Section: Waste Ink and Press Wash Solvent

Self-Audit Tips, Action Steps & Resources

Do not air dry ignitable inks and solvents
Air drying ignitable inks or solvents or other related hazardous waste products is prohibited.

Evaluating inks and solvents
Many pure discarded inks may not be listed hazardous waste; however, they may still display a hazardous characteristic.

Distilled waste press wash solvent
Distilled waste press wash solvent residues include:
- Sludge left from distillation residues
- Distillation bottoms, settling solids and other cleanup materials

Reporting distilled paint press wash solvent
If you distill your waste press wash solvent, report the maximum amount of waste press wash solvent accumulated before distillation in Management Plan Form 2 — Waste Press Wash Solvent Prior to Distillation on page 4.


For more information
See Evaluating Paint and Ink Wastes at www.pca.state.mn.us/publications/w-hw4-40.pdf.

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

1. Does your business use or sell any inks and press wash solvent?
   - Yes. Fill out the Management Plan Form 2 — Waste Ink and Press Wash Solvent on page 2. If you collect excess ink separately, complete Management Plan Form 2 — Ink (collected separately) on page 3.
   - No, this business does not generate waste in and press wash solvent.

2. Does your business distill waste ink and press wash solvent?
   - No, this business does not distill waste ink or press wash solvent.

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Air drying ignitable inks or solvents or other related hazardous waste products is prohibited.

Evaluating inks and solvents
Many pure discarded inks may not be listed hazardous waste; however, they may still display a hazardous characteristic.

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For more information
See Evaluating Paint and Ink Wastes at www.pca.state.mn.us/publications/w-hw4-40.pdf.
Section: Waste Ink and Press Wash Solvent (continued)

Management Plan Form 2 — Waste Ink and Press Wash Solvent
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 Ink and Press Wash Solvent

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):
   □ Printing operations   □ Returned or unsalable product
   □ 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)
   □ Other (specify) __________________________

G. Type of waste storage container(s):
   □ Box      □ Drum      □ Original container
   □ 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:
   □ Labeled with the words “Hazardous Waste”
   □ Labeled with a clear description of the waste (e.g., Waste Ink & Press Wash Solvent)
   □ Labeled with the accumulation start date
   □ Container is closed

K. Disposal facility management method (contact your disposal company if unknown)
   □ Recycle   □ Incinerate   □ Burn as fuel
   □ 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*

O. Disposer EPA ID number: __________________________

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

www.hennepin.us/selfaudit  Hazardous waste self-audit report—Return all sections  2 of 5
Section: Waste Ink and Press Wash Solvent (continued)

Management Plan Form 2 — Waste Ink (collected separately)
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 Ink

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):
   □ Printing operations □ Returned or unsalable product
   □ 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)
   □ Other (specify) ____________________________

G. Type of waste storage container(s):
   □ Drum □ Pail □ Original container
   □ Other (specify) ____________________________

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

I. Amount generated per year: _____ gallons or _____ pounds

J. Check that you understand and follow the requirements for proper labeling and storage:
   □ Labeled with the words “Hazardous Waste” (If ink is hazardous waste)
   □ Labeled with a clear description of the waste (e.g., Waste Ink)
   □ Labeled with the accumulation start date (If ink is hazardous waste)
   □ Container is closed

K. Disposal facility management method (contact your disposal company if unknown)
   □ Recycle □ Incinerate □ Burn as fuel
   □ Other (specify) ____________________________
   □ Have not identified a disposal company

L. Transporter name*: ____________________________
   or □ Self
   □ To be determined*

M. Transporter EPA ID number: ____________________________

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

O. Disposer EPA ID number: ____________________________

Office use only
Phys. state: Organic liquid Storage container: Billing code:
Inv. ID: Disposal method:
Date entry & initials: Waste inactive:
Section: Waste Ink and Press Wash Solvent (continued)

Management Plan Form 2 — Waste Press Wash Prior to Distillation
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: Press Wash Prior to Distillation

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):
☐ On-site distillation

F. On-site management of waste (select one):
☐ Recycled or reused on site for beneficial use.
☐ Other (specify) _____________________________________________________

G. Type of waste storage container(s):
☐ Drum ☐ Pail ☐ Original container
☐ Other (specify) _____________________________________________________

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

I. Amount generated per year: _____ gallons or _____ pounds

J. Check that you understand and follow the requirements for proper labeling and storage:
☐ Labeled with the words “Hazardous Waste”
☐ Labeled with a clear description of the waste (e.g., Waste Press Wash to be Distilled)
☐ Labeled with the accumulation start date
☐ Container is closed

K. Disposal facility management method (contact your disposal company if unknown)
☐ Recycle ☐ Incinerate ☐ Burn as fuel
☐ Other (specify) _____________________________________________________
☐ Have not identified a disposal company

L. Transporter name*: ____________________________
or ☐ Self ☐ To be determined*

M. Transporter EPA ID number: ________________

N. Disposer name*: ________________________________
or ☐ To be determined*

O. Disposer EPA ID number: ________________________

Instructions for filling out the Management Plan Form 2

B. Four-digit hazardous waste code: Some common waste codes for waste press wash prior to distillation:
- D001: Flammable or Ignitable
- F003: Spent non-halogenated solvents (acetone, xylene)
- F005: Spent non-halogenated solvents (methyl ethyl ketone [M.E.K.], toluene)

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: Report the maximum amount of waste press wash accumulated before distillation.

*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 — Distilled Waste Press Wash Residues
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: Distilled Waste Press Wash Residues

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):
☐ On-site distillation

F. On-site management of waste (select one):
☐ Recycled or reused on site for beneficial use.
☐ Other (specify) _____________________________________________________

G. Type of waste storage container(s):
☐ Drum ☐ Pail ☐ Original container
☐ Other (specify) _____________________________________________________

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

I. Amount generated per year: _____ gallons or ______ pounds

J. Check that you understand and follow the requirements for proper labeling and storage:
☐ Labeled with the words “Hazardous Waste”
☐ Labeled with a clear description of the waste (e.g., Distilled Waste Press Wash Residues)
☐ Labeled with the accumulation start date
☐ Container is closed

K. Disposal facility management method (contact your disposal company if unknown)
☐ Recycle ☐ Incinerate ☐ Burn as fuel
☐ Other (specify) _____________________________________________________
☐ Have not identified a disposal company

L. Transporter name*: ____________________________________________________
☐ Self
☐ To be determined*

M. Transporter EPA ID number: ________________________________

N. Disposer name*: ____________________________________________________
☐ To be determined*

O. Disposer EPA ID number: ____________________________________________

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