



# Waste Management BOM Disposal Checklist

## Material Identification

Verify material codes and descriptions against the BOM.

**BOM Revision Number**

**Material Code**

**Material Description**

**Quantity on BOM**

### Unit of Measure

- ☐ Each
- ☐ Linear Feet
- ☐ Pound
- ☐ Gallon

### BOM Image/Screenshot

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### Supplier Part Number

Write something...

## Hazard Assessment

Determine hazard classification and associated disposal requirements.

### Detailed Hazard Description

Write something...

### Hazard Class (e.g., Flammable, Corrosive)

- ☐ Flammable
- ☐ Corrosive
- ☐ Toxic
- ☐ Reactive
- ☐ Radioactive
- ☐ Other

### Flash Point (°C)

Enter a number...


### pH Value

Enter a number...

### Potential Health Hazards

- ☐ Skin Irritation
- ☐ Eye Damage
- ☐ Respiratory Sensitization
- ☐ Carcinogenicity
- ☐ Mutagenicity
- ☐ Reproductive Toxicity

### SDS/MSDS Upload

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## Regulatory Compliance

Ensure adherence to local, state, and federal waste disposal regulations.

### Applicable Federal Regulation (e.g., RCRA, TSCA)

- ☐ RCRA
- ☐ TSCA
- ☐ Clean Water Act
- ☐ Other (Specify)

### Permit Number (if applicable)

Enter a number...

### State-Specific Requirements?

☐ Yes

☐ No

### Description of State-Specific Requirements (if applicable)

Write something...

### Date of Last Regulatory Review

Enter date...

### Relevant Regulatory Bodies

☐ EPA

☐ State Department of Environmental Protection

☐ Local Waste Management Agency

☐ Other

### Copy of Relevant Permits/Licenses

 Upload File

## Disposal Method Selection

Choose appropriate disposal method (recycling, incineration, landfill, etc.).

### Preferred Disposal Method

- ☐ Recycling
- ☐ Incineration
- ☐ Landfill
- ☐ Specialized Treatment
- ☐ Other (Specify)

### Justification for Selected Method

Write something...

### Estimated Volume/Weight

Enter a number...

### Third-Party Vendor (if applicable)

- ☐ Yes
- ☐ No

### Supporting Documentation (e.g., vendor quote)

 Upload File

## Documentation & Tracking

Record disposal details, including date, method, and quantity.

### Disposal Date

Enter date...

### Disposal Time

### Quantity Disposed (Units)

Enter a number...

### Disposal Method

- ☐ Recycling
- ☐ Incineration
- ☐ Landfill
- ☐ Specialized Treatment

### Notes/Comments on Disposal

Write something...

### Manifest/Disposal Record (PDF)

 Upload File

### Waste Hauler

- ☐ Hauler A
- ☐ Hauler B
- ☐ Hauler C

### Tracking Number (if applicable)

Write something...

## Permit & Manifest Verification

Confirm proper permits and manifests are used for waste transport.

### Permit Expiration Date

Enter date...

### Permit Number

Enter a number...

### Permit Status

- ☐ Active
- ☐ Inactive
- ☐ Pending

### Permit Document

 Upload File

### Manifest Date

Enter date...

### Manifest Number

Enter a number...

### Manifest Status

- ☐ Issued
- ☐ Completed
- ☐ Cancelled

### Manifest Document

 Upload File

## Waste Segregation

Ensure proper separation of waste streams to prevent contamination.

### Waste Stream Type

- ☐ Hazardous Waste
- ☐ Non-Hazardous Waste
- ☐ Recyclable Materials
- ☐ Special Waste



### Contaminant Risks

- ☐ Solvents
- ☐ Metals
- ☐ Acids
- ☐ Oils
- ☐ Flammables
- ☐ None

### Container Labeling Verification

Write something...

### Estimated Waste Volume (Gallons/Liters)

Enter a number...

### Segregation Method

- ☐ Physical Barrier
- ☐ Designated Area
- ☐ Color-Coded Containers

### Additional Segregation Notes

Write something...

## Storage Conditions

Verify waste is stored in compliant containers and conditions.

### Storage Temperature (°C)

Enter a number...

### Relative Humidity (%)

Enter a number...

### Container Type

- ☐ Drum
- ☐ IBC
- ☐ Bag
- ☐ Other

### Container Labeling Details

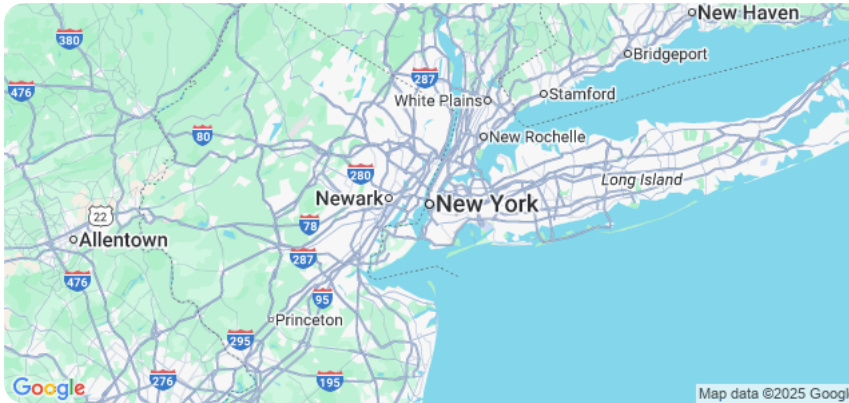
Write something...

### Date of Container Sealing

Enter date...

## Storage Area Location

 [Set My Current Location](#)



## Personnel Training

Confirm disposal personnel are adequately trained and certified.

### Training Hours Completed

Enter a number...

### Training Program Type

- ☐ Initial Training
- ☐ Refresher Training
- ☐ Specialized Training

### Training Completion Date

Enter date...

### Trainee Signature

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### Trainer Certification Level

- ☐ Level 1
- ☐ Level 2
- ☐ Level 3

### Training Summary/Notes

Write something...

## Audit Trail

Maintain an audit trail of all disposal activities.

### Audit Date

Enter date...

### Audit Time

### Quantity of Waste Disposed

Enter a number...

### Summary of Audit Findings

Write something...

## Corrective Actions Required

- ☐ Yes
- ☐ No
- ☐ Pending

## Description of Corrective Actions Taken

Write something...

## Auditor Signature

## Audit Location

 [Set My Current Location](#)

