

WASTE PLANNING CHECKLIST

 Generic

A. WORK PACKAGE PREPARER COMPLETES	YES	NO	COMMENTS
1. Will waste be generated?	<input type="radio"/>	<input type="radio"/>	If NO, checklist is complete. Sign checklist.
2. Will waste be generated in a radiological buffer area or contamination area?	<input type="radio"/>	<input type="radio"/>	If NO, Go to question A.6.
3. Will waste be generated in a process area?	<input type="radio"/>	<input type="radio"/>	
4. Will process equipment be removed?	<input type="radio"/>	<input type="radio"/>	
5. Will the disposed waste come in contact with radioactive process waste?	<input type="radio"/>	<input type="radio"/>	
6. Will there be any aerosol can(s) disposed?	<input type="radio"/>	<input type="radio"/>	
7. Will HEPA filters be disposed?	<input type="radio"/>	<input type="radio"/>	
8. Will asbestos waste be generated?	<input type="radio"/>	<input type="radio"/>	
9. Will paint waste be generated?	<input type="radio"/>	<input type="radio"/>	
10. Will *hazardous chemicals/mixtures/products be used or generated?	<input type="radio"/>	<input type="radio"/>	If YES, complete (a) and B.

*Explosive, reactive, oxidizer, highly toxic, pyrophoric, organic peroxide, chemicals that can form organic peroxides such as ketones and ethers.

(a) List "ALL" MSDS numbers and their product names:

MSDS No.	Chemical or Product Name	MSDS No.	Chemical or Product Name

11. General description of the waste:

Estimate quantify of waste that will be generated (gal / lbs / M₃): _____ Per: Day Week Month [check one]

Estimate length of job: Day(s) Week(s) Month(s) Other _____

Work Package No.: _____ / _____ Planned Start Date: _____

Preparer's Name: _____ Phone No.: _____

_____ Work Description _____ (Bldg. No., System, Tank No., Room No.)

B. IH COMPLETES

1. Complete hazardous chemical screening.
2. Provide handling instructions (volumes, storage time, interactions with other chemicals in SAA, etc.):

Prepared By: (Print/Sign) _____ Date: _____

C. HAZARDOUS WASTE COORDINATOR REPRESENTATIVE COMPLETES	YES	NO	COMMENTS
1. Is waste regulated as a dangerous waste?	<input type="radio"/>	<input type="radio"/>	
2. Disposition Instruction (Include Section B instructions as applicable):			
3. The following waste minimization techniques will be used:			
4. Facility Operations has been notified to take samples? (N/A, if not required)	<input type="radio"/>	<input type="radio"/>	
5. Is a container already available for each disposition in C.2?	<input type="radio"/>	<input type="radio"/>	
6. Does the quantity of waste in A.11 exceed capacity of the available container(s)?	<input type="radio"/>	<input type="radio"/>	

WASTE PLANNING CHECKLIST (continued)

Generic

7. Identify satellite accumulation area (SAA) or accumulation area container(s) locations:

8. Does the information on this form fall under OUO? Yes No

Prepared By: (Signature) _____ Organization: _____

(Printed Name) (Title) Review Date: _____ Expiration Date: _____
(Generic)

When changes occur in the field that could impact the validity of this form and/or the job/task AJHA, both the AJHA and this form shall be reviewed and updated, as necessary, to reflect the field changes.

Form is to be retained in the work package permanently if waste handling information and instructions are not recorded or transferred to other work planning documents. If form is not retained in work package, consult PRO-184 for OUO considerations if OUO = Yes.