua County

EPA ID#: FLD000823393  
NAICS #: 611310 - Colleges, Universities, and  
Professional Schools

### **3) Responsible Officials**

Matthew Doty  
Hazardous Material Program Manager  
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### **4) Inspection Participants**

Matthew Doty, UF  
Steven Ladendorf, UF  
Mark Albrecht, UF  
Shailendra Singh, UF  
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Ben Johnson, UF  
Dr. Megan Eide, UF  
Emily Jolly, UF  
Lindsey Stone, UF  
Lindsey Vail, UF  
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Brittany Russ, UF  
Dr. Subhashinie Kariyawasam, UF  
Mark Albrecht, UF  
Josh Dyess, UF

Bonnie Bradshaw, FDEP  
Alan Newman, USEPA

### **5) Date of Inspection**

January 23, 2024; 8:30 a.m. – 5:00 p.m. and January 24, 2024, 8:15 a.m. – 4:00 p.m.

## 6) Applicable Regulations<sup>1</sup>

Subtitle C of the Resource Conservation and Recovery Act (RCRA) (42 U.S.C. §§ 6921 – 6939g), the Chapter 403 of the Florida Statutes (Fla. Stat.), Fla. Stat. §§ 403.702 *et seq.*; 40 Code of Federal Regulation (C.F.R.), Parts 260 - 270, 273 & 279, and Rule 62-730 *et seq.* of the Fla. Admin. Code Ann.

Pursuant to Fla. Admin. Code Ann. r. 62-730.020(1) [40 C.F.R. § 262.10], a Large Quantity Generator (LQG) is a generator who generates greater than or equal to 1,000 kilograms (2200 lbs) of non-acute hazardous waste in a calendar month.

Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.17], a LQG may accumulate hazardous waste on-site for 90 days or less without a permit or without having interim status, as required by Section 403.722 of the Florida Statutes, Fla. Stat. § 403.722 [Section 3005 of RCRA, 42 U.S.C. § 6925], provided that the generator complies with the conditions listed in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.17] (hereinafter referred to as the “LQG Permit Exemption”).

Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 the 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 Fla. Admin. Code Ann. r. 62-730.160(1) [Section 3005 of RCRA, 42 U.S.C. § 6925], and without complying with Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.16(b) or §262.17(a)], except as required in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.15(a)(7) and (8)], provided that the generator complies with the satellite accumulation area conditions listed in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.15(a)] (hereinafter referred to as the “SAA Permit Exemption”).

Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [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, or lamps, calculated collectively) at any time.

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; Chapter 403 of the Florida Statutes, Fla. Stat. § 403.702 *et seq.*, and rules 62.710.210 -.901, and 62-730 *et seq.* of the Florida Administrative Code Annotated (Fla. Admin. Code Ann.); and Hazardous Waste Permit 17756-HO-006.

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<sup>1</sup> 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.

**7) Purpose of Inspection**

The purpose of this inspection was to conduct an unannounced compliance evaluation inspection to determine UF's compliance with the conditions of its RCRA Hazardous Waste Facility Operation Permit and Corrective Action Permit 17756-006-HO and the applicable requirements of RCRA and the corresponding Florida Department of Environmental Protection (FDEP) regulations. This inspection was conducted jointly with a representative of FDEP.

**8) Facility Description**

The University of Florida is a state-supported, public, land-grant research university located in Gainesville, Florida. The property is owned by the State University system and consists of approximately 1,900 acres (main campus). The UF operates approximately 2,700 teaching and research laboratories distributed through approximately 132 buildings and 20 colleges. The University covers all areas of engineering, biomedical, genetic, nuclear, medical, agricultural, and natural science research studies. Each laboratory is a potential satellite accumulation area (SAA) for hazardous waste generated within the laboratory. The UF operations also include several support services such as maintenance, grounds, motor pool and an athletic department. The UF also provides all areas of liberal and performing arts studies. The UF was founded in 1858 and has been operating at its present location since September 26, 1906. UF now serves over 55,000 students.

The most recent notification of regulated waste activity (FDEP Form 8700-12FL) was dated January 22, 2024. UF is a large quantity generator (LQG) of hazardous waste, a hazardous waste pharmaceutical healthcare facility, a mixed waste generator, a transporter of hazardous waste, a small quantity generator of universal waste, and a generator of used oil. On March 27, 2019, UF was issued FDEP Permit Number 17756-HO-006 for container storage of hazardous waste and site-wide Hazardous and Solid Waste Amendments (HSWA) Corrective Action. The expiration date of this permit is April 5, 2024.

**9) Previous Inspection History**

FDEP and EPA have conducted annual RCRA CEIs at the subject facility between at least the last 5 years and found nineteen violations during those inspections.

On March 9, 2023, FDEP/EPA conducted the most recent RCRA CEI at the subject facility and found five apparent violations of RCRA's requirements for failing to close a SAA container of hazardous waste, failure to label SAA container with an indication of the hazard, failure to label universal waste mercury containing equipment, failure to maintain a copy of the contingency plan, and failure to label CAA container with an indication of the hazard. As a result, FDEP issued a compliance assistance offer to UF on July 5, 2023, and later verified that the facility had returned to compliance on August 3, 2023.

**10) Opening Conference**

On January 23, 2024, EPA inspector Alan Newman, accompanied by FDEP inspector Bonnie Bradshaw, arrived at University of Florida at approximately 8:15 a.m. Matt Doty, Hazardous

Materials Program Manager, immediately received the inspectors, and the inspectors were joined by Steven Ladendorf and Artiom Chacon, for the opening conference. The inspectors introduced themselves, showed their credentials to Matt Doty, Steven Ladendorf, and Artiom Chacon, and explained the purpose of the visit.

The inspectors described the anticipated use of equipment (digital camera) during the inspection and provided a request for records. The EPA inspector explained that the Small Business Regulatory Enforcement Fairness Act's classification of a "small business" 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 company's ability, pursuant to 40 C.F.R. § 2.203, to assert a business confidentiality claim for information submitted to EPA. The company did not assert a business confidentiality claim.

Matt Doty provided an overview of the facility's history and current operations during the opening conference. The inspection participants also discussed health and safety protocols and required personal protective equipment before UF representatives led the inspectors on a tour of the facility operations.

#### 11) **Inspection Observations**

The inspection team toured the following areas:

| Building                                                                                            | Rooms/Laboratories/Work Areas                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Permitted treatment, storage and disposal facility (TSDF)/central accumulation area (Building 831); | <ul style="list-style-type: none"> <li>Phase I and Phase II</li> </ul>                                                                                                                                                                              |
| Veterinary Clinical Sciences Building (Building 215)                                                | <ul style="list-style-type: none"> <li>Veterinarian Pharmacy (Room xxx),</li> <li>Clinical Pathology Laboratory (Room VS-48),</li> <li>Histology Laboratory (Room VS-49), and</li> <li>Intensive Care Unit (Room xxx)</li> </ul>                    |
| Veterinary Academic Building (Building 1017)                                                        | <ul style="list-style-type: none"> <li>Laboratory V2-213/215,</li> <li>Laboratory V2-228, and</li> <li>Laboratory B2-240</li> </ul>                                                                                                                 |
| Building Maintenance and Operations Engineering Building (Building 702):                            | <ul style="list-style-type: none"> <li>HVAC and Campus Steam Shop (Room 140),</li> <li>Plumbing and Fire Systems Shop (Rooms 146/150),</li> <li>Paint Shop (Room 112),</li> <li>Roofing/Metal Fabrication/Carpentry Shop (Room 120), and</li> </ul> |

|                                                           |                                                                                                                                                                                                                                         |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                           | <ul style="list-style-type: none"> <li>• Electrical Shop</li> </ul>                                                                                                                                                                     |
| Groundskeeping Equipment Maintenance Shop (Building 704); |                                                                                                                                                                                                                                         |
| Sisler Hall (Building 168)                                | <ul style="list-style-type: none"> <li>• Stock Room (Room A126),</li> <li>• Maintenance Shop (Room A127),</li> <li>• Laboratory A105/109,</li> <li>• Laboratory A112,</li> <li>• Laboratory A309,</li> <li>• Laboratory A312</li> </ul> |

#### Building 831 Permitted Treatment, Storage and Disposal Facility

UF's TSDF is divided into two phases (I and II) and further subdivided into nine areas. Phase I includes areas 1-5 and Phase II includes areas 6-9. The permit limits the hazardous waste codes for the waste stored in the TSDF to D001 through D043, F001 through F005, F019, F022, F027 and numerous U and P listed hazardous wastes. The permit limits the container size for storage of hazardous waste to 1, 2, 5, 12, 30 and 55-gallon containers. The TSDF is a metal and concrete building that is equipped with a fire suppression system, fire extinguishers, and shower/eyewash stations. UF employs nine workers to pick up waste containers from across the UF campus and transport them back to Building 831 for bulking, lab packing, or otherwise manage the hazardous waste prior to shipment off site. UF does not dispose of hazardous waste on site.

#### Phase I – Chemical Hazardous Waste:

UF receives non-radioactive chemical waste and universal waste in Areas 1, 2a, 3, and 4. On the day of the inspection, these areas were managed as central accumulation areas (CAAs). On the day of the inspection Areas 2b and 5 were managed as permitted hazardous waste areas. Each area is separated by a secondary containment berm and constructed on reinforced concrete slab with a chemical resistant coating.

The inspection team noted that all containers were in good condition, stored for less than a year, and closed. The cumulative number of containers and the quantity of waste in the Phase I storage areas did not exceed the permitted limits.

#### Area 2b

UF labels each container with the accumulation start date (ASD) and the date the waste is moved from the CAA to the permitted storage area (storage date). The inspection team noted that there were two containers in Area 2b whose dates indicated that they were in the CAA for longer than 90 days. One 30-gallon fiber D001/D007/D008/D011/D022 hazardous waste that was marked with an ASD of June 28, 2023, and a storage date of September 29, 2023 (94 days) (Photographs 1-2). The second container was a 5-gallon container D001 hazardous waste that

was marked with an ASD of August 17, 2023, and a storage date of November 17, 2023 (93 days) (Photographs 3-4).

#### Area 5

Area 5 is used to store reactive and flammable hazardous waste. Similarly, there were two containers in Area 5 whose dates indicated that they were in the CAA for longer than 90 days. One 5-gallon container of D002/D003 hazardous waste (Photographs 5-6) and one 5-gallon container of D001/D003 hazardous waste (Photographs 7-8) that were marked with an accumulation start date of June 21, 2023, and a storage date of September 22, 2023. These markings indicated that the waste had accumulated for 94 days before being placed into storage.

#### Area 1

In Area 1, a CAA, the inspection team noted one 30-gallon fiber container of Picric Acid that was marked with an indication of the hazard as an oxidizer but not as corrosive (Photograph 9). It was also noted that one container of chemotherapy hazardous waste pharmaceuticals was dated December 23, 2023, but not labeled as "Hazardous Waste Pharmaceuticals". Facility personnel corrected these labeling errors on the day of the inspection.

The inspection team noted that there were two 5-gallon plastic containers of amalgam and mercury debris (toxic) hazardous waste were dated October 23, 2023, therefore had been accumulated for greater than 90 days (92 days) (Photographs 10-11).

The inspection team noted multiple containers of universal waste in storage at this location that were in good condition, closed, labeled, and the oldest accumulations start date was May 23, 2023.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.17(a)], conditions for exemption for a large quantity generator that accumulates hazardous waste, a large quantity generator may accumulate hazardous waste on site without a permit or interim status, and without complying with the requirements of parts 124, 264 through 267, and 270 of this chapter, or the notification requirements of section 3010 of RCRA for treatment, storage, and disposal facilities, provided that all of the following conditions for exemption are met: (a) Accumulation: a large quantity generator accumulates hazardous waste on site for no more than 90 days, unless in compliance with the accumulation time limit extension or F006 accumulation conditions for exemption in paragraphs (b) through (e) of this section.**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.17(a)(5)(i)(B)], which is a condition of the SAA Permit Exemption, a generator is required to mark or label its containers (B) with an indication of the hazards of the contents.**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. § 266.502(e)], standards for healthcare facilities managing non-creditable hazardous waste pharmaceuticals: (e) Labeling containers used to accumulate non-creditable hazardous waste pharmaceuticals at healthcare facilities. A healthcare facility must label or clearly mark each container of non-**

**credible hazardous waste pharmaceuticals with the phrase “Hazardous Waste Pharmaceuticals.”**

#### Phase II: Radiological Storage Areas

The Phase II Area is used for the management of radioactive and radioactive mixed wastes. UF constructed this area with four storage areas separated by containment berms. The four areas include: Area 6 for solely radioactive wastes, Area 7 for mixed poisons, Area 8 for mixed corrosives, and Area 9 for mixed flammables (Photographs 12-16). Containers in Area 8 are regularly neutralized then placed into Area 6 for storage. UF was not storing any RCRA regulated waste in Area 6 and Area 7 was not storing wastes on the day of the inspection. The containers in Area 6 are stored together and UF allows the radioactive waste to decay for 20 half-lives before shipping out. Area 8 had one 5-gallon and two 3-gallon containers that were labeled, in good condition, and closed. UF was storing one 55-gallon and one 5-gallon containers of hazardous waste in Area 9 (Photograph 14). The 55-gallon container was closed, in good condition, marked as flammable and toxic, and with an accumulation start date of February 2, 2023; facility personnel stated that this container is scheduled to be shipped prior to the year deadline. The 5-gallon container was closed in good condition, marked with an accumulation start date of October 2, 2023, but was not marked with the indication of the hazard. The inspection team noted that the secondary containment in Phase II was peeling. Facility personnel documented that this secondary containment coating was repaired subsequent to the inspection.

**Pursuant to Permit number 17756-HO-006, Permit condition I.24.c [40 C.F.R. § 268(a)(2)(i)(C)], the following conditions apply to land disposal (placement) of hazardous wastes: (c) The storage of hazardous wastes restricted from land disposal in 40 CFR Part 268 is prohibited unless the requirements of 40 CFR Part 268 Subpart E are met, which includes each container is clearly marked to identify its contents and with: an indication of the hazards of the contents (examples include, but are not limited to, the applicable hazardous waste characteristic(s) (*i.e.*, ignitable, corrosive, reactive, toxic); hazard communication consistent with the Department of Transportation requirements at 49 CFR part 172 subpart E (labeling) or subpart F (placarding); a hazard statement or pictogram consistent with the Occupational Safety and Health Administration Hazard Communication Standard at 29 CFR 1910.1200; or a chemical hazard label consistent with the National Fire Protection Association code 704).**

**Pursuant to Permit Condition I.2: This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**

**Pursuant to Permit Application Condition II.B.1.b.(1)(b), (Part II - Page B-5): The Phase II containment area base is constructed of a 6-inch reinforced concrete slab on grade. The base is made free of cracks or gaps and is sufficiently impervious to contain leaks and spills until the material can be detected and removed as required in 40 CFR 264.175(b)(1). The concrete floor is finished with a chemical-resistant epoxy coating system to provide a completely sealed secondary containment structure.**

### The Compound (pole barn)

The Compound was the original UF permitted storage area (Photograph 17). UF currently uses this area for storage of used oil, used oil filters, universal waste, and storage of waste in a CAA for elementary neutralization prior to disposal. UF was storing four lead acid batteries in a plastic clamshell which was closed and labeled (Photograph 18). The oldest date on a battery was September 1, 2023. In addition to containers storing used oil, UF stores used oil in an above ground double walled tank (Photograph 19). The tank was in good condition and labeled. UF's EH&S personnel processes incoming inorganic and organic acid and base wastes generated on campus by neutralizing and discharging the treated waste into the onsite wastewater treatment plant (Photograph 20). All wastes being stored at The Compound were closed, labeled, in good condition and marked with an accumulation start date.

### Fencing/Security:

The fences around the building were free of vegetation, rust free, and in good condition. Signage posted on the fence included signs which read "Danger Unauthorized personnel Keep out," "Positively no smoking or open lights permitted", and "Restricted Area Authorized personnel only" (Photographs 21-22). The inspection team recommends that signs be inspected and ensure that signage is visible from approach from any direction.

### Veterinary Clinical Sciences Building 215

The inspection team toured the Veterinary Clinical Sciences Building Pharmacy (Pharmacy) (Building 215 Room VH-70) and Intensive Care Unit (ICU) (Building 215 Room VH-160). The facility was managing hazardous waste pharmaceuticals under 40 CFR 262 at the time of inspection. These wastes are regulated under 40 CFR 266 Subpart P.

In the pharmacy, facility personnel stated that some hazardous waste pharmaceuticals are co-accumulated in red bags with biomedical waste located in a small closet (Room VH-70E) which is utilized for multi-stream waste collection (universal waste, biomedical waste, hazardous waste Pharmaceuticals, non-hazardous waste pharmaceuticals, isopropyl alcohol, and DEA waste) (Photographs 23-27). The red bags are shipped off as non-hazardous waste. There was one 5-gallon container used to accumulate non-hazardous waste pharmaceuticals labeled as "Unregulated Pharmaceutical Waste" (Photograph 25). This waste is managed by the EHS department.

In the Pharmacy and the ICU, facility personnel stated that controlled hazardous waste pharmaceuticals as well as non-controlled substances that have been partially dispensed are placed into a sequestration container (Rx Destroyer) and once full these containers are placed in the general trash at the university. Rx Destroyers are used at both the pharmacy and the intensive care unit (Photograph 23-26). It was not clear if hazardous waste pharmaceuticals may be disposed of in the containers. It was not clear to the inspection team that UF conducted a waste determination for the Rx destroyer waste stream. Because combustion is required for the conditional exemption from 40 CFR Part 266 Subpart P, sequestration devices containing exempt controlled substances must be sent for incineration. Sequestration devices used to accumulate hazardous waste that do not meet the requirements of the conditional exemption under 40 CFR 266.506 should be managed as under Subpart P.

The inspection team noted two spent universal waste lamps that were being accumulated in a plastic container leaning against the wall of room. These lamps were not in a container to prevent breakage, were not labeled, and UF staff were not tracking the length of time these lamps had been accumulated in this area. Subsequent to the inspection the UF electricians determined that these lamps were not spent.

**Pursuant to Fla. Admin. Code Ann. R. 62-730.181(1) [40 C.F.R. 266.502(c)], a healthcare facility that generates a solid waste that is a non-creditable pharmaceutical must determine whether that pharmaceutical is a hazardous waste pharmaceutical (*i.e.*, it exhibits a characteristic identified in 40 CFR part 261 subpart C or is listed in 40 CFR part 261 subpart D) in order to determine whether the waste is subject to this subpart. A healthcare facility may choose to manage its non-hazardous waste pharmaceuticals as non-creditable hazardous waste pharmaceuticals under this subpart.**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. 266.508(a)(2)], a healthcare facility must ship non-creditable hazardous waste pharmaceuticals and a reverse distributor must ship evaluated hazardous waste pharmaceuticals off-site to a designated facility (such as a permitted or interim status treatment, storage, or disposal facility) in compliance with: (2) the manifest requirements of 40 CFR part 262 subpart B.**

#### Pharmacy - Room VH-71C

UF prepares chemotherapy drugs and silver nitrate injections in a biosafe cabinet. This process generates waste that was stored in a plastic-lined 30-gallon fiber container labeled as "Hazardous Waste" (Photograph 28). This container was not labeled as "Hazardous Waste Pharmaceuticals." This process also generates waste sharps which were being accumulated in two 1-gallon plastic containers. The waste sharps containers were not labeled. UF could not demonstrate the length of time that the hazardous waste pharmaceuticals had been accumulating. During the inspection, UF combined these waste streams due to both being hazardous waste pharmaceuticals. The waste determination documentation did not include silver and silver nitrate impacted solids.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. § 266.502(e)], standards for healthcare facilities managing non-creditable hazardous waste pharmaceuticals: (e) Labeling containers used to accumulate non-creditable hazardous waste pharmaceuticals at healthcare facilities. A healthcare facility must label or clearly mark each container of non-creditable hazardous waste pharmaceuticals with the phrase "Hazardous Waste Pharmaceuticals."**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. 266.502(f)(2)], Maximum accumulation time for non-creditable hazardous waste pharmaceuticals at healthcare facilities. (1) A healthcare facility may accumulate non-creditable hazardous waste pharmaceuticals on site for one year or less without a permit or having interim status. (2) A healthcare facility that accumulates non-creditable hazardous waste pharmaceuticals on-site**

**must demonstrate the length of time that the non-creditable hazardous waste pharmaceuticals have been accumulating, starting from the date it first becomes a waste.**

**Pursuant to Fla. Admin. Code Ann. R. 62-730.181(1) [40 C.F.R. 266.502(c)], a healthcare facility that generates a solid waste that is a non-creditable pharmaceutical must determine whether that pharmaceutical is a hazardous waste pharmaceutical (i.e., it exhibits a characteristic identified in 40 CFR part 261 subpart C or is listed in 40 CFR part 261 subpart D) in order to determine whether the waste is subject to this subpart. A healthcare facility may choose to manage its non-hazardous waste pharmaceuticals as non-creditable hazardous waste pharmaceuticals under this subpart.**

#### Clinic Pathology Laboratory Room - VS-48

Endocrine, cytology, blood, and urine samples are prepared and/or analyzed in this area. UF was storing six SAA containers in a plastic bin that were closed, in good condition, and labeled with the indication of the hazard. There was one 500-ml container of expired sulfosalicylic acid in the original container that was not labeled as “Hazardous Waste” (Photograph 29-30). UF representatives labeled the container during the inspection.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (i) with the words “Hazardous Waste”.**

#### Histology Laboratory – Room VS-49

The Histology Laboratory processes tissue samples for analysis which generate hazardous waste. UF was accumulating hazardous waste in three containers in one SAA. UF was storing one 1-gallon container of special stain waste not labeled with an indication of the hazards (Photographs 31-32). UF was storing one 5-gallon container of contaminated solids that was not labeled as “Hazardous Waste” or with an indication of the hazards (Photographs 31, 33). UF corrected the labels during the inspection. A second SAA in this area was storing four 1-gallon containers of hazardous waste (Photograph 34). The two 1-gallon containers of “Decal Waste” were closed but were not labeled as “Hazardous Waste” or with an indication of the hazards. Both containers were properly labeled during the inspection.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (i) with the words “Hazardous Waste” and (ii) with an indication of the hazards of the contents.**

#### Intensive Care Unit (ICU) Room 160

The ICU is utilized to treat and monitor small animals who are ill. Pharmaceutical waste from this smaller pharmacy is segregated and accumulated in one open 1-gallon, clear, plastic container and one black 5-gallon bucket (Photographs 35-36 and 38). The inspection team noted four loose pharmaceutical containers on the floor underneath the 1-gallon container (Photograph 37). UF personnel placed these loose hazardous waste pharmaceuticals into one of the accumulation containers. Neither the 1-gallon container nor the loose pharmaceuticals

were labeled by UF personnel and transferred to the main pharmacy in the vet complex. At the time of the inspection, there was four 5-gallon containers co-located with these containers which were accumulating non-hazardous waste pharmaceuticals. UF representatives were unable to demonstrate how long these waste pharmaceuticals had been stored in this area. Adjacent to this accumulation area, UF was operating one Rx Destroyer sequestration device for collection of waste pharmaceuticals (Photograph 39). Facility representatives stated that this waste stream is disposed of in the trash. UF did not appear to be conducting a hazardous waste determination on these waste pharmaceuticals.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. § 266.502(e)], standards for healthcare facilities managing non-creditable hazardous waste pharmaceuticals: (e) Labeling containers used to accumulate non-creditable hazardous waste pharmaceuticals at healthcare facilities. A healthcare facility must label or clearly mark each container of non-creditable hazardous waste pharmaceuticals with the phrase “Hazardous Waste Pharmaceuticals.”**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. 266.502(f)(2)], Maximum accumulation time for non-creditable hazardous waste pharmaceuticals at healthcare facilities. (1) A healthcare facility may accumulate non-creditable hazardous waste pharmaceuticals on site for one year or less without a permit or having interim status. (2) A healthcare facility that accumulates non-creditable hazardous waste pharmaceuticals on-site must demonstrate the length of time that the non-creditable hazardous waste pharmaceuticals have been accumulating, starting from the date it first becomes a waste.**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [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.**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. 266.502(d)(1)], a healthcare facility must place non-creditable hazardous waste pharmaceuticals in a container that is structurally sound, compatible with its contents, and that lacks evidence of leakage, spillage, or damage that could cause leakage under reasonably foreseeable conditions.**

**Pursuant to Fla. Admin. Code Ann. R. 62-730.181(1) [40 C.F.R. 266.502(c)], a healthcare facility that generates a solid waste that is a non-creditable pharmaceutical must determine whether that pharmaceutical is a hazardous waste pharmaceutical (*i.e.*, it exhibits a characteristic identified in 40 CFR part 261 subpart C or is listed in 40 CFR part 261 subpart D) in order to determine whether the waste is subject to this subpart. A healthcare facility may choose to manage its non-hazardous waste pharmaceuticals as non-creditable hazardous waste pharmaceuticals under this subpart.**

### Veterinary Academic Building (Building 1017)

#### Laboratory V2- Room 213/215

UF conducts research on parasitic microbiology in rooms 213/215. UF personnel stated that the principal investigator, David Allred, left the university some time ago. The inspection team noted approximately 180 containers of various sizes that were apparently discarded when Dr. Allred left the university (Photographs 40-41) throughout this laboratory. UF failed to make a hazardous waste determination on these wastes. Approximately seven of the containers were labeled as hazardous waste but three of these were not labeled with an indication of the hazard (Photographs 42-43). Subsequent to the inspection, hazardous waste determinations were conducted for these wastes and documented in an email dated March 21, 2024.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.11], a person who generates a solid waste, as defined in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 261.2], must make an accurate determination as to whether that waste is a hazardous waste in order to ensure wastes are properly managed according to applicable RCRA regulations articulated in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.11].**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (ii) with an indication of the hazards of the contents.**

#### Laboratory V2 – 228

This laboratory conducts research on human placental malaria and generates hazardous waste. There were seven containers of hazardous waste in this area that were closed, in good condition, and labeled.

#### Laboratory V2-240

UF conducts bacterial microbiology research in Laboratory V2-240. The inspection team noted three hazardous waste containers (Photographs 44-46). One of these, an 8-liter container, was not labeled. UF personnel labeled this container during the inspection.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (i) with the words “Hazardous Waste” and (ii) with an indication of the hazards of the contents.**

### Building Maintenance and Operations Engineering Building (Building 702)

#### HVAC and Campus Steam (Room 140)

UF personnel conduct all types of maintenance across campus from electrical, carpentry, plumbing, and HVAC among others. The inspection team noted universal waste batteries, mercury containing devices, and scrap metal in the HVAC and Campus Steam Room. All containers were in good condition, closed, and labeled.

#### Plumbing and Fire Systems (Room 146/150)

Then inspection team noted used oil, metal shavings, and oily rags in the Plumbing and Fire Systems room. All containers were in good condition, closed, and labeled.

#### Paint Shop (Room 112)

Then inspection team noted used brushes and rags, aerosol cans, and periodically waste paint in the Paint Shop. All containers were in good condition, closed, and labeled.

#### Metal Fabrication, Roofing, and Carpentry Shop (Room 120)

Then inspection team noted six containers of hazardous waste and two containers of non-hazardous waste accumulating in an SAA in this area. Each container was in good condition, closed, and labeled with the words "Hazardous Waste" where appropriate. One container was not labeled with the indication of the hazards (Photographs 47-48).

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (ii) with an indication of the hazards of the contents.**

#### Electrical Storage Room (Room 122)

The inspection team noted twenty-two (22) spent lamps that were not labeled as universal waste, in a closed container, or any indication how long they had been in storage. The lamps were labeled as "Bad" (Photograph 49). Facility personnel stated that these lamps have been in this location for at least two years.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.13(d)(1)], a SQHUW must manage universal waste lamps in a way that prevents releases of any universal waste or component of a universal waste to the environment.**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.14(e)], a SQHUW must label or mark each lamp or container of lamps clearly with one of the following phrases: "Universal Waste-Lamp(s)," or "Waste Lamp(s)," or "Used Lamps."**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.15(a) and (c)], a SQHUW may accumulate universal waste no longer than one year and must to be able to demonstrate the length of time that the universal waste has accumulated from the date that it became a waste or was received.**

#### Groundskeeping Equipment Maintenance Building (Building 704)

Then inspection team noted used oil, used fuel, rags contaminated with grease and/or oil, used oil filters, antifreeze, and used diesel oil filters in Building 704. All containers were in good condition, closed, and labeled. The inspection team noted several containers used to transfer used oil were not labeled as used oil. The inspection team recommended that these containers be labeled. These containers were empty on the day of the inspection.

### Sissler Hall (Building 688)

#### Stockroom (Room A126)

Then inspection team noted supply chemicals, empty containers and clean labware in the Stockroom. Hazardous wastes are generally not generated in this area.

#### Maintenance Shop (Room A127)

The maintenance shop for Sissler Hall is in the basement. The inspection team noted two boxes of spent lamps in this shop area. These spent lamps were not labeled and there was no indication of how long it had been since they had been generated.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.14(e)], a SQHUW must label or mark each lamp or container of lamps clearly with one of the following phrases: “Universal Waste-Lamp(s),” or “Waste Lamp(s),” or “Used Lamps.”**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.15(c)], a SQHUW must be able to demonstrate the length of time that the universal waste has accumulated from the date that it became a waste or was received.**

#### Laboratory A105/109

UF conducts research on nano particles in Laboratory A105/109. The inspection team noted twelve containers of hazardous waste being accumulated in the A105 SAA totaling approximately 54 gallons. There was one small container of tetraethylene glycol dimethyl ether accumulating in the area for which the facility had not conducted and documented a hazardous waste determination. Subsequent to the inspection, UF determined this waste was non-hazardous. UF was storing hazardous waste in a SAA in room A109. These containers were in good condition, labeled, and closed.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.11], a person who generates a solid waste, as defined in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 261.2], must make an accurate determination as to whether that waste is a hazardous waste in order to ensure wastes are properly managed according to applicable RCRA regulations articulated in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.11].**

#### Laboratory A112

Formerly Laboratory A112 was used to conduct biological research using organic synthesis. UF personnel stated that the principal investigator for this laboratory left recently; and they were in the process of assessing the chemicals left behind. UF was accumulating gloves/glassware/wipes/pipette tips in 10-gallon flip top containers. These containers were closed, in good condition, and labeled with the words “Hazardous Waste”. One of these containers was not labeled with the indication of the hazard. UF personnel labeled this container during the inspection. The inspection team noted two rusted containers that were labeled as hazardous waste, were set in a plastic secondary containment tray, and were empty. The containers were not in good condition but seemed available for filling (Photograph 50).

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (ii) with an indication of the hazards of the contents.**

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.15(a)(8)], which incorporates Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.251], and is a condition of the SAA Permit Exemption, a generator is required to a large quantity generator must maintain and operate its facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water which could threaten human health or the environment.**

#### Laboratory A309

UF conducts research on polymers for biological applications. UF was accumulating five containers of hazardous waste in the SAA in this laboratory. These SAA containers were in good condition, closed, and labeled with the words “Hazardous Waste.” Two 2.5-liter containers were not labeled with the indication of the hazard (Photographs 51-52). UF personnel corrected the labels during the inspection.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (ii) with an indication of the hazards of the contents.**

#### Laboratory A312

The inspection team noted pump oil, aqueous waste, organic waste, caustic waste, flammable solids in Laboratory A312. All containers were in good condition, closed, and labeled.

## **12) Records Review**

### Contingency Plan and Quick Reference Guide (QRG):

The actions that facility personnel should take in response to an emergency are described in the facility’s Contingency Plan, which was last updated in July 2023.

The plan describes actions facility personnel must take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility.

The plan describes arrangements agreed to with the local police department, fire department, other emergency response teams, emergency response contractors, equipment suppliers, local hospitals or the Local Emergency Planning Committee.

The plan lists the names and emergency telephone numbers for persons identified as emergency coordinators. Matt Doty is listed as the primary emergency coordinator, and the other individuals are listed in the order in which they will assume responsibility as alternates.

The plan includes a list of all emergency equipment at the facility. The list includes fire extinguishing systems, spill control equipment, communications and alarm systems, and decontamination equipment. The list appears to be up to date. The plan includes the location and a physical description of each item on the list, and a brief outline of its capabilities. The plan includes an evacuation plan for personnel. This plan describes signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.

The quick reference guide includes the types/names of hazardous waste in layman's terms and the associated hazard associated with each hazardous waste present at any one time; the estimated maximum amount of each hazardous waste that may be present at any one time; the identification of any hazardous wastes where exposure would require unique or special treatment by medical or hospital staff; a map of the facility showing where hazardous wastes are generated, accumulated and treated and routes for accessing these wastes; a street map of the facility in relation to surrounding businesses, schools and residential areas; the locations of water supply; the identification of on-site notification systems; and the name of the emergency coordinator(s) and emergency telephone number(s).

#### Training Records:

The inspectors reviewed facility job descriptions and employee names that were provided for multiple job titles. Each description included the requisite skill, education, or other qualifications, and duties of facility personnel assigned to that position.

UF provided a written description of the type and amount of both introductory and continuing training to be given to each person filling the positions listed above. The inspectors reviewed records of employee hazardous waste training completed in 2023.

#### Waste Manifest and Land Disposal Restriction (LDR) Records:

The inspectors reviewed available hazardous waste manifest records and land disposal restriction forms for shipments of hazardous waste sent since 2023. Hazardous waste manifest records show that various hazardous wastes are routinely shipped to Perma-Fix of Florida Inc (FLD980711071) and US Ecology Tampa, Inc. (FLD981932494), and the most recent shipment including 47 waste items was made on January 16, 2024. UF ships waste at regular intervals between weekly and bi-weekly. The most recent shipment of mercury containing devices was on January 18, 2024. The most recent shipment of universal waste lamps was January 16, 2024. The most recent shipment of used oil was on December 18, 2023. The most recent shipment of universal waste batteries was November 19, 2023.

#### Weekly Inspection Records:

The inspectors reviewed UF's available records of inspections of the hazardous waste central accumulation area (CAA) since March 2023. The inspection log includes a checklist to record observations about leaking containers and for deterioration of containers caused by corrosion

or other factors. The inspection log includes a checklist to record observations about leaks and spills present, drums properly labeling, drums closed, bulging drums, defective drums, leaky drums, aisle space, and general housekeeping.

The records include the date and time of the inspection and the name, signature and initials of the employee conducting the inspection. Employees do not routinely record inspection observations and subsequent follow-up actions on the inspection log. The inspection team noted this as an area of concern.

### **13) Closing Conference**

The inspectors conducted the exit meeting at approximately 3:00 pm with Matthew Doty, Artiom Chacon, Steven Ladendorf, Shailendra Singh. During this meeting, the inspectors stated their preliminary conclusions of the inspection. UF agreed to provide specific waste profiles for chemotherapy waste, paint booth filter waste, aerosol can waste, and parts washer waste along with TSD waste inventories for the dates of the inspection among other records by February 23, 2024. On February 22, 2024, Matthew Doty provided the requested records in an email to Bonnie Bradshaw and Alan Newman.

### **14) Summary of Observations**

A 5-gallon container in the Phase II Area 9 was closed in good condition, marked with an accumulation start date of October 2, 2023, but was not marked with the indication of the hazard.

**Pursuant to Permit number 17756-HO-006, Permit condition I.24.c [40 C.F.R. § 268(a)(2)(i)(C)], the following conditions apply to land disposal (placement) of hazardous wastes: (c) The storage of hazardous wastes restricted from land disposal in 40 CFR Part 268 is prohibited unless the requirements of 40 CFR Part 268 Subpart E are met, which includes each container is clearly marked to identify its contents and with: an indication of the hazards of the contents (examples include, but are not limited to, the applicable hazardous waste characteristic(s) (*i.e.*, ignitable, corrosive, reactive, toxic); hazard communication consistent with the Department of Transportation requirements at 49 CFR part 172 subpart E (labeling) or subpart F (placarding); a hazard statement or pictogram consistent with the Occupational Safety and Health Administration Hazard Communication Standard at 29 CFR 1910.1200; or a chemical hazard label consistent with the National Fire Protection Association code 704).**

The inspection team noted that the secondary containment in Phase II was peeling.

**Pursuant to Permit Condition I.2: This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**

**Pursuant to Permit Application Condition II.B.1.b.(1)(b), (Part II - Page B-5): The Phase II containment area base is constructed of a 6-inch reinforced concrete slab on grade. The base is made free of cracks or gaps and is sufficiently impervious to contain leaks and spills until the material can be detected and removed as required in 40 CFR 264.175(b)(1). The concrete floor is finished with a chemical-resistant epoxy coating system to provide a completely sealed secondary containment structure.**

UF failed to make hazardous waste determinations in Laboratory V2 213/215 and Sissler Laboratory A112.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.11], a person who generates a solid waste, as defined in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 261.2], must make an accurate determination as to whether that waste is a hazardous waste in order to ensure wastes are properly managed according to applicable RCRA regulations articulated in Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.11].**

UF failed to make containers with the words hazardous waste or with the indication of the hazard in the following locations: Laboratory VS-48, Laboratory VS-49, Laboratory V2-213/215, Laboratory VS-240, Metal Fabrication Shop, Sissler Laboratory A112, and Sissler Laboratory A309.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [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 (i) with the words “Hazardous Waste” and (ii) with an indication of the hazards of the contents.**

UF failed to minimize the possibility of a release in Sissler Laboratory A112.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.15(a)(8)], which incorporates Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.251], and is a condition of the SAA Permit Exemption, a generator is required to A large quantity generator must maintain and operate its facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water which could threaten human health or the environment.**

UF stored waste for longer than 90 days for multiple containers in Phase I portion of the TSD which was being managed as a CAA.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.17(a)], conditions for exemption for a large quantity generator that accumulates hazardous waste, a large quantity generator may accumulate hazardous waste on site without a permit or interim status, and without complying with the requirements of parts 124, 264 through 267, and 270 of this chapter, or the notification requirements of section 3010 of RCRA for treatment, storage, and disposal facilities, provided that all of the following conditions for exemption are met: (a)**

**Accumulation: a large quantity generator accumulates hazardous waste on site for no more than 90 days, unless in compliance with the accumulation time limit extension or F006 accumulation conditions for exemption in paragraphs (b) through (e) of this section.**

UF failed to label a container of picric acid with the corrosive indication of the hazard.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.160(1) [40 C.F.R. § 262.17(a)(5)(i)(B)], which is a condition of the SAA Permit Exemption, a generator is required to mark or label its containers (B) with an indication of the hazards of the contents.**

UF failed to make hazardous waste determinations for pharmaceutical waste in VH-70, VH-71C, and ICU Room 160.

**Pursuant to Fla. Admin. Code Ann. R. 62-730.181(1) [40 C.F.R. 266.502(c)], a healthcare facility that generates a solid waste that is a non-creditable pharmaceutical must determine whether that pharmaceutical is a hazardous waste pharmaceutical (*i.e.*, it exhibits a characteristic identified in 40 CFR part 261 subpart C or is listed in 40 CFR part 261 subpart D) in order to determine whether the waste is subject to this subpart. A healthcare facility may choose to manage its non-hazardous waste pharmaceuticals as non-creditable hazardous waste pharmaceuticals under this subpart.**

UF failed to containerize hazardous waste pharmaceuticals in ICU Room 160.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. 266.502(d)(1)], a healthcare facility must place non-creditable hazardous waste pharmaceuticals in a container that is structurally sound, compatible with its contents, and that lacks evidence of leakage, spillage, or damage that could cause leakage under reasonably foreseeable conditions.**

UF failed to maintain closed containers of hazardous waste pharmaceuticals in ICU Room 160.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [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.**

UF failed label containers with the words “Hazardous Waste Pharmaceuticals” in Area 1 of the TSD, Room VH-71C, and in ICU Room 160.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. § 266.502(e)], standards for healthcare facilities managing non-creditable hazardous waste pharmaceuticals: (e) Labeling containers used to accumulate non-creditable hazardous waste pharmaceuticals at healthcare facilities. A healthcare facility must label or clearly mark each container of non-creditable hazardous waste pharmaceuticals with the phrase “Hazardous Waste Pharmaceuticals.”**

UF could not determine how long containers of hazardous waste pharmaceuticals had been stored at the facility in Room VH-71C and in ICU Room 160.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. 266.502(f)(2)], Maximum accumulation time for non-creditable hazardous waste pharmaceuticals at healthcare facilities. (1) A healthcare facility may accumulate non-creditable hazardous waste pharmaceuticals on site for one year or less without a permit or having interim status. (2) A healthcare facility that accumulates non-creditable hazardous waste pharmaceuticals on-site must demonstrate the length of time that the non-creditable hazardous waste pharmaceuticals have been accumulating, starting from the date it first becomes a waste.**

UF shipped hazardous waste pharmaceuticals to locations other than to a designated facility (such as a permitted or interim status treatment, storage, or disposal facility).

**Pursuant to Fla. Admin. Code Ann. r. 62-730.181(1) [40 C.F.R. 266.508(a)(2)], a healthcare facility must ship non-creditable hazardous waste pharmaceuticals and a reverse distributor must ship evaluated hazardous waste pharmaceuticals off-site to a designated facility (such as a permitted or interim status treatment, storage, or disposal facility) in compliance with: (2) the manifest requirements of 40 CFR part 262 subpart B.**

UF failed to containerize universal waste lamps in closed containers in the Electrical Storage Room 122.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.13(d)(1)], a SQHUW must manage universal waste lamps in a way that prevents releases of any universal waste or component of a universal waste to the environment.**

UF failed to label universal waste lamps containers in the Electrical Storage Room 122 and Sissler Room 127.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.14(e)], a SQHUW must label or mark each lamp or container of lamps clearly with one of the following phrases: "Universal Waste-Lamp(s)," or "Waste Lamp(s)," or "Used Lamps."**

UF stored waste for more than one year in Electrical Storage Room 122. UF failed to document how long universal waste lamps had been stored in the Electrical Storage Room 122 and Sissler Room 127.

**Pursuant to Fla. Admin. Code Ann. r. 62-730.185(1) [40 C.F.R. § 273.15(a) and (c)], a SQHUW may accumulate universal waste no longer than one year and must to be able to demonstrate the length of time that the universal waste has accumulated from the date that it became a waste or was received.**

**15) List of Attachments**

Attachment 1 – Photo Log

52 Photos taken on: January 23-24, 2024

Photos taken by: Alan Newman and Bonnie Bradshaw

Photos taken with: Panasonic Lumix

EPA Property Tag: S75870

**16) Signed**

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Alan Newman  
Environmental Engineer

**17) Concurrence**

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For Araceli B. Chavez  
RCRA Enforcement Section

