Section: Waste Photo and X-Ray Fixer

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

1. Does your business operate a silver recovery unit to treat your waste photo or X-ray fixer?
   - Yes. Fill out the Management Plan Form 2 — Waste Photo or X-Ray Fixer on page 2. Report only the total amount of waste fixer, not the silver recovery cartridge or sludge from the silver recover unit.
   - No, this business does not operate a silver recovery unit. Go to question 2.

2. Does your business collect waste fixer solutions for off-site recycling?
   - Yes. Fill out Management Plan Form 2 — Waste Photo or X-Ray Fixer on page 2.
   - No. Immediately start collecting used fixer. You can either install a silver recovery unit to treat your used fixer or start collecting the used fixer in a container. Fill out Management Plan Form 2 — Waste Photo or X-Ray Fixer on page 2.

Maintaining silver recovery units
The silver recovery unit must be maintained according to the manufacturer’s service recommendations, and maintenance logs must be maintained.

For more information
Section: Waste Photo and X-Ray Fixer (continued)

Management Plan Form 2 — Waste Photo or X-Ray Fixer
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 Photo or X-Ray Fixer

B. Four-digit hazardous waste code: ☑ D011  □ 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):
   □ Film developing
   □ Other (specify): _____________________________________________________

F. On-site management of waste (select one):
   □ Silver recovery unit
   □ 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):
   □ N/A
   □ 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., Used Fixer)
   □ Labeled with the accumulation start date
   □ Container is closed

K. Disposal facility management method (contact your disposal company if unknown)
   □ Recycle  □ Sewer
   □ Other _____________________________________________________________
   □ Have not yet 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: __________________________________________

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