Solvent-Contaminated Wipes Exclusion Documentation Form

Facility Name: _____

Check One (complete a separate form for each type of wipe if both are used at this facility):

☐ Disposable Solvent-Contaminated Wipes ☐ Reusable Solvent-Contaminated Wipes

Pounds of waste wipes generated each month: _____

Explain how you know that the wipes are not characteristic for reactivity, toxicity, or corrosivity.

☐ Through knowledge of the process generating these wipes, I know that no metals are used at this facility so that the characteristic of toxicity, as well as corrosivity and reactivity, are not a concern. See attached safety data sheet(s), if applicable.

☐ The wipes were analyzed by a KDHE certified laboratory to ensure that they are not a characteristic hazardous waste. See attached analytical results.

☐ Other. _____

Explain how you will meet the "no free liquids" requirement.

☐ I will visually check each container weekly to ensure that there are no free liquids. If free liquids are present, they will be removed and placed in the hazardous waste container located _____

☐ Other. _____

List the name and address of all handlers receiving the wipes, including laundries, dry cleaners, landfills, or any other facility. Continue list on a separate page if necessary.

Name	Street Address	City	State	Zip Code

Describe the method that will be used to document that these wipes are on-site for no longer than 180 days.

☐ A date is placed on each container.

☐ A contract is in place with a laundry facility scheduled to remove the wipes once each month. A copy of the contract (or invoices) is attached.

☐ Each collection container has a designated number and a log is kept of when each collection container is emptied into the storage container. Also recorded in the log is the date each storage container is removed from the site.

☐ Other. _____

_____

List the name and title of the person who completed this form. Date