



## MRW FIXED FACILITY - ANNUAL REPORT

### INSTRUCTIONS

Note: Each letter corresponds to a section of the attached reporting form.

- A. Provide the name of the facility. If there is **more than one facility**, and the wastes are recorded cumulatively, indicate in the space provided **OR** if there are separate collection quantities for each facility, make a copy of this form and report them **separately**.
- B. Check the appropriate waste category (HHW or CESQG) accepted. If you **accept both waste categories**, make a copy of this form and report them **separately**.

Indicate the number of participants for Households **OR** CESQGs and the **Calendar Year** of the report.

**REMEMBER!** Copy the form to report HHW and CESQG collection **separately**. **Do not** combine HHW and CESQG data on one form. **Annual reporting forms that contain a combination of HHW and CESQG data will not be accepted.**

- C.-E. Provide the facility name, address, telephone number, and hours/days when open.
- F.-G. Check "YES" if you received waste during the reporting year or if you used the services of an environmental contractor or if there was a change in the waste category under which you previously reported a certain waste stream. Provide the contractor's name, address, telephone number, fax number and e-mail address (if applicable), and what type of service was provided by the environmental contractor.
- H.-I. Using the waste unit codes and waste disposal method codes check the appropriate box for waste collected at the fixed facility and fill in the quantities collected. If you do not have actual weights for your wastes by type, contact Ecology for conversion factors.

To add waste categories not included on this form or if you have multiple disposal methods for one category of waste use the open cells at the bottom of this section. If you need additional cells go to the last open cell in the list and click outside the box to the right. Then hit enter and two additional cells will appear. Repeat for more cells.

- J. If applicable, include the location and dates reported from collection events or mobile collections if those wastes are included in this report.
- K. Indicate the costs for the disposal of waste by the contractor and the costs incurred by the local jurisdiction for the fixed facility. Also, show paid and volunteer hours. **See Section K for additional information on filling out this section.**
- L. Indicate the restrictions on waste received; check the source (e.g. household only waste), type (e.g. paint and oil), amount (e.g. 5 gallons per person/per day).

**Make sure you have completed, filled in your name, and dated this form.**

The preparer is the person who prepared the annual report, is familiar with the regulations, and is in charge of overseeing the operations. Please provide the preparer's name, title, date, telephone number, and e-mail address.

**RETURN THIS FORM BY: APRIL 1**

Email electronic copy to: [asal461@ecy.wa.gov](mailto:asal461@ecy.wa.gov)

**OR** mail a printed copy to:

**Al Salvi, Department of Ecology, PO Box 47775, Olympia WA 98504-7775**



# FIXED FACILITY - ANNUAL REPORT

## Household Hazardous Waste (HHW) or Conditionally Exempt Small Quantity Generator (CESQG)

**Please complete each box**

**(Complete a separate form for HHW and CESQG wastes collected)**

<p><b>A. FACILITY NAME(S)</b> (If separate collection quantities are reported for each facility, use one form for each facility) _____ _____</p> <p>This fixed facility is the: <input type="checkbox"/> <b>Main Facility</b> OR IS A <input type="checkbox"/> <b>Satellite Facility</b></p>	<p><b>B. WASTE ACCEPTED</b> (check only one per form)</p> <p style="text-align: center;"><input type="checkbox"/> <b>HHW</b>      or      <input type="checkbox"/> <b>CESQG</b></p> <p>(If both, copy this form to report HHW and CESQG separately)</p> <p><b>Number of Participants:</b> _____</p> <p><b>Calendar Year of Report:</b> _____</p>
<p><b>C. FACILITY ADDRESS</b></p> <p>_____</p> <p>(city) _____</p> <p>(state) _____</p> <p>(zip) _____</p>	<p><b>D. COUNTY</b></p> <p>_____</p>
<p><b>F. DID YOU RECEIVE WASTE THIS YEAR?</b>    <input type="checkbox"/> <b>NO</b>    <input type="checkbox"/> <b>YES</b></p> <p>If <b>YES</b>, proceed to item G.</p> <p>If <b>NO</b>, please answer the following questions, and sign, date and return the form, which will complete your reporting obligations for this form.</p> <p>When did you stop taking waste? _____</p> <p>Do you plan to reopen?    <input type="checkbox"/> <b>NO</b>    <input type="checkbox"/> <b>YES</b>    When? _____</p> <p>If <b>YES</b>, what type of facility? _____</p>	
<p><b>G. DID YOU USE THE SERVICES OF AN ENVIRONMENTAL CONTRACTOR THIS YEAR?</b>    <input type="checkbox"/> <b>NO</b>    <input type="checkbox"/> <b>YES</b></p> <p>If <b>YES</b>,</p> <p>1. Name(s) of Contractor(s) _____ Contact Person _____</p> <p>Address _____</p> <p>Phone No. _____ Fax No. _____ E-mail Address _____</p> <p>What type of service was provided (recycle oil, dispose of waste, etc.)? _____</p>	
<p>2. Name(s) of Contractor(s) _____ Contact Person _____</p> <p>Address _____</p> <p>Phone No. _____ Fax No. _____ E-mail Address _____</p> <p>What type of service was provided (recycle oil, dispose of waste, etc.)? _____</p>	
<p><b>DID YOU CATEGORIZE A WASTE DIFFERENTLY THIS YEAR?</b>    <input type="checkbox"/> <b>NO</b>    <input type="checkbox"/> <b>YES</b></p> <p><b>FOR EXAMPLE, IF SOMETHING THAT WAS CATEGORIZED AS BASES (AEROSOLS) LAST YEAR AND WAS CATEGORIZED AS AEROSOLS (CONSUMER COMMODITIES) THIS YEAR, PLEASE DESCRIBE WHAT WAS CHANGED AND WHY.</b></p> <p>_____</p> <p>_____</p>	

*If you need this publication in another format, please call the Waste 2 Resources Program at 360-407-6900.  
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

**H. WASTE DISPOSAL METHODS**

**(One disposal method per line, or provide separate quantities and units if same waste has different disposal methods.)**

For each waste type, indicate disposal methods by using a bold letter in the "Disposal" column below:

- U** Reused. Reusing waste materials such as latex paint or pesticides without processing the material, e.g., by exchange.
- R** Recycled. A process of transforming material into usable or marketable material.
- E** Energy recovery. A process of converting waste into usable energy, e.g., oil burned to recover energy or heat building.
- T** Treated/solid waste LF. Physical, chemical, or biological processing of waste prior to landfilling.
- W** Wastewater disposal with or without pretreatment processing.
- H** Hazardous waste facility. Waste materials sent to a facility where dangerous waste is placed such as hazardous waste landfill or a treatment, storage and disposal facility (TSD).
- S** Disposal to a solid waste landfill without treatment.
- O** Other = Incineration unless listed otherwise: \_\_\_\_\_

**I. PLEASE CHECK IF RECEIVED, and RECORD WASTE DISPOSAL METHODS and QUANTITY (refer to H, above.)**

**NOTE: DO NOT FILL IN 1-3 IF REPORTED IN YOUR USED OIL REPORT**

✓ WASTE TYPE	Disposal Methods	Lbs	✓ WASTE TYPE	Disposal Methods	Lbs
<input type="checkbox"/> 1. Antifreeze			<input type="checkbox"/> 20a. Paint – Latex		
<input type="checkbox"/> 2a. Oil Filters			<input type="checkbox"/> 20b. Paint – Latex (contaminated)		
<input type="checkbox"/> 2b. Oil Filters (crushed)			<input type="checkbox"/> 21a. Paint – Oil Based		
<input type="checkbox"/> 3a. Oil Non-Contaminated			<input type="checkbox"/> 21b. Paint – Oil Based Paint (contaminated)		
<input type="checkbox"/> 3b. Oil Contaminated (oily water, oil with PCB's, Oil with Chlorides)			<input type="checkbox"/> 22. Paint Related Materials		
<input type="checkbox"/> 3c. Oil stained rags, absorbent pads, etc.			<input type="checkbox"/> 23. Pesticide/Poison Liquid (6.1)		
<input type="checkbox"/> 4. Aerosols (consumer commodities)			<input type="checkbox"/> 24. Pesticide/Poison Solids (6.1)		
<input type="checkbox"/> 5a. Acids (8)			<input type="checkbox"/> 25. Photo/Silver Fixer		
<input type="checkbox"/> 5b. Acids (8) (aerosol cans)			<input type="checkbox"/> 26. Reactives		
<input type="checkbox"/> 6a. Bases (8)			<input type="checkbox"/> 27. PCB Containing Light Ballasts		
<input type="checkbox"/> 6b. Bases (8) (aerosol cans)			<input type="checkbox"/> 28. Non-PCB Containing Light Ballasts		
<input type="checkbox"/> 7a. Batteries – Auto Lead Acid			<input type="checkbox"/> 29. Dioxins		
<input type="checkbox"/> 7b. Batteries – Small Lead Acid			<input type="checkbox"/> 30. Tar and/or Adhesives (Indicate with a circle)		
<input type="checkbox"/> 7c. Batteries – NiCad/NIMH/Lithium			<input type="checkbox"/> 31. Cyanide Solutions		
<input type="checkbox"/> 7d. Batteries – Household Dry Cell (alkaline/carbon)			<input type="checkbox"/> 32. Compressed Gas Cylinders (O <sub>2</sub> and Acetylene)		
<input type="checkbox"/> 8. Chlorinated Solvents			<input type="checkbox"/> 33. Fire Extinguishers		
<input type="checkbox"/> 9. CFC's			<input type="checkbox"/> 34. Used Cooking Oil		
<input type="checkbox"/> 10a. Electronic Wastes (except CRTs)			<input type="checkbox"/> 35. Materials Recycled (propane tanks, cardboard, cans and other packaging)		
<input type="checkbox"/> 10b. CRT's			<input type="checkbox"/> 36. Other Dangerous Wastes (Please Specify & List)		
<input type="checkbox"/> 11. Flammable Solids (4)			<input type="checkbox"/>		
<input type="checkbox"/> 12. Flammable Liquids (3)			<input type="checkbox"/>		
<input type="checkbox"/> 13a. Flammable Liquid - Poison (3, 6.1)			<input type="checkbox"/>		
<input type="checkbox"/> 13b. Flammable Liquid-Poison (3, 6.1) [aerosol cans]			<input type="checkbox"/>		
<input type="checkbox"/> 14a. Flammable Gas - Poison (2, 6.1)			<input type="checkbox"/>		

✓ WASTE TYPE	Disposal Methods	Lbs	✓ WASTE TYPE	Disposal Methods	Lbs
<input type="checkbox"/> 14b. Flammable Gas-Poison (2, 6.1) [aerosol cans]			<input type="checkbox"/>		
<input type="checkbox"/> 14c. Flammable Butane, Propane, etc.			<input type="checkbox"/>		
<input type="checkbox"/> 15a. Mercury - Fluorescent Tubes and CFL's			<input type="checkbox"/>		
<input type="checkbox"/> 15b. Mercury Thermometers, Thermostats			<input type="checkbox"/>		
<input type="checkbox"/> 15c. Mercury – Pure (Elemental)			<input type="checkbox"/>		
<input type="checkbox"/> 15d. Mercury Compounds (dental amalgam, etc.)			<input type="checkbox"/>		
<input type="checkbox"/> 15e. Mercury Devices (manometers, barometers, etc.)			<input type="checkbox"/>		
<input type="checkbox"/> 15f. Mercury Switches and Relays			<input type="checkbox"/>		
<input type="checkbox"/> 15g. Mercury Containing Batteries (button, etc.)			<input type="checkbox"/>		
<input type="checkbox"/> 16. Nitrate Fertilizer			<input type="checkbox"/>		
<input type="checkbox"/> 17a. Non – Regulated Liquids (Soaps, Cleaners list others)			<input type="checkbox"/>		
<input type="checkbox"/> 17b. Non-Regulated Solids			<input type="checkbox"/>		
<input type="checkbox"/> 18. Organic Peroxides (5.2)			<input type="checkbox"/>		
<input type="checkbox"/> 19. Oxidizers (5.1)			<input type="checkbox"/>		

**J. DOES THE WASTE REPORTED ABOVE INCLUDE THE QUANTITIES FROM:**

Collection Events  NO  YES

Mobile Collections  NO  YES

Location(s) \_\_\_\_\_

Location(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

Dates(s) \_\_\_\_\_

**K. MRW FIXED FACILITY COSTS:**

Employee/Contractor Costs/YR (staffing and training costs including benefits) \$ \_\_\_\_\_

Operating Costs/YR (supplies – packaging, PPE, hazcat, spill pallets, utility bills, equipment inspection sand rentals, etc.) \$ \_\_\_\_\_

Educational Costs/YR (promoting safer alternatives, use products up, don't dispose of in trash, etc.) \$ \_\_\_\_\_

Disposal Costs/YR \$ \_\_\_\_\_

Advertising Costs/YR (costs for publicizing the facility) \$ \_\_\_\_\_

Capital Improvement Costs/YR (new floor coating, can crusher, ventilation, signage, etc.) \$ \_\_\_\_\_

**L. ARE THERE RESTRICTIONS ON WASTE RECEIVED AT YOUR FIXED FACILITY BASED ON:**

Source (specify) \_\_\_\_\_

Type (specify) \_\_\_\_\_

Amount (specify) \_\_\_\_\_

PREPARED BY \_\_\_\_\_

DATE \_\_\_\_\_

(Title) \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_