

Section: Used Towels and Rags

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Self-Audit Tips, Action Steps & Resources

Managing launderable rags soaked in solvent

Used launderable rags that are soaked or dripping with solvent must be centrifuged or wrung prior to laundry.

For more information

For more information on evaluating, handling, storing and disposing of towels, wipes and sorbents, see *Manaing Used Oil and Related Oil Waste* at *www.pca.state.mn.us/ publications/w-hw4-61.pdf*. ← *Refer to the tips, action steps and resources to help you complete the audit.*

1. Does your business use towels or rags?

- □ Yes. Evaluate whether your used rags are hazardous. If the used rags are hazardous:
 - → Collect all used rags and store them in a closed container marked with the words "Hazardous Waste," a description of the waste ("Used Rags") and the start date of accumulation.
 - → Ensure that used towels or rags are stored in a container compatible with the waste such as a safety can.
 - → Fill out Management Plan Form 2 Used Towels or Rags on page 2.
- □ No, this business does not generate hazardous waste towels and rags.

Section: Used Towels and Rags (continued)

Instructions for filling out the Management Plan Form 2

B. Four-digit hazardous waste

code: Find the waste code for towels and rages at *www.pca.state.mn.us/ publications/w-hw4-61.pdf*.

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.*

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

| | Management Plan Form 2 — Used towels and rags 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: Towels or rags □ Launderable □ Disposable | | | |
| e | B. Four-digit hazardous waste code: | | | |
| | 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): Cleaning

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

□ Stored for shipment (You ship or will ship your waste to a laundry, disposal or recycling facility)
 □ Mixed with other wastes
 □ Other (specify)

G. Type of waste storage container(s):

- □ Box □ Drum □ Original container □ Pail
- \Box Underground storage tank \Box Above ground storage tank
- □ Other (specify) _____
- **H.** On-site storage location of the waste: \Box Indoors \Box Outdoors \Box 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" (*Not required for used-oil-contaminated wastes and other non-hazardous wastes*)
 - □ Labeled with a clear description of the waste (e.g., Used Towels or Rags)
 - Labeled with the accumulation start date (*Not required for used-oil-contaminated wastes and other non-hazardous wastes*)
 - \Box Container is closed

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

 $\Box \text{ Recycle } \Box \text{ Incinerate } \Box \text{ Burn as fuel } \Box \text{ Laundry}$

| Land disposal | L Chemical fixation | |
|--------------------|-----------------------------|---------|
| □ Have not yet ide | entified a disposal company | □ Other |

L. Transporter name*:

or \Box Self \Box To be determined*

- N. Disposer name*: ___

or \Box To be determined*

| Office use only | | |
|------------------------|--------------------|------------------|
| Phys. state: | Storage container: | Billing code: |
| Inv. ID: | | Disposal method: |
| Date entry & initials: | | Waste inactive: |
| | | |