

Hanford Mission Integration Solutions  
**WASTE PLANNING CHECKLIST**

Generic

Work Document No.: \_\_\_\_\_ Rev: \_\_\_\_\_ Planned Start Date: \_\_\_\_\_

Work Document Title: \_\_\_\_\_

Location of Waste (Bldg. No., System, Tank No., Room No.): \_\_\_\_\_

Preparer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ CACN: \_\_\_\_\_

**NOTE:** If job scope changes or additional waste is to be generated, then this form must be reviewed and revised, as necessary, to reflect the changes.

**A. FACILITY/PROJECT COMPLETES**

	YES	NO		YES	NO
1. Is waste expected to be radiologically contaminated?	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any oil expected (e.g., in pumps, filters, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will any batteries be disposed?	<input type="checkbox"/>	<input type="checkbox"/>	9. Liquids	<input type="checkbox"/>	<input type="checkbox"/>
3. Will paint or painted waste be generated?	<input type="checkbox"/>	<input type="checkbox"/>	10. Concrete (slabs/pieces)	<input type="checkbox"/>	<input type="checkbox"/>
4. Will beryllium contaminated waste be generated?	<input type="checkbox"/>	<input type="checkbox"/>	11. Metal (i.e., grating, bar steel, sheet metal)	<input type="checkbox"/>	<input type="checkbox"/>
5. Will asbestos waste be generated?	<input type="checkbox"/>	<input type="checkbox"/>	12. HEPA filters (ventilation) or HEPA vacuums	<input type="checkbox"/>	<input type="checkbox"/>
6. Will PCB waste be generated?	<input type="checkbox"/>	<input type="checkbox"/>	13. Lead (bricks, sheets, paint chips)	<input type="checkbox"/>	<input type="checkbox"/>
7. Will equipment (e.g., pumps, valves, hoists) be removed?	<input type="checkbox"/>	<input type="checkbox"/>	14. Other - List in comments	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

	YES	NO		YES	NO
15. Rad Survey Data (Report #: _____)	<input type="checkbox"/>	<input type="checkbox"/>	17. Sample Data	<input type="checkbox"/>	<input type="checkbox"/>
16. Contamination Information (Report #: _____)	<input type="checkbox"/>	<input type="checkbox"/>			

18. MSDS/SDS No.	Chemical or Product Name	MSDS/SDS No.	Chemical or Product Name

19. General description of the work scope: \_\_\_\_\_

20. General description of the waste: \_\_\_\_\_

21. Estimate quantity of waste that will be generated (gals/lbs/m<sup>3</sup>): \_\_\_\_\_

**B. ENVIRONMENTAL COMPLIANCE OFFICER COMPLETES**

1. Is additional characterization/information needed?  YES  NO  
 Comments: \_\_\_\_\_

2. Is waste regulated for disposal?  YES  NO  
 CHECK ALL THAT ARE APPLICABLE:  RCRA  CERCLA  TSCA  NESHAPS  Other: \_\_\_\_\_

3. Disposition Instruction: \_\_\_\_\_

4. The following waste minimization techniques will be used: \_\_\_\_\_

5. Identify staging/storage/accumulation area(s): \_\_\_\_\_

Prepared By: \_\_\_\_\_

\_\_\_\_\_ *Print First and Last Name* \_\_\_\_\_ *Signature / Completion/Review Date*

Title: \_\_\_\_\_ Expiration Date: \_\_\_\_\_