

## EPA New England- Hospital Environmental Assessment Template

*An environmental compliance and pollution prevention tool*

### Introduction

This tool was developed for an Office of Environmental Compliance and Assistance (OECA) grant which was given to the University of New Hampshire Pollution Prevention Program. The tool was modified into three state specific tools for CT, RI and NH. The interns collected and compiled information from a total of 25 hospitals in the three states. A copy of the final report can be found at <http://www.unh.edu/p2/nhppp/i2003.html>. This tool is not all-inclusive and it does not include all Federal hospital requirements or preferable practices. If you are a VA there are additional requirements that will apply to you that are not covered in this template. In addition, you should also always check with your state for any additional state requirements. If you would like a word version of this document to customize for your state or EPA Region, please email Janet Bowen of EPA Region I at [Bowen.Janet@epa.gov](mailto:Bowen.Janet@epa.gov) or call her directly at (617) 918-1795.

### Section I: General Facility

- 1.1 Number of Hospital Beds:     <75     75-200     >200
- 1.2 What state are you located in? \_\_\_\_\_
- 1.3 What department(s) are responsible for environmental compliance at your hospital? (Check all that apply)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Health and Safety | <input type="checkbox"/> Maintenance/Facility | <input type="checkbox"/> Industrial Hygienist  |
| <input type="checkbox"/> Environmental     | <input type="checkbox"/> Nursing              | <input type="checkbox"/> Other (Specify) _____ |
- 1.4 Has your hospital used EPA technical resources? (Check all that apply)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accessed H2E website            | <input type="checkbox"/> Participate on H2E Listserv              | <input type="checkbox"/> Telephone assistance from EPA        |
| <input type="checkbox"/> Participate H2E teleconferences | <input type="checkbox"/> Participate EnergyStar internet training | <input type="checkbox"/> Information from EPA at event        |
| <input type="checkbox"/> H2E fact sheets                 | <input type="checkbox"/> H2E Assessment                           | <input type="checkbox"/> Accessed EPA website                 |
| <input type="checkbox"/> 3/21/01 Hospital workshop in CT | <input type="checkbox"/> EPA presentation                         | <input type="checkbox"/> EnergyStar Benchmarking information  |
| <input type="checkbox"/> Accessed Region I website       | <input type="checkbox"/> 11/6/02 SPCC training in CT              | <input type="checkbox"/> Mercury Challenge Partners directory |
| <input type="checkbox"/> SPCC Amendment fact sheet       | <input type="checkbox"/> EPCRA fact sheet                         | <input type="checkbox"/> Other (Specify) _____                |
- 1.5 What changes or actions (if any) have you made as a result of EPA/H2E assistance? (Check all that apply)
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Filed notification                   | <input type="checkbox"/> Became H2E Partner                     | <input type="checkbox"/> Improved/evaluated water efficiency  |
| <input type="checkbox"/> Obtained permit                      | <input type="checkbox"/> Inventoried mercury use/equipment      | <input type="checkbox"/> Reduced/replaced mercury items       |
| <input type="checkbox"/> Provided employee training           | <input type="checkbox"/> Benchmarked/increase energy efficiency | <input type="checkbox"/> Instituted/increased recycling/reuse |
| <input type="checkbox"/> Submitted documentation to EPA/State | <input type="checkbox"/> Minimized infectious waste             | <input type="checkbox"/> Other (Specify) _____                |
| <input type="checkbox"/> Adopted formal purchasing policy     | <input type="checkbox"/> Came into compliance                   |   |

### Section II: Compliance Self Assessment

<b>1.0 Resource Conservation and Recovery Act (RCRA) (40 CFR 261, 262, 265)</b>		Y	N	Some	DK	NA
1.1	What is your hospital's generator status? (Please check) <input type="checkbox"/> No Hazardous Waste <input type="checkbox"/> CESQG <sup>1</sup> <input type="checkbox"/> SQG <sup>2</sup> <input type="checkbox"/> LQG <sup>3</sup> <input type="checkbox"/> Don't Know (DK)					
1.2	Does your hospital have an EPA hazardous waste generator number?					
1.3	<b>Storage</b> Is all hazardous waste stored in either a satellite accumulation area and/or a separate hazardous waste storage area?					
1.4	Are the satellite accumulation areas clearly identified?					
1.5	Are all hazardous waste containers kept closed except when filling or adding waste?					

<b>1.0 Resource Conservation and Recovery Act (RCRA) (40 CFR 261, 262, 265)</b>		Y	N	Some	DK	NA
1.6	Are all hazardous waste containers in good condition?					
1.7	Is there a secondary containment system in the hazardous waste storage area?					
1.8	Does the storage area have an impervious surface and no floor drain?					
1.9	Does your hospital maintain emergency and safety equipment within the hazardous waste storage area? (spill kits, eye wash, personal protective equipment (PPE), etc.)					
1.10	Does your hazardous waste storage area have a communication device? (telephone, alarm, etc.)					
1.11	<b>Labeling</b> Are hazardous wastes stored in labeled containers with: the words "Hazardous Waste" ..... the name of waste..... the EPA waste code..... the date container was placed in storage?.....					
1.12	<b>Inspections</b> Is the hazardous waste storage area inspected weekly for signs of spills or container deterioration?					
1.13	Are the inspections documented?					
1.14	Is there a hazardous waste determination on file for all wastes?					
1.15	<b>Contingency Plan</b> Is there an updated RCRA Contingency Plan including accurate phone numbers?					
1.16	Was a copy of the RCRA Contingency Plan sent to the local fire department?					
1.17	<b>Training</b> Do employees receive hazardous waste management training related to their job duties?					
1.18	Are these training records maintained?					
1.19	<b>Manifests</b> Does the hospital maintain its manifests for at least three years?					
1.20	Does the hospital maintain Land Disposal Restriction notices with the manifests that they are providing the Notice for?					

<b>2.0 Universal Waste<sup>4</sup> (40 CFR 273)</b>		Y	N	DK	NA
2.1	Does your hospital handle Universal Waste separately from your other hazardous waste? <i>Tip: For more information on Universal Waste visit</i> <i><a href="http://www.epa.gov/epaoswer/hazwaste/id/univwast.htm">http://www.epa.gov/epaoswer/hazwaste/id/univwast.htm</a></i>				
2.2	If yes to 2.1, does your hospital label its Universal Waste and specify type (e.g., lamps, batteries)?				
2.3	If yes to 2.1, does your hospital store Universal Waste in appropriate containers that prevent releases to the environment?				
2.4	If yes to 2.1, does your hospital have a system to document the length of time that the Universal Waste has been accumulating?				

<b>3.0 Spill Prevention Control Countermeasure Plans (SPCC) (40 CFR 112)</b>		Y	N	DK	NA
3.1	Is oil of any kind stored <b>above</b> ground in containers or equipment that have a capacity of 55 gallons or greater and a total aggregate capacity of over 1,320 gallons? <i>Tip: For more information visit EPA's Oil Program website at <a href="http://www.epa.gov/oilspill/index.htm">http://www.epa.gov/oilspill/index.htm</a></i>				
3.2	Does your hospital store oil <b>below</b> ground in any size tank (s) with a total aggregate volume over 42,000 gallons not including Underground Storage Tanks regulated under 40 CFR 280 and 281? (Note: USTs containing heating fuels for on-site heating purposes are exempted from 40 CFR 280 and 281)				
3.3	Does your hospital have a Spill Prevention, Control Countermeasure plan (SPCC)?				
3.4	If yes to 3.3, is it certified by a licensed Professional Engineer?				

<b>4.0 Integrated Contingency Plan ("One Plan")</b>		Y	N	DK	NA
4.1	Has your hospital consolidated your various planning requirements into an Integrated Contingency Plan ("One Plan") which encompasses various planning requirements including but not limited to SPCC, RCRA Contingency Plan, OSHA HAZWOPER, OSHA Chemical Hygiene Plan, etc.				

<b>5.0 Underground Storage Tanks (UST) (40 CFR 280 &amp; 281)</b>		Y	N	DK	NA
5.1	Does your hospital store motor fuels, waste oils and/or hazardous substances in USTs? (Note: USTs containing heating fuels for on-site heating purposes are exempted from RCRA UST.)				
5.2	If yes to 5.1, are USTs registered with the State?				
5.3	If yes to 5.1, are records available for showing registration?				
5.4	If yes to 5.1, is there some form of leak detection in use for UST system's tank and associated piping?				
5.5	If yes to 5.1, are there records showing monthly leak detection along with yearly UST system tightness test? <i>Tip: Use EPA's Basic Checklist for USTs found at <a href="http://www.epa.gov/swrust1/cmplastc/cheklist.htm">http://www.epa.gov/swrust1/cmplastc/cheklist.htm</a> as a helpful, comprehensive tool to identify compliance lapses</i>				

<b>6.0 Community Right to Know SARA Title III - EPCRA (Sections 302-304, 311and 312)</b>		Y	N	DK	NA
6.1	Does the hospital have on-site, at any time during the calendar year, a listed Extremely Hazardous Substance (EHS) in an amount over the threshold reporting quantity? <i>Tip: Find this list at <a href="http://yosemite.epa.gov/oswer/ceppoehs.nsf/EHS_Profile?openform">http://yosemite.epa.gov/oswer/ceppoehs.nsf/EHS_Profile?openform</a></i>				
6.2	If yes to 6.1, has your hospital submitted a notification letter identifying the EHS and facility emergency coordinator to the Local Emergency Planning Committee (LEPC)/State Emergency Response Committee (SERC)?				
6.3	Does the hospital have on-site at any time during the calendar year 10,000lbs of any product/material requiring a Material Safety Data Sheet (MSDS)?				
6.4	If yes to 6.1 or 6.3, have Tier II chemical inventory forms (Tier 2 Submit for electronic submissions) been filed annually with the local fire department, LEPC and SERC? <i>Tip: For electronic Tier II Submit go to <a href="http://yosemite.epa.gov/oswer/CeppoWeb.nsf/content/tier2.htm#t2forms">http://yosemite.epa.gov/oswer/CeppoWeb.nsf/content/tier2.htm#t2forms</a></i>				

<b>7.0 Clean Air Act (CAA)</b>		Y	N	DK	NA
7.1	Does your hospital have a Title V operating permit?				
7.2	If no to 7.1, does your hospital have a State air permit?				
7.4	<b>Hospital/Medical/Infectious Waste Incinerators - 40 CFR Part 62 Subpart HHH</b> Does your hospital operate a medical waste incinerator on-site?				

<b>7.0 Clean Air Act (CAA)</b>		Y	N	DK	NA
	<i>Tip: For more information visit EPA's Air Toxic website, <a href="http://www.epa.gov/ttn/atw/129/hmiwi/rihmiwi.html">http://www.epa.gov/ttn/atw/129/hmiwi/rihmiwi.html</a></i>				
7.5	If yes to 7.4, has EPA/ State been notified and the incinerator tested?				
7.6	<b>New Source Performance Standards - 40 CFR Part 60</b> Does your hospital have boilers constructed (manufactured) or modified after June 9, 1989 with heat input between 10-100 MMBTU/hr or larger?				
7.7	If yes to 7.6, did your hospital notify EPA and/or the State that you are subject to the New Source Performance Standard (NSPS)?				
7.8	<b>Chlorofluorocarbon (CFC)</b> Does your hospital use a certified technician to service your refrigeration units with freon?				
7.9	If your hospital uses in-house certified technicians, is your recovery/recycling equipment registered with EPA?				
7.10	Are annual CFC leak rate records and maintenance and repair records maintained for the refrigeration and air conditioning system having over 50 lbs of CFC normal refrigerant charge for a period of three years?				
7.11	<b>Mobile Sources</b> Does your hospital have vehicle gasoline dispensing units on-site? Specify annual throughput _____gal/yr				
7.12	If yes to 7.11, are these units equipped with Stage 2 vapor recovery equipment?				
7.13	Does your hospital prohibit hospital operated vehicles from idling?				
7.14	<b>Asbestos - 40 CFR Part 61</b> Has your hospital undergone any demolition/renovation within the last 18 months? <i>Tip: For more information asbestos, visit <a href="http://www.epa.gov/asbestos/">http://www.epa.gov/asbestos/</a></i>				
7.15	Has the hospital removed any asbestos from any facility components within the last 18 months?				
7.16	If yes to either 7.14 or 7.15, was notification for the project provided to your State asbestos regulatory agency?				
7.17	If yes to 7.15 and 7.16, was the area where the renovation/demolition occurred "thoroughly inspected" for the presence of asbestos prior to commencement of the renovation/demolition activity?				
7.18	<b>Other</b> If you have a helicopter landing site, is exhaust prevented from entering the hospital?				

<b>8.0 Federal Insecticide, Fungicide &amp; Rodenticide Act (FIFRA)</b>		Y	N	DK
8.1	Does your hospital mix/blend your own pesticides? (Pesticides include: disinfectants, sterilants, germicides, algicides, virucides, swimming pool compounds, insecticides, fungicides, herbicides, etc.)			
8.2	If your hospital uses your own janitorial employees to apply disinfectants and other pesticides, do you offer/provide training as to the proper use of pesticides?			
8.3	Does your hospital use any "Restricted Use" pesticides? (Note: Refer to the label)			
8.4	If yes to 8.3, is the pesticide applied by a certified applicator or under direct supervision of a certified applicator?			
8.5	Are your hospital pest control operators licensed/certified by the state to apply pesticides?			

<b>9.0 Clean Water Act (CWA)</b>		Y	N	DK
9.1	Have all the wastewater discharges been identified and evaluated to determine whether they are being properly managed? (Note: If the hospital discharges wastewater into a municipal sewer system you should check with local publicly owned treatment works (POTW) for regulatory requirements.)			
9.2	Is your hospital's wastewater directly discharged into surface water or groundwater?			
9.3	If yes to 9.2, does your hospital have a National Pollutant Discharge Elimination System (NPDES) permit?			

<b>10.0 Toxic Substances Control Act (TSCA) (40 CFR 761) - Polychlorinated Biphenyl (PCB)</b>		Y	N	DK
10.1	Does the hospital have any PCB-containing electrical equipment on-site?			
10.2	If yes to 10.1, is the PCB-containing equipment properly identified?			
10.3	If yes to 10.1, does your hospital inspect PCB-containing equipment regularly for leaks and keep records of the inspections?			

<b>11.0 Lead Paint</b>		Y	N	DK	NA
11.1	Has your hospital sold or leased housing built before 1978?				
11.2	If yes to 11.1, did your hospital disclose potential and known lead-based paint and lead-based paint hazardous?				
11.3	If yes to 11.1, did your hospital give buyers/renters the pamphlet titled " <i>Protect Your Family from Lead in Your Home</i> "?				
11.4	If yes to 11.2, are disclosures documented and the records kept for three years?				

### Section III: Pollution Prevention

This section includes additional voluntary actions your facility can consider that may reduce environmental liability, waste disposal costs, and worker exposure.

*Tip: H2E or Hospitals for a Healthy Environment is national voluntary program, which has set goals for mercury toxics elimination and solid waste reductions specifically for the healthcare industry. This program provides technical support and recognition for the industry. Read more about H2E or join as an H2E partner by reading more at [http://www.h2e-online.org/programs/partner/p\\_become.htm](http://www.h2e-online.org/programs/partner/p_become.htm)*

<b>1.0 Resource Conservation and Recovery Act (RCRA) (40 CFR 261, 262, 265)</b>		Y	N	Some	DK	NA
1.1	Have you conducted a mercury audit of your hospital, including an inventory of all mercury devices/sources? <i>Tip: Can you virtually eliminate mercury at your facility? Find out how at <a href="http://www.h2e-online.org/tools/mercury.htm">http://www.h2e-online.org/tools/mercury.htm</a></i>					
1.2	Have you replaced mercury thermometers (If yes, specify alternatives in the notes section) in lab? hospital patients? in dispensing to outpatients including newborns?					
1.3	Have you replaced mercury blood pressure units? If yes, specify alternative_____					
1.4	Have you replaced other mercury containing cantor tubes, dilators, etc?					
1.5	Have you identified which lab chemicals you use that contain mercury?					
1.6	Have you replaced lab chemicals containing mercury?					
1.7	Do you still purchase any equipment containing mercury?					

## 2.0 Solid Waste

Tip: For more information on Waste Reduction visit <http://www.h2e-online.org/tools/waste.htm>

2.1 Do you donate/compost any of the following (Check all that apply)?

Food scrap/plate waste                       Edible food                                       Office equipment  
 Landscape waste                               Medical device/equipment                       Linen

2.2 Do you recycle any of the following materials? (Check all that apply)

Paper, white                       Tyvek                                       Toner cartridges                       Xray films                       Wood  
 Paper, color                       Mattresses                                       Ink jet cartridges                       Silver recovery                       Pallets  
 Cardboard                               Lead aprons                                       Printer ribbons                       Solvents/fixers                       Cooking oil  
 Newspaper                              *Plastics*                                       Computers                                       Foam peanuts                       Glass  
 Boxboard                               #1 PET                                       Ice packs/coolers                       Shrink wrap                       Steel cans  
 *Batteries*                               #2 HDPE                                       Fluorescent lamps                       Mercury                       Aluminum cans  
 Nickel cadmium                       #3 PVC                                       Scrap metal                                       Sharps                       Grass/leaves  
 Alkaline                                       #4 LDPE                                       Motor oil                                       Expired pharmaceuticals (reverse  
 Mercury                                       #5 Polypropylene                                       Construction/demolition waste                       distribution)  
 Lead acid                                       # 6 PS                                       Other (Please specify) \_\_\_\_\_

2.3 Does your hospital reuse any of the following materials?

If you do not reuse enter 0; otherwise specify either < 50%, 50%, >50% or 100%. Write DK if you do not know and NA if not applicable.

Dietary	Reusable (%)	Patient care	Reusable (%)	Surgery	Reusable (%)	Equipment	Reusable (%)
Dishware, patient		Bath basins		Instrument pans		Ventilator tubing	
Dishware, employee		Mattress overlays		Splash basins		Ambu bags	
Glassware		Water pitchers		Medicine cups		Pulse oximeters	
Cutlery		Bed pans		Gowns		Suture removal kit	
Baking pans		Urinals		Towels		Vaginal speculums	
Metal trays		Pillows		Drapes		Other _____	
Other _____		Towels		Other _____			
		Underpads (Chux)					
		Exam gowns					
		Linens					
		Other _____					

2.4 How much solid waste does your hospital generate per year (tons/year)? \_\_\_\_\_ for calendar year \_\_\_\_\_

2.5 How many tons/year did your hospital recycle? \_\_\_\_\_ for calendar year \_\_\_\_\_

2.6 What percentage of your hospital's waste is medical red bag waste? \_\_\_\_\_ % for calendar year \_\_\_\_\_

2.7 How does your hospital dispose of your medical red bag waste? (Please check)

incinerate (offsite)     incinerate (onsite)     autoclave (offsite)     autoclave (onsite)

Other(specify) \_\_\_\_\_

<b>3.0 Purchasing</b>		Y	N	DK
<i>Tip: To read more about green purchasing visit <a href="http://www.h2e-online.org/tools/grnpurch/epp.htm">http://www.h2e-online.org/tools/grnpurch/epp.htm</a></i>				
3.1	Has your hospital instituted purchasing policies in any of the following areas? (Check all that apply) <input type="checkbox"/> "Green" Product <input type="checkbox"/> Low VOC products <input type="checkbox"/> PVC products and DEHP products <input type="checkbox"/> EnergyStar products <input type="checkbox"/> Latex <input type="checkbox"/> Specifying recycled content in products <input type="checkbox"/> Less toxic materials <input type="checkbox"/> Mercury <input type="checkbox"/> Other (Specify) _____			
3.2	Has your hospital called upon vendors and your Group Purchasing Organization (GPO) to identify and develop alternatives for harmful and/or wasteful products and materials?			
3.3	Has your hospital worked with suppliers to minimize wasteful packaging?			
3.4	Does your hospital receive supplies in reusable shipping containers?			
3.5	Does your hospital use office paper with at least 30% recycled content?			
3.6	Has your hospital evaluated alternatives to Polyvinyl Chloride (PVC) and DEHP containing products?			
3.7	Does your hospital purchase non-toxic/less toxic alternatives for janitorial chemicals?			
3.8	Do you use Ethylene Oxide at your hospital?			
3.9	If yes to 3.8, have you evaluated alternatives?			
3.10	Does your hospital have a central system in place for tracking and quantifying the amount of chemicals purchased, dispensed and disposed of?			
3.11	Does your hospital track the quantity or amount of green products and services used?			

<b>4.0 Energy/Water Conservation</b>		Y	N	DK
<i>Tip: To view EnergyStar information for Healthcare visit <a href="http://208.254.22.6/index.cfm?c=healthcare.bus_healthcare">http://208.254.22.6/index.cfm?c=healthcare.bus_healthcare</a></i>				
4.1	Have you created a baseline of energy performance for your hospital using the EPA's benchmarking tool? <i>Tip: To view the EnergyStar hospital benchmarking tool visit <a href="http://208.254.22.6/index.cfm?c=eligibility.bus_portfoliomanager_eligibility_hospitals">http://208.254.22.6/index.cfm?c=eligibility.bus_portfoliomanager_eligibility_hospitals</a></i>			
4.2	Has your hospital done an energy management review within the last 3 years?			
4.3	Has your hospital implemented within the last three years any of the following? (Check all that apply) <input type="checkbox"/> Heating/ventilation upgrades <input type="checkbox"/> Control ventilation rates to minimum requirements <input type="checkbox"/> Air side cooling economizer cycle <input type="checkbox"/> Energy efficient lighting upgrades <input type="checkbox"/> Programable thermostats <input type="checkbox"/> Lighting occupancy sensors			
4.4	Does your hospital purchase EnergyStar equipment? (Check all that apply) <input type="checkbox"/> Computers <input type="checkbox"/> Fax machines <input type="checkbox"/> Roofing Products <input type="checkbox"/> Monitors <input type="checkbox"/> Printers <input type="checkbox"/> Transformers <input type="checkbox"/> Copiers <input type="checkbox"/> TVs <input type="checkbox"/> Dishwashers <input type="checkbox"/> Scanners <input type="checkbox"/> Exit signs <input type="checkbox"/> Commercial refrigerator/freezers <input type="checkbox"/> Multifunction devices <input type="checkbox"/> Water coolers <input type="checkbox"/> Other (Specify) _____			
4.5	Has your hospital assessed its water usage? <i>Tip to read about water conservation visit <a href="http://www.h2e-online.org/tools/water.htm">http://www.h2e-online.org/tools/water.htm</a></i>			
4.6	Have you implemented a water conservation program?			
4.7	Does your hospital use any of the following water-efficient equipment or practices? (Check all that apply) <input type="checkbox"/> Low flow toilets <input type="checkbox"/> Flow control mechanisms <input type="checkbox"/> Regular inspection and repair of leaks <input type="checkbox"/> Low flow faucets <input type="checkbox"/> Recirculating cooling water <input type="checkbox"/> Landscaping/irrigation <input type="checkbox"/> Automatic faucet shut off <input type="checkbox"/> Recirculate sterilizer water <input type="checkbox"/> Low water Xray process <input type="checkbox"/> Low flow showerheads <input type="checkbox"/> Kitchen <input type="checkbox"/> Other (Specify) _____			

**Section IV: General**

4.1 Does your hospital have an Integrated Pest Management (IPM) program?  Yes  No  Don't Know

4.2 What environmental topics would you like more training in? (Check all that apply)

- General compliance
- RCRA - hazardous waste
- Universal Waste
- EPCRA
- Integrated Pest Management
- CAA
- SPCC
- EPA Audit Program
- Mercury
- Green purchasing
- Solid waste recycling
- Red bag waste reduction
- Resource management
- Water conservation
- Other (Specify) \_\_\_\_\_
- Energy Management Systems
- Energy conservation
- Green buildings
- Environmental Management System

4.3 What are your top three training needs?  
Priority 1 \_\_\_\_\_ Priority 2 \_\_\_\_\_ Priority 3 \_\_\_\_\_

4.4 Has your hospital taken any action not covered above to improve environmental performance? Please specify.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes on any questions above:

Question number Comments

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<sup>1</sup>Conditionally Exempt Small Quantity Generator (**CESQG**) is a generator who generates less than 100 kg/month (about 220 lbs/month) and never accumulates more than 1000 kg (2200lbs) or more. (Note 220lbs is about half a 55 gallon drum)

<sup>2</sup>Small Quantity Generator (**SQG**) is a generator who generates more than 100 kg/month (220lbs/month) but less than 1000 kg/month (2200 lbs/month))

<sup>3</sup> Large Quantity Generator (**LQG**) is a generator who generates more than 1000 kg/month (2200 lbs/month) or generates 1 kg (2.2 lbs) or more of an acutely hazardous or severely toxic waste.

<sup>4</sup> Federal definition includes batteries( eg, nickel cadmium), pesticides, lamps and thermostats