Hazardous Waste Self Audit

Section: Waste Electronics

Tips, action steps and resources

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

1. Does your business generate electronic waste?
(Check all that apply.)

- Computers/printers
- Monitors
- Hard drives
- Keyboards/mouse
- TVs
- LEDs
- DVD/Blue-ray players
- Any equipment with a digital display, keypad, touch screen or USB portals
- Any equipment with a printed circuit board
- Any equipment with a cathode ray tube (CRT)
- Any electronic medical device
- Other (specify) ____________________________

→ Fill out the Management Plan Form 2 — Waste Electronics on page 2.

☐ This business does not generate electronic waste.

2. Do you take waste electronics from your customers for recycling?

- Yes
  
  → Include the amount you take in from customers on your Management Plan Form 2 — Waste Electronics on page 2.

  → Read through the Managing Electronic Waste factsheet and complete the Collector Registration Form if necessary.

- No, this business does not collect waste electronics from customers for recycling.

For more information

See Managing Electronic Wastes at www.pca.state.mn.us/sites/default/files/w-hw4-15.pdf

See Retailer Collection of Waste Household Electronics at www.pca.state.mn.us/sites/default/files/w-gen2-07.pdf

Cathode Ray Tubes (CRT)

A cathode ray tube (CRT) is the display device used in older TVs and computer monitors. CRTs generally contain 5 to 8 pounds of lead.

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Instructions for filling out the Management Plan Form 2

Management Plan Form 2 — Waste Electronics

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: Electronics

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.

D. Source or process of generation (check all that apply):
- Office equipment
- Other (specify): _____________________________

E. On-site management of waste (select one):
- Stored for shipment (You ship or will ship your waste to a disposal or recycling facility)
- Other (specify) _____________________________

F. Type of waste storage container(s):
- Box
- Drum
- Original container
- Other (specify) _____________________________

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

H. Amount generated per year: _____ gallons or _____ pounds or _____ count

I. Check that you understand and follow the requirements for proper labeling and storage:
- If electronics are in a container, the container is labeled with a clear description of the waste (e.g., Waste Electronics or Used Electronics) and the words “for recycling”

J. Transporter name*: _____________________________
- Self
- To be determined*

K. Disposer name*: _____________________________
- To be determined*

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Office use only

Waste code: D008
Phys. state: Inorganic solid

Storage container:
Billing code:

Transporter EPA ID number: __________________

Disposer EPA ID number: __________________

Disposal method: RB or OA Inv. ID:

Date entry & initials: Waste inactive:

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Hazardous waste self-audit report—Return all sections 2 of 2