

Hospital Sharps Disposal Checklist (US)

Safety & Compliance | US

DATE ____ / ____ / ____	INSPECTOR	UNIT
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CONTAINER PLACEMENT

	OK	NOT OK		OK	NOT OK
Containers at point of use <small>OSHA 1910.1030(d)(4)(iii)(A)</small>	<input type="radio"/>	<input type="radio"/>	Accessible (not behind equipment)	<input type="radio"/>	<input type="radio"/>
Containers mounted at correct height	<input type="radio"/>	<input type="radio"/>	In every treatment and patient room	<input type="radio"/>	<input type="radio"/>

CONTAINER CONDITION

	OK	NOT OK		OK	NOT OK
Not filled past ¾ line	<input type="radio"/>	<input type="radio"/>	Biohazard label on all containers	<input type="radio"/>	<input type="radio"/>
Lids functioning	<input type="radio"/>	<input type="radio"/>	No damaged or leaking containers	<input type="radio"/>	<input type="radio"/>
No protruding sharps	<input type="radio"/>	<input type="radio"/>			

PRACTICES OBSERVED

	OK	NOT OK		OK	NOT OK
Sharps disposed immediately after use	<input type="radio"/>	<input type="radio"/>	No loose sharps in regular trash	<input type="radio"/>	<input type="radio"/>
No needle recapping observed	<input type="radio"/>	<input type="radio"/>	Sealed containers in regulated waste stream	<input type="radio"/>	<input type="radio"/>
Safety-engineered needles activated <small>Needlestick Safety Act — safer devices required</small>	<input type="radio"/>	<input type="radio"/>			

POST-EXPOSURE & REPORTING

	OK	NOT OK		OK	NOT OK
PEP protocol posted / accessible	<input type="radio"/>	<input type="radio"/>	Sharps injury log maintained <small>OSHA 1910.1030(h)(5) — sharps injury log</small>	<input type="radio"/>	<input type="radio"/>
Staff know post-exposure steps	<input type="radio"/>	<input type="radio"/>	Annual BBP training completed	<input type="radio"/>	<input type="radio"/>

CORRECTIVE ACTIONS

Non-compliance found

Inspector signature

Notes

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