MRW COLLECTION EVENTS / MOBILE COLLECTIONS - ANNUAL REPORT

**INSTRUCTIONS**

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

A.-C. Provide the name of the agency as it is legally referred to and type of event, number of participants, calendar year of the report, and identify the county name.

D. Check the appropriate waste category accepted. If you **accept both waste categories**, copy this form to report them **separately**. **Do not** combine HHW and CESQG on one form.

**Reporting forms that contain a combination of HHW *and* CESQG data will not be accepted**

E.-F. Provide the agency address and telephone number.

G.-H. Check “YES” if you held HHW Collection events 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, e-mail address (if applicable), and what type of service was provided by the contractor.

1. For each collection event held this year, indicate the name of the event, date, location, and sponsor.

J. Indicate the costs for the disposal of waste by the contractor, number of participants, and costs incurred by the local jurisdiction for the collection or mobile event(s). Also show paid and volunteer hours. **See Section J for additional information on filling out this section.**

K.-L. Using the waste unit codes and waste disposal method codes (K), check the appropriate box for waste collected at the collection event, and fill in the quantities collected. If you do not have records of actual weights by waste 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.

M. 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: APRIL1**

Email electronic copy to: **megan.warfield@ecy.wa.gov**

 **OR** mail a printed copy to:

**Megan Warfield, Department of Ecology, PO Box 47600, Olympia WA 98504-7600**

 MRW COLLECTION EVENTS / MOBILE COLLECTIONS

## 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)

|  |  |
| --- | --- |
| A. AGENCY NAME | 1. **TYPE OF EVENT (check only ONE per form)**

 **[ ]  COLLECTION [ ]  MOBILE****Number of Participants:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Calendar Year of Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **COUNTY**
 | 1. **WASTE ACCEPTED (check only one per form)**

 **[ ]  HHW or [ ]  CESQG**(If both, copy this form to report HHW and CESQG separately) |
| 1. AGENCY ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  | F. PHONE FAX  |
| **G. DID YOU HOLD COLLECTION EVENT(S) THIS YEAR? [ ]  NO [ ]  YES** |  |
| **If NO**, answer the following questions in item G, and sign, date, and return this form, which completes your reporting obligations for this form. **If YES**, how many? **If YES**, please answer the following questions; complete the remainder of the form and sign on the back.Do you plan to have collection event(s) next year? **[ ]  NO [ ]  YES** When?  |
| **DID YOU CATEGORIZE A WASTE DIFFERENTLY THIS YEAR? [ ]  NO [ ]  YES****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.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**H. DID YOU USE THE SERVICES OF AN ENVIRONMENTAL CONTRACTOR THIS YEAR? [ ]  NO [ ]  YES****If YES:** |
| 1. Name(s) of Contractor(s) Contact Person  Address  Phone (\_\_\_\_\_) Fax No. E-mail Address  What type of service was provided (recycle oil, dispose of waste, etc.)?  |
| 2. Name(s) of Contractor(s) Contact Person  Address  Phone (\_\_\_\_\_) Fax No. E-mail Address  What type of service was provided (recycle oil, dispose of waste, etc.)?  |
| Name of Event Date(s) Location(s) Sponsor(s)  |
| **J. COLLECTION EVENT COST AND PARTICIPATION** TotalEmployee Hours\_\_\_\_\_\_\_\_ Open Hours/Event Number of Participants \_\_\_\_\_\_\_ Volunteer Hours \_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee/Contractor Costs (staffing and training costs including benefits) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Educational Costs (promoting safer alternatives, use products up, don’t dispose of in trash, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advertising Costs (costs for publicizing the event) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Operating Costs (Supplies – packaging, PPE, hazcat, spill pallets, equipment rentals, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disposal Costs $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| K. 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 used oil and other materials with fuel value into usable energy, e.g., oil burned to recover energy or heat building.**T** Treated/solid waste landfill. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **L. PLEASE CHECK IF RECEIVED, and RECORD WASTE DISPOSAL METHODS and QUANTITY (refer to K, above)** |
| **NOTE: DO NOT FILL IN 1-3**  **IF REPORTED IN YOUR USED OIL REPORT** |
| **✓ WASTE TYPE Disposal Method Lbs** | **✓ WASTE TYPE Disposal Method Lbs** |
| * 1. Antifreeze
 |  |  | * 19. Oxidizers (5.1)
 |  |  |
| * 2a. Oil Filters
 |  |  | * 20a. Paint - Latex
 |  |  |
| * 2b. Oil Filters (crushed)
 |  |  | * 20b. Paint - Latex (contaminated)
 |  |  |
| * 3a. Oil Non-Contaminated
 |  |  | * 21a. Paint - Oil Based
 |  |  |
| * 3b.. Oil Contaminated (oily water, oil with PCB’s, Oil with Chlorides)
 |  |  | * 21b. Paint – Oil Base (contaminated)
 |  |  |
| * 3c. Oil stained rags, absorbent pads, etc.
 |  |  | * 22. Paint Related Materials
 |  |  |
| * 4. Aerosols (consumer commodities)
 |  |  | * 23. Pesticide/Poison Liquid (6.1)
 |  |  |
| * 5a.. Acids (8)
 |  |  | * 24. Pesticide/Poison Solids (6.1)
 |  |  |
| * 5b. Acids (8) (aerosol cans)
 |  |  | * 25. Photo/Silver Fixer
 |  |  |
| * 6a. Bases (8)
 |  |  | * 26. Reactives
 |  |  |

|  |  |
| --- | --- |
| **✓ WASTE TYPE Disposal Method Lbs** | **✓ WASTE TYPE Disposal Method Lbs** |
| * 6b. Bases (8) (aerosol cans)
 |  |  | * 27. PCB Containing Light Ballasts
 |  |  |
| * 7a. Batteries – Auto Lead Acid
 |  |  | * 28. Non-PCB Containing Light Ballasts
 |  |  |
| * 7b. Batteries – Small Lead Acid
 |  |  | * 29. Dioxins
 |  |  |
| * 7c. Batteries – NiCad/NIMH/Lithium
 |  |  | * 30. Tar and/or Adhesives (Indicate with a circle)
 |  |  |
| * 7d. Batteries – Household Dry Cell (alkaline/carbon)
 |  |  | * 31. Cyanide Solutions
 |  |  |
| * 8. Chlorinated Solvents
 |  |  | * 32. Compressed Gas Cylinders (O2 and Acetylene)
 |  |  |
| * 9. CFC’s
 |  |  | * 33. Fire Extinguishers
 |  |  |
| * 10a. Electronic Wastes (except CRTs)
 |  |  | * 34. Used Cooking Oil
 |  |  |
| * 10b. CRT’s
 |  |  | * 35. Materials Recycled (propane tanks, cardboard, metals, and other packaging)
 |  |  |
| * 11. Flammable Solids (4)
 |  |  | * 36. Other Dangerous Wastes (Please Specify & List)
 |  |  |
| * 12. Flammable Liquids (3)
 |  |  |  |  |  |
| * 13a. Flammable Liquid-Poison (3, 6.1)
 |  |  |  |  |  |
| * 13b. Flammable Liquid-Poison (3, 6.1) [aerosol cans]
 |  |  |  |  |  |
| * 14a. Flammable Gas - Poison (2, 6.1)
 |  |  |  |  |  |
| * 14b. Flammable Gas - Poison (2, 6.1) [aerosol cans]
 |  |  |  |  |  |
| * 14c. Flammable Butane, Propane, etc.
 |  |  |  |  |  |
| * 15a. Mercury – Fluorescent Tubes and CFL’s
 |  |  |  |  |  |
| * 15b. Mercury – Thermometers and Thermostats
 |  |  | *
 |  |  |
| * 15c. Mercury – Pure (Elemental)
 |  |  | *
 |  |  |
| * 15d. Mercury Compounds (dental amalgam, etc.)
 |  |  |  |  |  |
| * 15e. Mercury Devices (manometers, barometers, etc.)
 |  |  |  |  |  |
| * 15f. Mercury Switches and Relays
 |  |  |  |  |  |
| * 15g. Mercury Containing Batteries (button, etc.)
 |  |  |  |  |  |
| * 16. Nitrate Fertilizer
 |  |  |  |  |  |
| * 17a. Non – Regulated Liquids (Soaps, Cleaners, list others)
 |  |  |  |  |  |
| * 18. Organic Peroxides (5.2)
 |  |  |  |  |  |
| **M. ARE THERE RESTRICTIONS ON WASTE RECEIVED AT YOUR COLLECTION/MOBILE EVENT BASED ON:** |
| * Source (specify)

 * Type (specify)

 * Amount (specify)
 |

|  |  |
| --- | --- |
| PREPARED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Title)  | **DATE** **PHONE** (\_\_\_\_\_) **E-MAIL ADDRESS**  |

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