Section: Antifreeze

Self-Audit tips, action steps, and resources

Do not mix antifreeze with used oil, gasoline or fuel, engine degreaser, chlorinated solvents or F listed solvents (i.e. aerosols). If you have a mixture of antifreeze with other fluids, keep them separate and determine whether the mixture is a hazardous waste (i.e. gasoline mixed with antifreeze may be ignitable). Label container used to store waste antifreeze “Waste Antifreeze” and keep the container closed.

Instructions for filling out the Management Plan Form 2

B. Year waste first generated: Estimate if unknown.

C. 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.

H. 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.

1. Does your business generate or have the potential to generate waste Antifreeze?
   □ Yes. Fill out the Management Plan Form 2 — Antifreeze below.
   □ No.

Management Plan Form 2 — Antifreeze
Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

A. Waste name: Antifreeze

B. Year waste was first generated at the site under current ownership: __________

C. Frequency of shipment or treatment: ____ times per ____ year

D. Source or process of generation (check all that apply):
   □ Coolant flush or replacement □ Other (specify) __________________

E. On-site management of waste (select one):
   □ Stored for Shipment
   □ Other (specify) __________________________

F. Type of waste storage container(s):
   □ Pail □ Drum □ Original container □ Aboveground Storage Tank
   □ Underground storage tank □ Other (specify) ______________

G. On-site storage location of the waste: □ Indoors □ Outdoors □ N/A

H. Amount generated per year: ______ gallons ______ pounds

I. Disposal facility management method:
   □ Recycle □ Burn as Fuel □ Neutralize
   □ Wastewater treatment □ Land Disposal □ Other (specify) ______________

J. Transporter Name ________________________________
   Write in “Self” if you transport the waste yourself. Write “to be determined” if you have not yet selected a company.

K. Transporter ID ____________________
   (Contact your hazardous waste transporter to find out their EPA ID number.)

L. Disposer Name ________________________________
   Write in “Self” if you transport the waste yourself. Write “to be determined” if you have not yet selected a company.

M. Disposer ID ____________________________
   (Contact your hazardous waste disposer to find out their EPA ID number.)