Section: Waste Aerosols

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 https://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.

4. 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)

Management Plan Form 2 — Waste Aerosols (Non- Empty)
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 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):

☐ Brake cleaner  ☐ Electric cleaner  ☐ Carburetor cleaner
☐ Partially used  ☐ 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
☐ Other (specify) ___________________________________________________________________

G. Type of waste storage container(s):

☐ Drum  ☐ Pail  ☐ Plastic bin  ☐ Original container  ☐ 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 disposal company  ☐ Other _____________________________

B. Transporter name**: ___________________________________________________________________

☐ Self  ☐ To be determined**

C. Transporter EPA ID number: _____ __________ __________ __________ __________

D. Disposer name**: ___________________________________________________________________

☐ To be determined**

E. Disposer EPA ID number: _____ __________ __________ __________ __________
Section: Waste Aerosols (continued)

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: □ 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):
   □ Brake cleaner □ Electric cleaner □ Carburetor cleaner
   □ 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 (non-chlorinated aerosols can be mixed with used oil)*
   □ 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 (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 □ Self □ To be determined**

M. Transporter EPA ID number: __ __ __ __ __ __ __ __ __ __

N. Disposer name**: ____________________________
   or □ To be determined**

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