



HAZARDOUS WASTE COORDINATOR TRAINING

SAP OPERATIONS



Hazardous Waste Coordinator



Hazardous Waste Coordinators will:

1. Be designated in writing.
2. Conduct daily visual inspections at the beginning of each shift.
3. Conduct & document weekly and monthly SAP inspections of work areas to ensure proper waste management.
4. Complete required paperwork to request new SAPs or new waste process.
5. Contact HWCB to request delivery and pickup of containers.
6. Be the point of contact for any visits of SAPs.
7. Monitor Daily Accumulation Points & trash cans;
8. Inform supervisor of any discrepancies or non-compliances.



HWC Designation Letter



Example

Commanders, Directors, Project or Program Managers will:

- Designate in writing a Unit HW Coordinator and Alternate; include their names, phone numbers and email addresses
- Provide copy of designation letter to Installation Environmental Program Manager

MEMORANDUM

DATE

From: Your Commander or Project Manager

To: Name of Individual

Subj: DESIGNATION AS PRIMARY (OR ALTERNATE) HAZARDOUS WASTE COORDINATORS

Ref: (a) NASCORPINST 5090.3b

1. You are hereby appointed to perform the duties as the (your organization) Hazardous Waste Coordinator (HWC).

2. As the HWC, you will thoroughly familiarize yourself with reference (a) in the performance of your duties. You are responsible for ensuring positive management practices in the use, handling, storage and disposal of waste as well as compliance with the environmental quality standards, practices and *procedures identified in reference (a)*.

This designation will remain in effect until properly relieved.

SIGNATURE BLOCK OF
COMMANDER OR PROJECT MANAGER

Copy to: Individual
NASCC Environmental



Satellite Accumulation Point (SAP)



SAP \equiv an authorized location where small quantities of wastes are initially generated and accumulated.

A SAP must be at or near the point of generation and under control of the waste generator.

A SAP must not exceed 55 gallons of a single HW waste stream.

Once SAP container is full, must be relocated to HWCB or other <90 day Storage Site.





New SAP



Work centers requesting a new satellite must:

- Complete SAP Authorization Form 3, signed by:
 - Hazardous Waste Coordinator
 - Environmental Inspector
 - Fire Inspector
 - Safety Inspector
- Return to HWCB for final approval and signature

Satellite Accumulation Point Authorization Form		
1)FROM:		
2)PURPOSED LOCATION (Building and Area):		3)WASTE TO BE STORED:
4)HAZARDOUS WASTE COORDINATOR (Print & Sign)		5)PHONE NUMBER: 6)DATE:
<p>THE ABOVE HAS BEEN INSPECTED AND FOUND TO BE IN COMPLIANCE WITH THE HAZARDOUS WASTE MANAGEMENT PLAN REGULATIONS</p> <p>ASSIGNED SATELLITE NUMBER IS: _____</p>		
7)PRINT & SIGN (ENVIRONMENTAL INSPECTOR)		DATE:
8)PRINT & SIGN (FIRE DEPARTMENT INSPECTOR)		DATE:
9)PRINT & SIGN (INTERNAL OR BASE SAFETY INSPECTOR)		DATE:
10)PRINT & SIGN (HAZARDOUS WASTE COMMODITIES BRANCH)		DATE:

- Step 1) Hazardous Waste Coordinator identifies need for a Satellite Accumulation Point, initiates SAP authorization form
- Step 2) Hazardous Waste Coordinator contacts Public Works Environmental to conduct initial site visit (signature required)
- Step 3) Hazardous Waste Coordinator coordinates site visit from internal or Base Safety (signature required)
- Step 4) Hazardous Waste Coordinator coordinates site visit from Base fire inspector (signature required)
- Step 5) Hazardous Waste Coordinator submits signed SAP authorization, complete Form 2, and applicable MSDSs to Hazardous Waste Commodities Branch
- Step 6) Hazardous Waste Commodities Branch ensures above criteria is met, and is the final authority to sign SAP authorization (signature required)



New SAP (continued)



For each SAP (each waste) HWC will:

- Complete Waste Identification Form 2
 - Describe waste & the process that generates it
 - Provide Safety Data Sheets
- Submit completed SAP Authorization and Waste Identification (Forms 2 and 3) to Hazardous Waste Commodities Branch by email to:
NAVFACSEPWDCORPUSHWCB@navy.mil
- Form 2's must be updated annually or when waste stream changes

WASTE IDENTIFICATION FORM		COMMAND / DEPARTMENT	ANALYSIS #
GENERAL INFORMATION			
GENERATOR NAME (HWC OR SUPERVISOR) & PHONE #		WORK CENTER / BUILDING NUMBER / LOCATION / SATELLITE	
GENERIC WASTE NAME	PREVIOUS ANALYSIS #	PREVIOUS TCSID # AND EPA CODES	
PROPER SHIPPING NAME			
PROCESS GENERATING WASTE			
ANTICIPATED GENERATION:	GALLONS	PER MONTH	TYPE OF REQUEST PROFILE UPDATE
WASTE DESCRIPTION (Complete to best of generator's knowledge)			
PHYSICAL STATE: <input type="checkbox"/> LIQUID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> SOLID <input type="checkbox"/> POWDER		COLOR	
ODOR: <input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> STRONG		DESCRIBE	
DOES THIS WASTE HAVE SOURCE IDENTIFICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, % OF WASTE		LAYERED/COATED ONLY: <input type="checkbox"/> MULTI-LAYERED <input type="checkbox"/> BI-LAYERED <input type="checkbox"/> SINGLE PHASE	
WAS THIS WASTE USED AS, OR CONTAMINATED WITH, A SOLVENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, PROVIDE MSDS FOR SOLVENTS)			
CONCENTRATION BEFORE USE	CHEMICAL COMPOSITION (NEOS'S OPTIONAL)		FINAL CONCENTRATION
			(MUST ADD UP TO 100%) TOTAL
ADDITIONAL REMARKS (MATERIALS USED: specify chemical name, manufacturer, MSDS if available; other descriptive information)			
NUMBER OF CONTAINERS	SUB-TYPE OF CONTAINERS	CONTAINER ID NUMBER(S)	ACCUMULATION START DATE
	GALLONS	DM	
CERTIFICATION STATEMENT: This is to certify that the above information submitted on this and all attached documents is, to the best of my knowledge, an accurate representation of the waste turned in for disposal.			
HWC SIGNATURE		ADDITIONAL COMMENTS/VERIFICATION AS REQUIRED (OPTIONAL)	
		ADDITIONAL SIGNATURE	
HWC SIGNATURE		LOCATION OF CONTAINERS	
NASCRPC 5090.38 Form 2 Waste Identification v1.3			
POINT OF CONTACT: PHONE (661) 961-3760			



Requesting New Container Delivery



Send an e-mail to NAVFACSEPWDCORPUSHWCB@navy.mil with the:

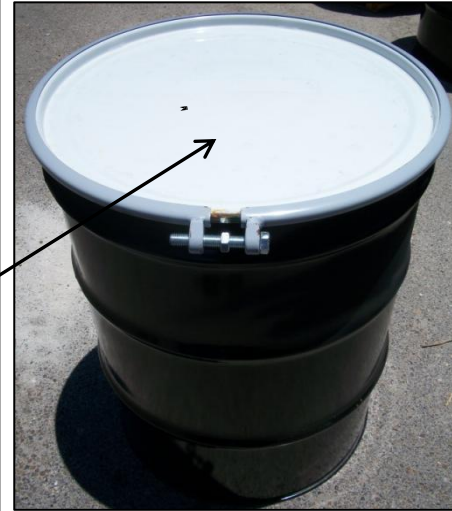
1. The size, type, and quantity of container(s) you need
2. Satellite Accumulation Point (SAP) number
3. Your contact information (name/number)
4. Update waste profile, if applicable
5. Specific location you'd like the container delivered
6. HWCB will label and mark containers before delivery, each container will be issued an independent Waste Tracking Number (WTN), this number will be used to turn in the container.



TYPES OF CONTAINERS



Metal closed top drum with bungs:
Used for: non-corrosive liquids
Example: hydraulic oil
Sizes: 55 gal or 30 gal



Metal open top drum:
Used for: non-corrosive solids
Example: oily debris
Sizes: 55 gal or 30 gal



Metal open top drum w/ liner:
Used for: corrosive solids
Example: epoxy, acid batteries
Sizes: 55 gal or 30 gal



Poly drum
Used for: corrosive liquids
Example: detergent soap
Sizes: 55 gal



TYPES OF CONTAINERS



Fiber drum:
Used for: solids
Example: light bulbs
Sizes: 55 g, 8ft ,4ft

Plastic buckets
Used for: liquids or
solids
Example: hydraulic
oil, oily debris
Sizes: 5, 2.5, 1 gal



Salvage Drum:
Used for: leaking drums
Sizes: 85 g
Note: must be moved
to <90 day after repack

Cowboy box
Used for: solids
Example: dried paint
cans, air filters (cannot
be used for a HW SAP
as it exceeds 55 gal)



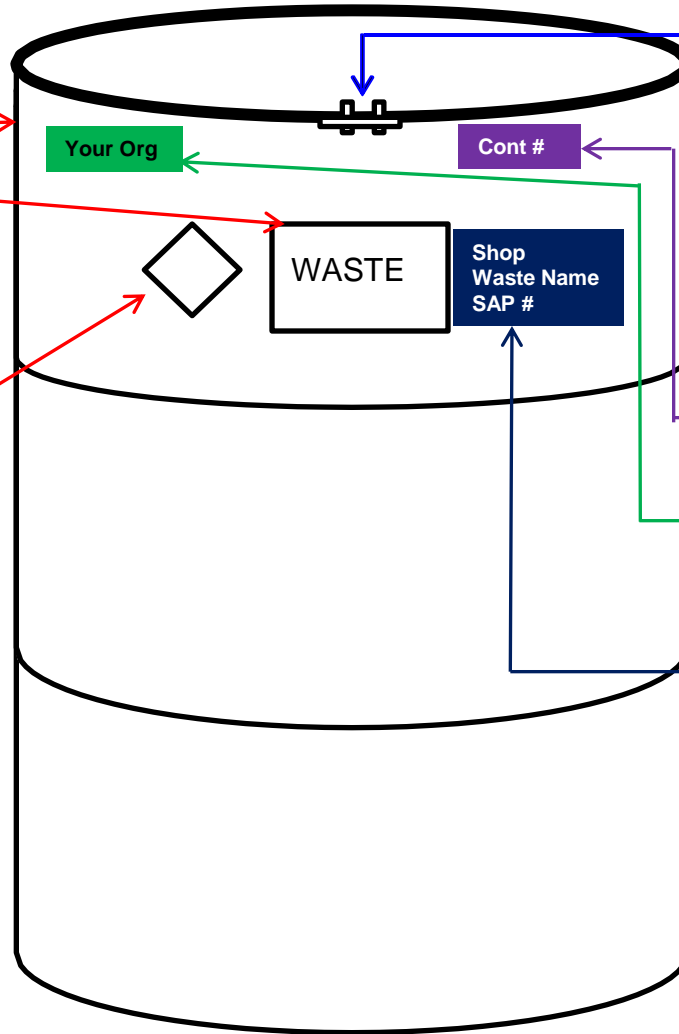


Labeling and Marking Containers



HWCB will provide:

- **Container**
- **Waste sticker**
HAZARDOUS - YELLOW
NON-HAZARDOUS – GREEN
UNIVERSAL - WHITE
RECYCLE - BLUE
- **DOT Hazard Class label**



HW Coordinator will:

- Ensure locking ring bolt is centered over label
- Mark your container #
- Mark your organization
- Mark
 - Shop name
 - Generic Waste name
 - SAP #



MARKING ACCUMULATION START DATES



WHEN:

At Satellite Accumulation Points

- HW, NH, Recycle – when drum is deemed full or ready for turn-in
- Universal – when first drop or item is placed in container

At <90 Day Storage Sites

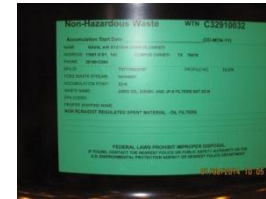
HW & UW – when first drop or item is placed in container

HOW: In DDMMYY format
14 JAN 14

HW



NH



Recycle



UW





SETTING UP YOUR SAP



Each SAP is uniquely tied to one waste stream (i.e. oily rags).

Each SAP will have:

1. SAP Designation Sign
2. SAP Authorization Form (minimum)
3. Secure closure devices and will remain closed & secured except for when adding waste
4. Fill-Log sheet
5. Secondary containment for liquid wastes
6. Bonding & grounding for flammable liquids

NOTE:

HW Container will be 55 gallons or less

Container will be compatible to the waste (i.e. poly containers for corrosives)





Daily Accumulation Containers



Daily accumulation waste containers (DAC) are used to collect waste during a process or job at or near the point of generation.

DAC:

- **Must remain closed unless adding waste**
- **Must mark the generic name of waste**
- **Must be labeled as Daily Accumulation Container with SAP designation**
- **Must be emptied into the SAP at the end of each shift.**

-Best Management Practice-

Be sure to complete entry on SAP fill-log

Regular trash cans should not be in the same areas as “dailies”

An example of a daily accumulation container marked and labeled.





REQUESTING DRUM PICK - UP



When your SAP container is full:

- Mark the Accumulation Start Date (unless it is UW which should already have an ASD).
 - **Remember that 55 gal HW drum must be relocated to HWCB or other <90 day site w/in 3 days of closure**
- So....contact the HWCB by email NAVFACSEPWDCORPUSHWCB@navy.mil
Include the following:
 - ✓ Drum # (Waste Tracking Number on label)
 - ✓ Accumulation Start Date
 - ✓ Your contact info (name and phone number)
 - ✓ Pick-up location
 - ✓ Ensure you have an up-to-date profile, if not send a new Form-2
 - ✓ Request a replacement container if needed
- **DO NOT** wait until the third day to request pickup.
- **REMEMBER** the three day limit includes the weekends and holidays.



SAP INSPECTIONS



HWC or alternate will:

- Perform a **daily** visual inspection of each SAP and check to ensure:
 - ✓ Container is closed
 - ✓ No leaks or spills
 - ✓ Container condition (no bulges, dents, excessive rust/pitting)
 - ✓ Container is properly marked & labeled
 - ✓ Daily Accumulation Containers are emptied into appropriate SAPS at end of each shift





SAP INSPECTIONS



HWC or alternate will conduct & document weekly & monthly inspections of all SAPs.

Weekly Inspections

- ✓ Condition of containers
 - Containers closed, no leaks/spills
 - No deteriorated or damaged containers
 - No missing lid, bolt or ring
 - No evidence of waste outside the container
- ✓ Marking and labeling
 - Proper labels and container markings
 - ASDs on UW and any drums closed for removal
 - Empty containers marked "Empty"
- ✓ Storage of containers
 - Incompatible wastes stored separately
 - Liquid wastes have secondary containment
 - Flammable wastes are bonded and grounded
 - Containers accessible, not blocked
- ✓ Signage and logs
 - SAP Authorizaton Form-3
 - Generator's Waste Fill Log Form-5
- ✓ Housekeeping (trash emptied, area swept)

Monthly Inspections

- ✓ Recordkeeping
 - HWC Designation Letter(s) up to date
 - Form-2 Waste Identification not expired (renew every year, 30 days prior to expiration)
 - Training records (classroom, OJT)
 - Inspection records maintained for 3 years
 - Spill reports maintained for 3 years
 - Fill logs for containers turned in maintained for 3 years

Documentation

- Maintain all records (inspections, training, Waste Identification, MSDS, spill reports) for at least 3 years on site
- Insure all records are always readily available for inspection by auditors and regulators



Spill Prevention



HWC or alternate MUST perform a daily visual inspection of area.

- Container MUST be securely closed at all times, except when adding or removing waste.
- Liquid waste MUST have a secondary containment system.
- Areas with incompatible waste MUST have a secondary containment system or separate waste by a curb, berm, or wall.
- A spill kit should be in the area:
 - designed to handle the hazard
 - located for quick access
 - contain PPE
 - instructions on how to use the kit
 - contain sufficient spill control materials that are appropriate in size
 - compatible with potential spill materials.

A charged and operable fire extinguisher should be in the area.

At least one salvage drum should be kept at each SAP, where liquid waste is generated.



IN CASE OF A SPILL



SPILL RESPONSE INFORMATION

EXTREMELY IMPORTANT

CHEMICAL OR OIL SPILLS MUST BE KEPT FROM ENTERING DRAINAGE SYSTEM OR THE ENVIRONMENT

WHAT TO DO

STEP 1 - If Material spilled presents a potential for harm to human life, evacuate the area immediately and skip steps 2 & 3.

STEP 2 - Shut off source of spill, if possible.

STEP 3 - Contain spill with proper absorbents in assigned spill kits.

STEP 4 - Report other than minor housekeeping spills to **911**. Identify your location as NAS Corpus Christi, with specific building number and street address.

STEP 5 – Supervisor initiates spill report, NASCC spill emergency incident response form and gives report to Public Works Environmental Division.

SPILL KIT LOCATION: _____

BUILDING/HANGAR NO: _____

Naval Air Station Corpus Christi Spill/Emergency Incident Response Checklist

In case of spill, call 911. Identify your location as NAS Corpus Christi. Complete this form and send to Navy Environmental, Bldg 19, Fax 961-3798.

DATE: TIME: LOCATION:
REPORTING INDIVIDUAL:
CONTACT INFORMATION:

1. Time of occurrence:
2. Type of emergency or chemical spilled:
3. Number and types of injuries:
4. Estimated quantity of spill: gallons
5. Source of spill:

6. Behavior of spill;
- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is fire or flammable chemicals involved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is spill flowing into storm drain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is spill flowing or on/toward soil? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is spill flowing towards bay system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the spill reactive? | <input type="checkbox"/> | <input type="checkbox"/> |

RESPONDING AGENCY:
ARRIVAL TIME OF RESPONDERS: CONTACT NUMBER:

Site assessment:

PPE required:

Remedial action taken:

Incident completion time:

Incident report copied to: Date: Time: