

## SHORT FORM SURVEY – MEDICAL FACILITIES

Company Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Does this business have a connection to the City of Spokane sewer system?  Yes  No

**(If "No", Get Authorized Signature on the back, Stop Here, and Return Form in Envelope Provided)**

Name of environmental contact person: \_\_\_\_\_

*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)*

### Section A: Operation Description

Days/Hours of Operation: \_\_\_\_\_

#### Type of healthcare facility:

- Hospital    Clinic    Laboratory (Pathology/Histology)    Dialysis    Veterinary    Chemotherapy  
 Pharmacy    Dental    Research and Development    Radiology    Other(list) \_\_\_\_\_

### Section B: Water Use

Does this facility have floor drains in work areas?  Yes  No

Waste water from this facility goes to the following: *(check all that apply)*

- Sanitary Sewer    Storm Sewer    Ground (drain fields, dry well)    Open Waters    Waste Hauler  
 Evaporation    Other means of disposal: \_\_\_\_\_

Does water from this facility undergo any treatment prior to discharge into sanitary sewer?

pH adjustment:  Yes    No   Type \_\_\_\_\_

Other:  Yes    No   Type \_\_\_\_\_

### Section C: Mercury

Has your facility conducted a Mercury inventory?  Yes  No

Areas where Mercury is used (please check ALL that apply):

- Thermometers    Sphygmomanometers    Gastrointestinal diagnostic equipment  
 Dilators    Feeding tubes    Thermostats  
 Dental Clinic (amalgam)    Other (specify) \_\_\_\_\_

Chemicals:

- Zenker's solution    Histological fixatives    Other (specify or attach list \_\_\_\_\_)

Staining solution and preservatives:

- Mercury chloride    Mercury (II) oxide    Mercury (II) chloride  
 Mercury (II) sulfate    Mercury nitrate    Mercury iodide    Other (specify or attach list \_\_\_\_\_)

Lamps:

- Fluorescent    Metal halide    High pressure sodium    Ultraviolet

Equipment and Batteries:

- Barometers    Switches (relay, tilt, silent)    Mercuric oxide batteries    Button batteries

Other known sources of Mercury:

- Specify or attach list: \_\_\_\_\_

Please continue on the reverse.

## Section D: Discharge Practices

A. **Solvents, Alcohols and Aldehydes** used (please check ALL that apply):

Solvent/alcohol	Disposal method*	Solvent/alcohol	Disposal method*	Solvent/alcohol	Disposal method*
<input type="checkbox"/> Ethanol		<input type="checkbox"/> Xylene		<input type="checkbox"/> Acetone	
<input type="checkbox"/> Methanol		<input type="checkbox"/> Toluene		<input type="checkbox"/> Methylene chloride	
<input type="checkbox"/> Isopropanol		<input type="checkbox"/> Freon		<input type="checkbox"/> Trichloroethylene	
<input type="checkbox"/> Chloroform		<input type="checkbox"/> Trichloromethane		<input type="checkbox"/> Hexane	
<input type="checkbox"/> Formaldehyde		<input type="checkbox"/> Gluteraldehyde		<input type="checkbox"/> Orthophthaldehyde (e.g., Cidex OPA)	

Others, list \_\_\_\_\_

\* C = contained for off-site disposal D = discharged to sanitary sewer (untreated) T/R = treated and discharged or recycled

B. **Silver/Photographic Chemicals** used (please check ALL that apply and how many Silver Recovery Units installed)

Location	# of SRUs	Location	# of SRUs	Location	# of SRUs	Location	# of SRUs
<input type="checkbox"/> Laboratory		<input type="checkbox"/> Dental		<input type="checkbox"/> Radiology		<input type="checkbox"/> MRI	
<input type="checkbox"/> Fluoroscopy		<input type="checkbox"/> Clinics		<input type="checkbox"/> Oral Surgery		<input type="checkbox"/> CT Scan	

Other, list and specify number of SRUs at each location \_\_\_\_\_

Identify contractor used to maintain SRU's: \_\_\_\_\_

Identify frequency of maintenance and date of last service: \_\_\_\_\_

C. Does your facility discharge **Radionuclides** in accordance with an NRC permit?  Yes  No

\*if yes, attach last annual NRC report documenting discharges to sanitary sewer.

If yes, is the waste held prior to discharge?  Yes  No

If yes, how long is the waste held? \_\_\_\_\_

## Section E: Certification

**I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.**

\_\_\_\_\_  
Printed name of Authorized Representative\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title\*

\_\_\_\_\_  
Telephone Number

\*Surveys must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

**Disclosure:** Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions or comments?

\_\_\_\_\_

\_\_\_\_\_

For further information, contact the Riverside Park Water Reclamation Facility at (509) 625-4639. FAX: 625-4605

City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939