



# Hazardous Waste Self Audit

Section: Waste Ink and Press Wash Solvent

## Section: Waste Ink and Press Wash Solvent

### Self-Audit Tips, Action Steps & Resources

#### Do not air dry ignitable inks and solvents

Air drying ignitable inks or solvents or other related hazardous waste products is prohibited.

#### Evaluating inks and solvents

Many pure discarded inks may not be listed hazardous waste; however, they may still display a hazardous characteristic.

#### Distilled waste press wash solvent

Distilled waste press wash solvent residues include:

- Sludge left from distillation residues
- Distillation bottoms, settling solids and other cleanup materials

#### Reporting distilled paint press wash solvent

If you distill your waste press wash solvent, report the maximum amount of waste press wash solvent accumulated before distillation in Management Plan Form 2 — Waste Press Wash Solvent Prior to Distillation on page 4.

Report the sludge from distilling press wash solvent and distillation puck waste in Management Plan Form 2 — Distilled Waste Press Wash Residues on page 5.

#### For more information

See *Evaluating Paint and Ink Wastes* at [www.pca.state.mn.us/publications/w-hw4-40.pdf](http://www.pca.state.mn.us/publications/w-hw4-40.pdf).

← Refer to the tips, action steps and resources to help you complete the audit.

#### 1. Does your business use or sell any inks and press wash solvent?

- Yes. Fill out the Management Plan Form 2 — Waste Ink and Press Wash Solvent on page 2. If you collect excess ink separately, complete Management Plan Form 2 — Ink (collected separately) on page 3.
- No, this business does not generate waste in and press wash solvent.

#### 2. Does your business distill waste ink and press wash solvent?

- Yes. Fill out the Management Plan Form 2 — Waste Press Wash Prior to Distillation on page 4 and Management Plan Form 2 — Distilled Waste Press Wash Residues on page 5.
- No, this business does not distill waste ink or press wash solvent.

# Section: Waste Ink and Press Wash Solvent *(continued)*

## Instructions for filling out the Management Plan Form 2

**B. Four-digit hazardous waste code:** The common waste code for waste ink and press wash solvent is:

- D001: Flammable or Ignitable

**C. Year waste first generated:** Estimate if unknown.

**D. Shipment or treatment frequency:** For example: 2 times per 1 year. Write “to be determined” if you are unsure how often the waste will be disposed.

**G. Type of waste storage container:** Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

**I. Amount generated per year:** If you don't have a history of the amount of waste generated, estimate the amount that will be generated in a year.

**\*L./M./N./O. Transporter/ Disposer:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at [www.hennepin.us/hazwastedisposalcompanies](http://www.hennepin.us/hazwastedisposalcompanies).

Contact your hazardous waste transporter/disposer for their EPA ID number.

## Management Plan Form 2 — Waste Ink and Press Wash Solvent

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

**A. Waste name:** Waste Ink and Press Wash Solvent

**B. Four-digit hazardous waste code:**  D001  Other (if known, specify) \_\_\_\_\_

**C. Year waste was first generated at the site under current ownership:** \_\_\_\_\_

**D. Frequency of shipment or treatment:** \_\_\_\_\_ times per \_\_\_\_\_ year

**E. Source or process of generation (check all that apply):**

Printing operations  Returned or unsalable product

Other (specify): \_\_\_\_\_

**F. On-site management of waste (select one):**

Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)

Other (specify) \_\_\_\_\_

**G. Type of waste storage container(s):**

Box  Drum  Original container

Other (specify) \_\_\_\_\_

**H. On-site storage location of the waste:**  Indoors  Outdoors  N/A

**I. Amount generated per year:** \_\_\_\_\_ gallons or \_\_\_\_\_ pounds

**J. I understand and follow the requirements for proper labeling and storage:**

Labeled with the words “Hazardous Waste”

Labeled with a clear description of the waste (e.g., Waste Ink & Press Wash Solvent)

Labeled with the accumulation start date

Container is closed

**K. Disposal facility management method** (*contact your disposal company if unknown*)

Recycle  Incinerate  Burn as fuel

Have not yet identified a disposal company  Other \_\_\_\_\_

**L. Transporter name\*:** \_\_\_\_\_

or  Self  To be determined\*

**M. Transporter EPA ID number:** \_\_\_\_\_

**N. Disposer name\*:** \_\_\_\_\_

or  To be determined\*

**O. Disposer EPA ID number:** \_\_\_\_\_

### Office use only

Phys. state: Organic liquid

Storage container:

Billing code:

Inv. ID:

Disposal method:

Date entry & initials:

Waste inactive:

# Section: Waste Ink and Press Wash Solvent (continued)

## Instructions for filling out the Management Plan Form 2

### B. Four-digit hazardous waste code:

The common waste code for waste ink and is:

- D001: Flammable or Ignitable

### C. Year waste first generated:

Estimate if unknown.

### D. Shipment or treatment frequency:

For example: 2 times per 1 year. Write “to be determined” if you are unsure how often the waste will be disposed.

### G. Type of waste storage container:

Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

### I. Amount generated per year:

Estimate the amount generated annually if unknown.

### \*L./M./N./O. Transporter/

**Disposer:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at [www.hennepin.us/hazwastedisposalcompanies](http://www.hennepin.us/hazwastedisposalcompanies).

Contact your hazardous waste transporter/disposer for their EPA ID number.

## Management Plan Form 2 — Waste Ink (collected separately)

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

A. **Waste name:** Waste Ink

B. **Four-digit hazardous waste code:**  D001  Other (if known, specify) \_\_\_\_\_

C. **Year waste was first generated at the site under current ownership:** \_\_\_\_\_

D. **Frequency of shipment or treatment:** \_\_\_\_\_ times per \_\_\_\_\_ year

E. **Source or process of generation (check all that apply):**

Printing operations  Returned or unsalable product

Other (specify): \_\_\_\_\_

F. **On-site management of waste (select one):**

Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)

Other (specify) \_\_\_\_\_

G. **Type of waste storage container(s):**

Drum  Pail  Original container

Other (specify) \_\_\_\_\_

H. **On-site storage location of the waste:**  Indoors  Outdoors  N/A

I. **Amount generated per year:** \_\_\_\_\_ gallons or \_\_\_\_\_ pounds

J. **Check that you understand and follow the requirements for proper labeling and storage:**

Labeled with the words “Hazardous Waste” (*If ink is hazardous waste*)

Labeled with a clear description of the waste (e.g., Waste Ink)

Labeled with the accumulation start date (*If ink is hazardous waste*)

Container is closed

K. **Disposal facility management method** (*contact your disposal company if unknown*)

Recycle  Incinerate  Burn as fuel

Other (specify) \_\_\_\_\_

Have not identified a disposal company

L. **Transporter name\*:** \_\_\_\_\_

or  Self

To be determined\*

M. **Transporter EPA ID number:** \_\_\_\_\_

N. **Disposer name\*:** \_\_\_\_\_

or  To be determined\*

O. **Disposer EPA ID number:** \_\_\_\_\_

### Office use only

Phys. state: Organic liquid

Storage container:

Billing code:

Inv. ID:

Disposal method:

Date entry & initials:

Waste inactive:

# Section: Waste Ink and Press Wash Solvent (continued)

## Instructions for filling out the Management Plan Form 2

### B. Four-digit hazardous waste code:

Some common waste codes for waste press wash prior to distillation:

- D001: Flammable or Ignitable
- F003: Spent non-halogenated solvents (acetone, xylene)
- F005: Spent non-halogenated solvents (methyl ethyl ketone [M.E.K.], toluene)

### C. Year waste first generated:

Estimate if unknown.

### D. Shipment or treatment frequency:

For example: 2 times per 1 year. Write "to be determined" if you are unsure how often the waste will be disposed.

### G. Type of waste storage container:

Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

### I. Amount generated per year:

Report the maximum amount of waste press wash accumulated before distillation.

### \*L./M./N./O. Transporter/Disposer:

See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at [www.hennepin.us/hazwastedisposalcompanies](http://www.hennepin.us/hazwastedisposalcompanies).

Contact your hazardous waste transporter/disposer for their EPA ID number.

## Management Plan Form 2 — Waste Press Wash Prior to Distillation

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

A. **Waste name:** Press Wash Prior to Distillation

B. **Four-digit hazardous waste code:**  D001  Other (if known, specify) \_\_\_\_\_

C. **Year waste was first generated at the site under current ownership:** \_\_\_\_\_

D. **Frequency of shipment or treatment:** \_\_\_\_\_ times per \_\_\_\_\_ year

E. **Source or process of generation (check all that apply):**

On-site distillation

F. **On-site management of waste (select one):**

Recycled or reused on site for beneficial use.

Other (specify) \_\_\_\_\_

G. **Type of waste storage container(s):**

Drum  Pail  Original container

Other (specify) \_\_\_\_\_

H. **On-site storage location of the waste:**  Indoors  Outdoors  N/A

I. **Amount generated per year:** \_\_\_\_\_ gallons or \_\_\_\_\_ pounds

J. **Check that you understand and follow the requirements for proper labeling and storage:**

Labeled with the words "Hazardous Waste"

Labeled with a clear description of the waste (e.g., Waste Press Wash to be Distilled)

Labeled with the accumulation start date

Container is closed

K. **Disposal facility management method** (*contact your disposal company if unknown*)

Recycle  Incinerate  Burn as fuel

Other (specify) \_\_\_\_\_

Have not identified a disposal company

L. **Transporter name\*:** \_\_\_\_\_

or  Self

To be determined\*

M. **Transporter EPA ID number:** \_\_\_\_\_

N. **Disposer name\*:** \_\_\_\_\_

or  To be determined\*

O. **Disposer EPA ID number:** \_\_\_\_\_

### Office use only

Phys. state: Organic liquid

Storage container:

Billing code:

Inv. ID:

Disposal method:

Date entry & initials:

Waste inactive:

# Section: Waste Ink and Press Wash Solvent (continued)

## Instructions for filling out the Management Plan Form 2

### B. Four-digit hazardous waste code:

Some common waste codes for distilled waste press wash residues include:

- D001: Flammable or Ignitable
- F003: Spent non-halogenated solvents (acetone, xylene)
- F005: Spent non-halogenated solvents (methyl ethyl ketone [M.E.K.], toluene)

### C. Year waste first generated:

Estimate if unknown.

### D. Shipment or treatment frequency:

For example: 2 times per 1 year. Write "to be determined" if you are unsure how often the waste will be disposed.

### G. Type of waste storage container:

Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

### I. Amount generated per year:

If you don't have a history of the amount of waste generated, estimate the amount that will be generated in a year.

### \*L./M./N./O. Transporter/Disposer:

See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at [www.hennepin.us/hazwastedisposalcompanies](http://www.hennepin.us/hazwastedisposalcompanies).

Contact your hazardous waste transporter/disposer for their EPA ID number.

## Management Plan Form 2 — Distilled Waste Press Wash Residues

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

A. **Waste name:** Distilled Waste Press Wash Residues

B. **Four-digit hazardous waste code:**  D001  Other (if known, specify) \_\_\_\_\_

C. **Year waste was first generated at the site under current ownership:** \_\_\_\_\_

D. **Frequency of shipment or treatment:** \_\_\_\_\_ times per \_\_\_\_\_ year

E. **Source or process of generation (check all that apply):**

On-site distillation

F. **On-site management of waste (select one):**

Recycled or reused on site for beneficial use.

Other (specify) \_\_\_\_\_

G. **Type of waste storage container(s):**

Drum  Pail  Original container

Other (specify) \_\_\_\_\_

H. **On-site storage location of the waste:**  Indoors  Outdoors  N/A

I. **Amount generated per year:** \_\_\_\_\_ gallons or \_\_\_\_\_ pounds

J. **Check that you understand and follow the requirements for proper labeling and storage:**

Labeled with the words "Hazardous Waste"

Labeled with a clear description of the waste (e.g., Distilled Waste Press Wash Residues)

Labeled with the accumulation start date

Container is closed

K. **Disposal facility management method (contact your disposal company if unknown)**

Recycle  Incinerate  Burn as fuel

Other (specify) \_\_\_\_\_

Have not identified a disposal company

L. **Transporter name\*:** \_\_\_\_\_

or  Self

To be determined\*

M. **Transporter EPA ID number:** \_\_\_\_\_

N. **Disposer name\*:** \_\_\_\_\_

or  To be determined\*

O. **Disposer EPA ID number:** \_\_\_\_\_

### Office use only

Phys. state: Organic liquid

Storage container:

Billing code:

Inv. ID:

Disposal method:

Date entry & initials:

Waste inactive: