



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.
- I. 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: APRIL 1

Email electronic copy to: asal461@ecy.wa.gov

OR mail a printed copy to:

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



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 	B. TYPE OF EVENT (check only ONE per form) <input type="checkbox"/> COLLECTION <input type="checkbox"/> MOBILE Number of Participants: _____ Calendar Year of Report: _____
C. COUNTY 	D. WASTE ACCEPTED (check only one per form) <input type="checkbox"/> HHW or <input type="checkbox"/> CESQG (If both, copy this form to report HHW and CESQG separately)
E. AGENCY ADDRESS _____ _____	F. PHONE _____ FAX _____
G. DID YOU HOLD COLLECTIONS THIS YEAR? <input type="checkbox"/> NO <input type="checkbox"/> 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 collections next year? <input type="checkbox"/> NO <input type="checkbox"/> YES When? _____	
DID YOU CATEGORIZE A WASTE DIFFERENTLY THIS YEAR? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> 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

Total Employee Hrs _____ Open hours/event _____ Employee/Contractor Costs (staffing and training costs including benefits) \$ _____
 Number of Participants _____ Volunteer Hours _____ 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
<input type="checkbox"/>	1. Antifreeze			<input type="checkbox"/>	19. Oxidizers (5.1)		
<input type="checkbox"/>	2a. Oil Filters			<input type="checkbox"/>	20a. Paint - Latex		
<input type="checkbox"/>	2b. Oil Filters (crushed)			<input type="checkbox"/>	20b. Paint - Latex (contaminated)		
<input type="checkbox"/>	3a. Oil Non-Contaminated			<input type="checkbox"/>	21a. Paint - Oil Based		
<input type="checkbox"/>	3b.. Oil Contaminated (oily water, oil with PCB's, Oil with Chlorides)			<input type="checkbox"/>	21b. Paint – Oil Base (contaminated)		
<input type="checkbox"/>	3c. Oil stained rags, absorbent pads, etc.			<input type="checkbox"/>	22. Paint Related Materials		
<input type="checkbox"/>	4. Aerosols (consumer commodities)			<input type="checkbox"/>	23. Pesticide/Poison Liquid (6.1)		
<input type="checkbox"/>	5a.. Acids (8)			<input type="checkbox"/>	24. Pesticide/Poison Solids (6.1)		
<input type="checkbox"/>	5b. Acids (8) (aerosol cans)			<input type="checkbox"/>	25. Photo/Silver Fixer		
<input type="checkbox"/>	6a. Bases (8)			<input type="checkbox"/>	26. Reactives		

✓	WASTE TYPE	Disposal Method Lbs		✓	WASTE TYPE	Disposal Method Lbs	
<input type="checkbox"/>	6b. Bases (8) (aerosol cans)			<input type="checkbox"/>	27. PCB Containing Light Ballasts		
<input type="checkbox"/>	7a. Batteries – Auto Lead Acid			<input type="checkbox"/>	28. Non-PCB Containing Light Ballasts		
<input type="checkbox"/>	7b. Batteries – Small Lead Acid			<input type="checkbox"/>	29. Dioxins		
<input type="checkbox"/>	7c. Batteries – NiCad/NIMH/Lithium			<input type="checkbox"/>	30. Tar and/or Adhesives (Indicate with a circle)		
<input type="checkbox"/>	7d. Batteries – Household Dry Cell (alkaline/carbon)			<input type="checkbox"/>	31. Cyanide Solutions		
<input type="checkbox"/>	8. Chlorinated Solvents			<input type="checkbox"/>	32. Compressed Gas Cylinders (O ₂ and Acetylene)		
<input type="checkbox"/>	9. CFC's			<input type="checkbox"/>	33. Fire Extinguishers		
<input type="checkbox"/>	10a. Electronic Wastes (except CRTs)			<input type="checkbox"/>	34. Used Cooking Oil		
<input type="checkbox"/>	10b. CRT's			<input type="checkbox"/>	35. Materials Recycled (propane tanks, cardboard, metals, and other packaging)		
<input type="checkbox"/>	11. Flammable Solids (4)			<input type="checkbox"/>	36. Other Dangerous Wastes (Please Specify & List)		
<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"/>			
<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 and 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"/>	18. Organic Peroxides (5.2)			<input type="checkbox"/>			

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 _____

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.