

Section: Waste Aerosols

Self-Audit Tips, Action Steps & Resources

Universal waste aerosol

If aerosol cans malfunction before they are used up, cans containing hazardous materials can either be managed as universal waste or hazardous waste.

Aerosol and spray solvents are used for many reasons. Although some of the solvents evaporate, some will drip off parts and must be collected and disposed of properly. Dirt, sand, grit and/or oil mixed with the cleaner from the cleaning operation needs to be collected and disposed of properly.

Reduce your use of chlorinated solvents

Use the least toxic aerosol for the job, such a switching to nonchlorinated solvents.

For more information

See the MPCA factsheet "Waste Aerosols and Compressed Gas Cylinders" at <u>https://</u> www.pca.state.mn.us/sites/ default/files/w-hw4-00.pdf ← *Refer to the tips, action steps and resources to help you complete the audit.*

1. Does your business use or sell any non-chlorinated aerosols?

- □ Yes.
 - → List the contents of the non-chlorinated aerosol listed on the can, or attach a Safety Data Sheet (SDS):
 - → Solvents must be collected. Do not allow them to drip on the floor. Non-chlorinated solvents can be mixed with used oil with permission from your oil hauler.
 - How many aerosols do you purchase in a year?
 _____ cans at _____ oz per can.
 The net weight of aerosol in the can will be estimated at 14 oz if not provided.
 - → Fill out the Management Plan Form 2 Waste Aerosols (Non-Empty) on page 3.
- □ No, this business does not generate any waste aerosols.

2. Does your business use or sell any chlorinated solvents?

- □ Yes
 - → List the contents of the non-chlorinated aerosol listed on the can, or attach a Safety Data Sheet (SDS):
 - → Chlorinated solvents must be collected. Do not allow them to drip on the floor. Chlorinated electric cleaner, brake cleaner, carburetor cleaner and other chlorinated solvents must not be mixed with used oil or parts washer. Chlorinated solvents must be collected, managed and disposed of separately.
 - → How many aerosols do you purchase in a year? _____ cans at _____ oz per can.

The net weight of aerosol in the can will be estimated at 14 oz if not provided.

- → Select one of the following:
 - □ This company will manage waste chlorinated solvent separately from used oil and oil-related wastes.
 - □ This company chose to switch to non-chlorinated solvents as of (date) _____
- Fill out the Management Plan Form 2 Waste Aerosols (Non– Empty) on page 3.

Section: Waste Aerosols (continued)

Self-Audit Tips, Action Steps & Resources

Waste aerosols may be punctured if all hazardous waste propellant gases, product gases and liquids are captured and properly disposed as hazardous waste.

For more information

See the MPCA factsheet "Waste Aerosols and Compressed Gas Cylinders" at <u>https://</u> www.pca.state.mn.us/sites/ default/files/w-hw4-00.pdf.

3. Does your business collect residual solvents after they are dispensed onto dirty parts being cleaned?

- □ Yes.
 - → Fill out the Management Plan Form 2 Spent Solvent from Aerosols on page 4.
- □ No, this business does not generate any spent solvent.
- Does your business use an aerosol puncturing unit?
 □ Yes.
 - → You may puncture waste aerosols as long as any unavoidable liquid residuals are collected and properly managed as hazardous waste unless evaluated to be non-hazardous. The aerosol puncturing unit must meet any applicable Minnesota State Fire Code and OSHA employee requirements.
 - → Fill out the Management Plan Form 2 Spent Solvent from Aerosols on page 4.
 - □ No, this business does not puncture waste aerosols.

Section: Waste Aerosols (continued)

Instructions for filling out the Management Plan Form 2

A. Waste name: Non-empty. unusable aerosol containers are universal waste.

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 hennepin.us/ hazwastedisposalcompanies.

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

Management Plan Form 2 — Waste Aerosols (Non- Empty)
Report how you manage or will manage your wastes. Call 612-348-3777 for as-
sistance.

- Refer to the instructions for more information.
- A. Waste name: Waste Aerosols (Non-Empty)
- **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): □ Carburetor cleaner

- □ Brake cleaner □ Electric cleaner □ Partially used □ Damaged/broken □ Contaminated/not able to sell
- □ Expired
 - □ Partially used
- □ Other (specify): ___
- F. On-site management of waste (select one):
 - □ Stored for shipment (You ship or will ship your waste to a disposal or recvcling facility) □ Mixed with other wastes

□ Unlabeled

□ Other (specify)

G. Type of waste storage container(s):

- \Box Drum \Box Pail \Box Plastic bin \Box Original container \Box Box □ Other (specify)
- H. On-site storage location of the waste:
 Indoors □ Outdoors □ N/A
- I. Amount generated per year: _____ gallons or _____ pounds or _____ count
- J. I understand and follow the requirements for proper labeling and storage:
 - □ Labeled with the words "Universal Waste Aerosols", "Waste Aerosols" or "Used Aerosols"
 - □ Labeled with the accumulation start date
 - □ Container is closed
- A. Disposal facility management method (contact your disposal company if unknown)
 - □ Recycle □ Burn as fuel □ Incinerate

□ Have not yet identified a disp	osal company 🛛 Other
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B. Transporter name**:

or \Box Self \Box To be determined**

D. Disposer name**:

or \Box To be determined**

Office use only Phys. state: Heterogeneous mix Storage container: Billing code: B Inv. ID: Disposal method: *Waste inactive: Date entry & initials:*

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Section: Waste Aerosols (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.

***F. On-site management method:** Get permission from your used oil hauler before mixing liquid from aerosol is with used oil.

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 <u>hennepin.us/</u> hazwastedisposalcompanies.

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

Management Plan Form 2 — Spent Solvent from Aerosols 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: Spent Solvent from Aerosols
- **B. Four-digit hazardous waste code:** I D001 Cher (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):
 □ Brake cleaner □ Electric cleaner □ Carburetor cleaner
 □ Other (specify):

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

□ Stored for s	shipment	(Yo	u ship	or	will	l shij	o your	[.] waste	e to a	a dis	spo	sal o	r re	cy-
cling facility)							-							-

□ Mixed with other wastes (non-chlorinated aerosols can be mixed with used oil)* □ Other (specify) _____

G. Type of waste storage container(s):

□ Drum □ Pail □ Plastic bin		🗆 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 (only for liquids from aerosols that cannot be mixed with used oil): □ Labeled with the words "Hazardous Waste"
 - □ Labeled with a clear description of the waste (e.g., Waste Solvents)
 - □ 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
 □ Recycle with used oil
 □ Have not yet identified a disposal company
 □ Other ______
- L. Transporter name**:
 - or \Box Self \Box To be determined**

N. Disposer name**:

Office use only Phys. state:	Storage container:
Inv. ID:	
Date entry & initials:	

Billing code: C Disposal method: Waste inactive: