Section: Waste Photo and X-Ray Film

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

1. Does your business chemically develop or store photo film and/or X-ray film?
   - Yes. Fill out the Management Plan Form 2 — Waste Film on page 2.
   - No, this business (check one):
     - Does not develop film.
     - Develops only digital film.
     - No longer chemically develops photo or X-ray film but still generated waste photo or X-ray film from customers. Collect all waste silver-bearing film, including film ends, discarded film and poorly developed film, for proper recycling. Fill out the Management Plan Form 2 — Waste Film on page 2.

2. Does your business use chemicals that contain chromium (sodium dichromate or sodium bichromate) or are corrosive (e.g., nitric acid) to clean an X-ray processor?
   - Yes.
     - For cleaners that are corrosive or acidic, indicate the pH of the working solution.
     - For cleaners that contain chromium, download and complete the Section: Toxic Wastes at www.hennepin.us/selfaudit.
     - No, this business does not use chemicals that contain chromium or are corrosive to clean an X-ray processor.

3. Does your business generate lead foil bitewings?
   - Yes. Fill out the Management Plan Form 2 — Lead Foil on page 3.
   - No, this business does not generate lead foil bite wings.

For more information

Cleaners containing chromium
Cleaners containing chromium are relatively uncommon. They are brown or golden, and the product will likely indicate whether or not it contains chromium.

Consider returning unused chromate cleaners to the manufacturer and substitute a cleaner without chromates. Contact the Minnesota Technical Assistance Program (MnTAP) at 612-324-1300 or www.mntap.umn.edu for alternatives.
Section: Waste Photo and X-Ray Film (continued)

Management Plan Form 2 — Waste Film
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: □ Photo film □ X-ray film

B. Year waste 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):
   □ Film developing □ 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 □ Pail □ Original container
   □ Other (specify) ______________________________

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

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

I. Check that you understand and follow the requirements for proper labeling and storage:
   □ Labeled with a clear description of the waste (e.g., Used or Waste Film)
   □ Container is closed

J. Transporter name*: ______________________________
   or □ Self □ To be determined*

K. Disposer name*: ______________________________
   or □ To be determined*

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Office use only
Waste code: D011  Phys. state: Inorganic solid
Storage container:
Disposer EPA ID number: __________________________
Transporter EPA ID number: __________________________
Disposal method:
Inv. ID:
Date entry & initials:  Waste inactive:
Section: Waste Photo and X-Ray Film (continued)

Management Plan Form 2 — Lead Foil
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: Lead Foil

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):

☐ X-ray film developing
☐ 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)
☐ Recycled for beneficial use
☐ Other (specify) ______________________

F. Type of waste storage container(s):

☐ Box
☐ Drum
☐ Pail
☐ Original container
☐ Other (specify) ______________________

G. On-site storage location of the waste:

☐ Indoors
☐ Outdoors
☐ N/A

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

I. Check that you understand and follow the requirements for proper labeling and storage:

☐ Labeled with a clear description of the waste (e.g., Waste Lead Foil)
☐ Container is closed

J. Transporter name*:

__________________________________________________

or

☐ Self
□ To be determined*

K. Disposer name*:

_____________________________________________________

or

☐ To be determined*

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Office use only

Waste code: D009
Phys. state: Inorganic solid

Storage container:
Billing code:

Disposer EPA ID number: ___________________________

Transporter EPA ID number: _______________________

Disposal method:
Inv. ID:

Date entry & initials: Waste inactive: