



Hazardous Waste Self Audit

Section: Used Oil & Related Wastes

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Self-Audit Tips, Action Steps & Resources

Used oil

Used oil includes but is not limited to: engine oil, transmission fluid, lubricating oil, grease (excluding food grease), brake fluid, machining coolant, cutting oil.

*Halogenated solvents

Halogenated solvents are solvents that contain a halogen such as chlorine, fluorine, bromine or iodine. Some examples include: Dichloromethane (Methylene chloride), trichloroethylene, perchloroethylene (tetrachloroethylene). Halogenated solvents may not be mixed with used oil and must be collected and disposed of separately.

**F-listed wastes

See *F-Listed Hazardous Wastes* at www.pca.state.mn.us/publications/w-hw2-00.pdf.

For more information

See *Managing Used Oil and Related Wastes* at www.pca.state.mn.us/publications/w-hw4-30.pdf.

***See *Parts Washing Solvent* at www.pca.state.mn.us/publications/w-hw4-43.pdf.

Reducing hazardous solvent waste

Use the least toxic solvent for the job and consider switching to non-chlorinated solvents.

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

1. Does your business generate used oil and/or take in used oil from its customers?

- Yes. Fill out the Management Plan Form 2 — Used Oil on page 2.
- No. Move on to question 3.

2. Do you mix any other wastes with your used oil?

- Yes (list): _____

 - Do not mix used oil with wastes such as antifreeze, halogenated solvents* (many brake and carburetor cleaners), F-listed wastes**, gasoline, engine degreasers or paint thinner.
 - Petroleum-based parts washing solvent*** and/or sludge that is only hazardous for being ignitable may be mixed with used oil if you are a VSQG (you generate less than 220 pounds or about 22 gallons of non-acute hazardous waste per month) and you meet all legal requirements regarding mixing. The solvent (and any sludge) cannot exceed 10 percent of the total volume of the final mixture. Be sure to check with your used oil hauler to make sure it is ok before mixing parts washing solvent and/or sludge with your used oil.
- No.

Indicate whether your business generates any of the following wastes:

3. Used oil filters

- Yes. Complete Management Plan Form 2 — Used Oil Filters on page 3
- No.

4. Used oil sorbent, floor dry or disposable oily rags

- Yes. Complete Management Plan Form 2 — Used Oil Sorbent, Floor Dry and Disposable Oily Rags on page 4
- No.

Section: Used Oil & Related Wastes *(continued)*

Instructions for filling out the Management Plan Form 2

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.

C. On-site management: See *Burning used oil at www.pca.state.mn.us/publications/w-hw4-32.pdf*.

F. 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)

H. Amount generated per year: If you don't have a history of the amount of waste generated, estimate the amount that will be generated in a year.

***K./L./M./N. 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 used oil transporter/dispenser for their EPA ID number.

Management Plan Form 2 — Used Oil

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: Used Oil

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):

Changing oil 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*)

Mixed with other wastes (list) _____

Burned in a waste oil heater Recycled for beneficial use

Other (specify) _____

F. Type of waste storage container(s):

Drum Pail Original container

Aboveground storage tank Belowground storage tank

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 Oil)

Container is closed

J. Disposal facility management method (*contact your disposal company if unknown*)

Recycle/burn as fuel Incinerate

Have not yet identified a disposal company Other _____

K. Transporter name*: _____

or Self To be determined*

L. Transporter address: _____

or EPA ID number: _____

M. Disposer name*: _____

or Burned as fuel on site

To be determined*

N. Disposer address: _____

or EPA ID number: _____

Office use only

Waste code: M100

Storage container:

Inv. ID:

Date entry & initials:

Phys. state:

Billing code:

Disposal method: RB or OA

Waste inactive:

Section: Used Oil & Related Wastes *(continued)*

Instructions for filling out the Management Plan Form 2

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: If you have fuel pump filters (gas stations) or parts washing filters, check with your used oil hauler to determine if they can be mixed with your used oil filters for disposal.

F. Type of waste storage container: Storage containers must be:

- Compatible with the waste, such as steel or plastic drum or pail (will not react with, be affected by, or absorb contents).
- Sturdy and leak-proof (will not leak when overturned or bumped).

H. Amount generated per year: If you don't have a history of the amount of waste generated, estimate the amount that will be generated in a year.

***K./L./M./N. 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 used oil transporter/disposer for their EPA ID number.

Management Plan Form 2 — Used Oil Filters

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: Used Oil Filters

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):

- Changing oil Fuel pump filters Parts washer filters
 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*)
 Mixed with other wastes
 Other (specify) _____

F. Type of waste storage container(s):

- Drum Pail 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 Oil Filters)
 Container is closed

J. Disposal facility management method (*contact your disposal company if unknown*)

- Recycle Have not yet identified a disposal company
 Other _____

K. Transporter name*: _____

- or Self
 To be determined*

L. Transporter address: _____

or EPA ID number: _____

M. Disposer name*: _____

- or To be determined*

N. Disposer address: _____

or EPA ID number: _____

Office use only

Waste code: M100

Storage container:

Inv. ID:

Date entry & initials:

Phys. state:

Billing code:

Disposal method: RB or OA

Waste inactive:

Section: Used Oil & Related Wastes *(continued)*

Instructions for filling out the Management Plan Form 2

Minimizing sorbent waste

To minimize the amount of sorbents generated, clean up spills with a squeegee and dust pan to recover as much liquid oil as possible. Combine recovered liquid oil with other used oil.

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.

F. Type of waste storage container:

Storage containers must be:

- Compatible with the waste, such as steel or plastic drum or pail (will not react with, be affected by, or absorb contents).
- Sturdy and leak-proof (will not leak when overturned or bumped).

H. Amount generated per year:

If you don't have a history of the amount of waste generated, estimate the amount that will be generated in a year.

*K./L./M./N. 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 used oil transporter/dispenser for their EPA ID number.

Management Plan Form 2 — Used Oil Sorbent, Floor Dry and Disposable Oily Rags

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:** Used Oil Sorbent Disposable Rags Floor Dry
 Pads, pillows or socks

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):**

Cleaning spills 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*)

Mixed with other wastes

Other (specify) _____

F. **Type of waste storage container(s):**

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 Oil Sorbent)

Container is closed

J. **Disposal facility management method** (*contact your disposal company if unknown*)

Recycle Have not yet identified a disposal company

Other _____

K. **Transporter name*:** _____

or Self

To be determined*

L. **Transporter address:** _____

or EPA ID number: _____

M. **Disposer name*:** _____

or To be determined*

N. **Disposer address:** _____

or EPA ID number: _____

Office use only

Waste code: M100

Storage container:

Inv. ID:

Date entry & initials:

Phys. state: Inorganic solid

Billing code:

Disposal method: RB or OA

Waste inactive: