



Hazardous Waste Self Audit

Section: Waste Photo and X-Ray Film

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Self-Audit Tips, Action Steps & Resources

Film wastes that must be recycled

Collect all waste silver-bearing film, including film ends, discarded film and poorly developed film for proper recycling.

For more information

See *Managing Photographic and X-Ray Waste* at www.pca.state.mn.us/publications/w-hw4-46.pdf.

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.

← 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 are corrosive or acidic, download and complete the Section: Corrosive Wastes at www.hennepin.us/selfaudit.
 - 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 generate lead foil bite wings.

Section: Waste Photo and X-Ray Film *(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.

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.

***J./K. Transporter/Disposer name:** 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.

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 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):

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*

Office use only

Waste code: D011

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:

Section: Waste Photo and X-Ray Film *(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.

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.

***J./K. Transporter/Disposer name:** 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.

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*

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: