



# Hazardous Waste Self Audit

Section: Product Wastes — Flammables, corrosives, lethals & oxidizers

## Section: Product Wastes — Flammables, corrosives, lethals & oxidizers

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

#### How do I know if a product is flammable?

- Check for a flash point of less than 140°F (see MSDS to confirm).
- Check product labels.
- Consult the manufacturer.

#### How do I know if a product is lethal?

- Lethal products include pesticides, which are products or substances intended to prevent, destroy, repel or mitigate any pest, including bacteria, insects, mold, rodents and weeds (see MSDS to confirm).
- Check product labels.

#### How do I know if a product is corrosive?

- Corrosive alkalines have a pH greater than or equal to 12.5 (check the MSDS).
- Corrosive acids have a pH less than or equal to 2 (check the MSDS).

#### For more information

See MPCA factsheet “Characteristic Wastes” at [www.pca.state.mn.us/publications/w-hw2-04.pdf](http://www.pca.state.mn.us/publications/w-hw2-04.pdf).

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

### 1. Does your business carry any of these flammable products? (check all that you carry)

- |  |  |
|--|--|
| <input type="checkbox"/> Flammable solvents, oil-based paint and stains    | <input type="checkbox"/> Cologne and perfumes                              |
| <input type="checkbox"/> Parts-washing solvents                            | <input type="checkbox"/> Facial care products                              |
| <input type="checkbox"/> Citrus solvents                                   | <input type="checkbox"/> Hair care products                                |
| <input type="checkbox"/> Any product in an aerosol container               | <input type="checkbox"/> Hand sanitizers                                   |
| <input type="checkbox"/> Thinner and mineral spirits                       | <input type="checkbox"/> Lighters and lighter fluid                        |
| <input type="checkbox"/> Air fresheners (Sprays, oils, and reed diffusers) | <input type="checkbox"/> Nail care products                                |
| <input type="checkbox"/> Alcohol-based products                            | <input type="checkbox"/> Office supplies (White Out and Dry Erase markers) |
| <input type="checkbox"/> All-purpose cleaners/wipes                        | <input type="checkbox"/> Pest control products                             |
| <input type="checkbox"/> Automotive care products                          | <input type="checkbox"/> Stain removers                                    |
| <input type="checkbox"/> Carpet or spot cleaners                           | <input type="checkbox"/> Windshield washer fluid                           |
| <input type="checkbox"/> Citronella  | <input type="checkbox"/> Other (specify)                                   |
| <input type="checkbox"/> Cold dip cleaners                                 | _____  |
|  | _____  |

### 2. Does your business carry any of these lethal products? (check all that you carry)

- |   |  |
|---|--|
| <input type="checkbox"/> Algacides or aquatic supplies                | <input type="checkbox"/> Sanitizers      |
| <input type="checkbox"/> Flea and tick products                       | <input type="checkbox"/> Weed killers    |
| <input type="checkbox"/> Insecticides/pest control products and traps | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Pesticides                                   | _____                                    |
|   | _____                                    |

### 3. Does your business carry any of these corrosive products? (check all that you carry)

#### Corrosive alkalines:

- All-purpose cleaners
- Ammonia
- Aquarium and pool supplies
- Bleach and products containing bleach (e.g., chlorine)
- Drain cleaner
- Hair relaxer and remover
- Other (specify)

\_\_\_\_\_

\_\_\_\_\_

#### Corrosive acids:

- All-purpose cleaners
- Aquarium and pool supplies
- Bath and kitchen cleaner
- Brick/stone cleaner
- Calcium lime and rust remover
- Oven cleaners
- Tarnish remover
- Toilet cleaner
- Other (specify)

\_\_\_\_\_

\_\_\_\_\_

# Section: Product Wastes — Flammables, corrosives, lethals & oxidizers *(continued)*

## Self-Audit Tips, Action Steps & Resources

### How do I know if a product is an oxidizer?

Oxidizers readily supply oxygen to a chemical reaction or act similarly to oxygen in a reaction.

- Check MSDS.
- Consult the manufacturer.

### Why can't hazardous waste products be sent for reuse or credit?

Hazardous waste products that cannot be used for their intended purpose or sold must be shipped directly from your business site and disposed of through a permitted hazardous waste disposal company. It is illegal to send hazardous wastes to locations that are not permitted to receive hazardous wastes.

Brokers, charities, distribution centers, manufacturers and salvage companies generally are not permitted to accept hazardous wastes.

4. Does your business carry any of these oxidizer products?  
(check all that you carry)

- |  |  |
|--|--|
| <input type="checkbox"/> Bleach            | <input type="checkbox"/> Soot remover          |
| <input type="checkbox"/> Hydrogen peroxide | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Mildew remover    | _____  |
| <input type="checkbox"/> Nitrates          |  |
| <input type="checkbox"/> Pool chemicals    |  |

5. Do you return or send any products to the following for possible reuse or credit? (check all that apply)

- Broker (specify company) \_\_\_\_\_
- Charity/donation (specify company) \_\_\_\_\_
- Distribution center (specify company) \_\_\_\_\_
- Manufacturer (specify company) \_\_\_\_\_
- Salvage company (specify company) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

- If a flammable, corrosive, lethal or oxidizer product can be used for its intended purpose, it is *not* a waste and can be sent for reuse or credit.
- If a flammable, corrosive, lethal or oxidizer product cannot be used for its intended purpose, it *is* a waste and needs to be managed as hazardous waste. It cannot be sent for reuse or credit.

6. I understand that flammable, corrosive, lethal and oxidizer products that meet the following descriptions are hazardous wastes and must be disposed of through a permitted hazardous waste disposal company.

- Products in a damaged container.
  - Products that may be contaminated or mixed.
  - Products that are unlabeled or unidentifiable.
  - Products with a broken seal.
  - Products that are expired.
  - Returned products that cannot be used for their intended purpose or cannot be sold.
  - Returned products that cannot be sold for liability reasons.
- Yes, I understand that product waste must be properly disposed.
- If you may generate flammable, corrosive, lethal or oxidizer hazardous wastes, fill out the Management Plan Form 2s on pages 3 - 6.

7. If you have product wastes not identified in questions 1 - 4, you need to evaluate the wastes to determine if they are hazardous. You may decide to assume the wastes are hazardous and manage them as hazardous waste.

- For information on evaluating your wastes, see the *Evaluating Your Wastes Section* (available at [www.hennepin.us/selfaudit](http://www.hennepin.us/selfaudit)).
- I will evaluate additional product wastes.
- I will assume additional products wastes are hazardous (fill out Management Plan Form 2s on pages 3 - 6).
- Not applicable, I have no additional product wastes.

# Section: Product Wastes — Flammables *(continued)*

## Instructions for filling out the Management Plan Form 2

**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. Transport/**

**Disposer name:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with this self audit packet 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 — Flammable Liquid and Aerosol Wastes

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:** Flammable Liquid and Aerosol Product Wastes

**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):**

- Damaged/broken  Contaminated/not able to sell  
 Expired  Partially used  
 Unlabeled  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*)  
 On-site treatment (describe) \_\_\_\_\_  
 Mixed with other wastes (list) \_\_\_\_\_  
 Recycled or reused on site (specify how) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

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

- Drum  Pail  Plastic bin  Original container  Bottle  Box  
 Aboveground storage tank  Belowground storage tank  
 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 Flammables)  
 Labeled with the accumulation start date  
 Stored separately from incompatible wastes like acids and oxidizers  
 Container is closed

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

- Recycle  Burn as fuel  Incinerate  
 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: \_\_\_\_\_ Storage container: \_\_\_\_\_ Billing code: \_\_\_\_\_  
Inv. ID: \_\_\_\_\_ Disposal method: \_\_\_\_\_  
Date entry & initials: \_\_\_\_\_ Waste inactive: \_\_\_\_\_

# Section: Product Wastes — Corrosives (continued)

## Instructions for filling out the Management Plan Form 2

**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.

**J. Labeling and storage requirements:** Waste acids and waste bases are incompatible. Store them in separate containers. For example, do not store pool chemicals/chlorine/bleach with a waste acid.

**\*L./M./N./O. Transport/ Disposer name:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with this self audit packet 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 — Corrosive Wastes

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:** Corrosive Wastes

**B. Four-digit hazardous waste code:**  D002  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):**

- Damaged/broken  Contaminated/not able to sell  
 Expired  Partially used  
 Unlabeled  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*)  
 On-site treatment (describe) \_\_\_\_\_  
 Mixed with other wastes (list) \_\_\_\_\_  
 Recycled or reused on site  
 Other (specify) \_\_\_\_\_

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

- Drum  Pail  Plastic bin  Original container  Bottle  Box  
 Aboveground storage tank  Belowground storage tank  
 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 Corrosives)  
 Labeled with the accumulation start date  
 Stored separately from incompatible wastes like bleach and flammables  
 Container is closed

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

- Recycle  Neutralize  Incinerate  
 Wastewater treatment  Chemical fixation  Land disposal  
 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: \_\_\_\_\_ Storage container: \_\_\_\_\_ Billing code: \_\_\_\_\_  
Inv. ID: \_\_\_\_\_ Disposal method: \_\_\_\_\_  
Date entry & initials: \_\_\_\_\_ Waste inactive: \_\_\_\_\_

# Section: Product Wastes — Lethals *(continued)*

## Instructions for filling out the Management Plan Form 2

**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. Transport/Disposer name:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with this self audit packet 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 — Lethal, Pesticide and Toxic Wastes

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:** Lethal, Pesticide and Toxic Wastes

**B. Four-digit hazardous waste code:**  MN01  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):**

- Damaged/broken  Contaminated/not able to sell  
 Expired  Partially used  
 Unlabeled  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*)  
 Mixed with other wastes (list) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

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

- Drum  Pail  Plastic bin  Original container  Bottle  Box  
 Aboveground storage tank  Belowground storage tank  
 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 Pesticides, Toxics, Lethals)  
 Labeled with the accumulation start date  
 Container is closed

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

- Recycle  Burn as fuel  Incinerate  
 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:*

*Inv. ID:*

*Date entry & initials:*

*Storage container:*

*Billing code:*

*Disposal method:*

*Waste inactive:*

# Section: Product Wastes — Oxidizers *(continued)*

## Instructions for filling out the Management Plan Form 2

**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. Transport/Disposer name:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter. The factsheet may be included with this self audit packet 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 — Oxidizer Wastes

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:** Oxidizer Wastes

**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):**

- Damaged/broken  Contaminated/not able to sell  
 Expired  Partially used  
 Unlabeled  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*)  
 Mixed with other wastes (list) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

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

- Drum  Pail  Plastic bin  Original container  Bottle  Box  
 Aboveground storage tank  Belowground storage tank  
 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 Pesticides, Toxics, Lethals)  
 Labeled with the accumulation start date  
 Stored separately from incompatible wastes  
 Container is closed

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

- Recycle  Burn as fuel  Incinerate  
 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:*

*Inv. ID:*

*Date entry & initials:*

*Storage container:*

*Billing code:*

*Disposal method:*

*Waste inactive:*