Mission Support Alliance

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?	☐	☐	**8.** Is any oil expected *(e.g., in pumps, filters, etc.)*?	☐	☐
2. Will any batteries be disposed?	☐	☐	**9.** Liquids	☐	☐
3. Will paint or painted waste be generated?	☐	☐	**10.** Concrete *(slabs/pieces)*	☐	☐
4. Will beryllium contaminated waste be generated?	☐	☐	**11.** Metal *(i.e., grating, bar steel, sheet metal)*	☐	☐
5. Will asbestos waste be generated?	☐	☐	**12.** HEPA filters *(ventilation)* or HEPA vacuums	☐	☐
6. Will PCB waste be generated?	☐	☐	**13.** Lead *(bricks, sheets, paint chips)*	☐	☐
7. Will equipment *(e.g., pumps, valves, hoists)* be removed?	☐	☐	**14.** Other - List in comments	☐	☐

Comments:

	YES	NO		YES	NO
15. Rad Survey Data (Report #: _____)	☐	☐	**17.** Sample Data (HEIS: _____)	☐	☐
16. Contamination Information (Report #: _____)	☐	☐			

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/m³)*: _____

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: _____