



John R. Kasich, Governor  
Mary Taylor, Lt. Governor  
Scott J. Nally, Director

May 29, 2013

Ms. Sheryl Ishmael, Office Manager  
Tippecanoe Family Medicine  
110 S. Tippecanoe Drive, Suite B  
Tipp City, Ohio 45371

**RE: Tippecanoe Family Medicine, Miami County  
Infectious Waste Large Generator Inspection  
Notice of Violation / Return to Compliance**

Dear Ms. Ishmael:

On April 16, 2013, I, representing Ohio EPA, Division of Materials and Waste Management (DMWM) met with you and Mrs. Pat Reigle to conduct a comprehensive infectious waste large generator inspection of Tippecanoe Family Medicine (Facility) located at 110 S. Tippecanoe Street, Tipp City, Ohio.

The purpose of this inspection was to determine compliance with Ohio's infectious waste regulations. I inspected the infectious waste handling areas, infectious waste storage areas and checked for a valid registration certificate.

The following observations were made and discussed during my inspection:

1. A syringe was found in the lid of the sharps container in exam room number seven, and a syringe was found in the lid of the sharps container in the physician's office. The Facility's failure to properly place these sharps in a sharps container is a violation of OAC Rule 3745-27-30(B)(2). Mrs. Reigle corrected the violation during my inspection.
2. The current infectious waste registration for this Facility listed this location as using on-site treatment with an autoclave. Mrs. Reigle indicated that the autoclave was only being used to sterilize equipment and not to treat infectious waste generated at the Facility. Please submit an amendment to your generator registration reflecting this change in accordance with OAC Rule 3745-27-36(A)(2) which states:

*"Any generator who holds a valid registration certificate under this rule shall ensure that all information that is contained on the registration certificate is correct and up to date by submitting an amended registration application form*

*and obtaining an amended registration certificate that reflects any changes to current registrant information, premises information, or treatment method. No additional fee shall be charged to amend a registration certificate. An amended registration shall not alter the expiration date of the original registration certificate."*

3. Additionally, I had asked about the operational status of the secondary site located at 110 S. Stanfield Road in Troy, Ohio. During the inspection, Ms. Ishmael indicated that the practice previously operated as Troy Family Medicine (CID: 307866), 110 S. Stanfield Road Suite. A, Troy, OH 45373 had been closed. A copy of the closure letter (dated July 10, 2012) from Kettering Physicians Network that was issued to patients was provided at the time of inspection. Please submit an amendment to the generator registration certificate reflecting this change in accordance with OAC Rule 3745-27-36(A)(2).

Compliance with the requirements outlined in this letter shall not relieve you of your obligation to comply with other legal obligations, including, but not limited to, Chapters 3704, 3714, 3734, or 6111 of the Ohio Revised Code or under the Federal Clean Water Act, Clean Air Act, Comprehensive Environmental Response, Compensation and Liability Act, or Resource Conservation and Recovery Act remedying conditions resulting from any release of contaminants to the environment.

If you have any questions, please contact me at (937) 285-6046.

Sincerely,



Maria Lammers, R.S.  
Environmental Specialist II  
Division of Materials and Waste Management

ML/tb

Enclosure: Infectious Waste Generator Registration Form



# Infectious Waste Generator Registration Form

## Application Type

Check One:     Initial Registration     Amendment     Renewal - Registration #:

## Primary Registration Information

Facility Name

Address

City

State

Zip Code

Contact Person

Phone

Email

Health District in which Facility is Located

Attach a **Premises Information Form** for each premises operated by the registrant where fifty pounds of infectious waste per month are generated and/or treated by the registrant. The applicant should use additional copies of the Premises Information Form as needed.

A non-refundable application fee of **\$140.00** is required for initial and renewal applications, regardless of the number of premises being registered, payable to **Treasurer – State of Ohio** must accompany this application when submitted.

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments that based on my inquiry of those persons immediately responsible for obtaining the information contained in the registration application, I believe that the information is true accurate and complete.*

Registrant (Print Name)

Signature

Date

Please submit completed registration form containing original signatures to:

**For initial registration or renewal:**

**For amendment:**

Ohio EPA, Dept. L-2711  
Columbus, Ohio 43260-2711

Ohio EPA – DMWM  
Processing and Records Management Unit  
50 W. Town St., Ste. 700  
Columbus, Ohio 43215

## For Office Use Only

Date Received - CO

Reviewer

Date Received - Fiscal

Fee Paid - Date

Check No. - Date



# Premises Information Form

## Reason for Application

If amending or renewing an existing application please check one of the following for each premises:

- |  |  |
|--|--|
| <input type="checkbox"/> Renewal                           | <input type="checkbox"/> Premises is being removed |
| <input type="checkbox"/> Treatment method is being changed | <input type="checkbox"/> Premises is being added   |

## Premises Information

Premises Name

Address

City

State

Zip Code

Contact Person

Phone

Email

Health District in which Facility is Located

## Infectious Waste Handling Information

Are infectious wastes accepted from other generators for on-site or off-site treatment?  yes  no

Are infectious wastes treated on-site?  yes  no

If yes, please indicate method(s) of treatment:

Incineration

Other:

Autoclaving

Are infectious wastes sent off-site for treatment at a commercial IW treatment facility?  yes  no

If yes, please indicate method(s) of treatment:

Incineration

Other:

Autoclaving

**For more information or to receive a copy of the infectious waste rules, please call Ohio EPA, Division of Materials and Waste Management, Solid Waste Compliance and Inspection Support Unit @ (614)644-2621.**