

## **ESTABLISHING A HAZARDOUS WASTE SATELLITE ACCUMULATION AREA**

**CALL THE ENVIRONMENTAL HEALTH & SAFETY OFFICE FOR ASSISTANCE**

**(617) 432-2762**

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Hazardous wastes must be handled according to regulations established by the Massachusetts Department of Environmental Protection (MADEP).<sup>1</sup> Noncompliance may result in fines up to \$25,000. If you generate chemical hazardous waste, you must establish a designated area in the laboratory to accumulate the waste until it can be delivered to the Waste Room. This area is called a satellite accumulation area (SAA).

The following guidelines must be implemented for an SAA:

- Located close to the process generating the waste (in the same room).
- Managed by a designated person in the laboratory.
- Located in a low traffic area.
- Located on an impervious surface.
- Located away from floor or sink drains
- Use secondary containment to prevent spills from entering the plumbing systems if the SAA is located near any floor or sink drains.

### **PROPERLY MANAGING ACCUMULATED HAZARDOUS WASTES**

- Accumulate hazardous wastes in compatible containers.
- Segregate incompatible wastes; place them in separate polyethylene tubs in the SAA.
- Accumulate waste acids and bases separately in glass, not metal, containers.
- Waste solvents can be accumulated in glass or metal containers.
- Most waste can be collected in polyethylene containers.
- Only one container per waste stream may be used at any one time.
- Properly label containers.
- Hazardous waste containers must be securely closed, except when adding or removing waste.
- Inspect hazardous waste containers weekly for signs of leakage or spills.
- Label containers with the date when the container becomes **full**.
- Full waste containers must be brought to the waste room with in three (3) days.

**Call (617) 432-6184 for a chemical waste pick-up.**

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<sup>1</sup> 310CMR30.340(4)(c), 310CMR30.351, 40CFR262.34(c)(2), 40CFR265.171, 40CFR265.172, 40CFR265.172(a).


## HAZARDOUS WASTE LABELS

Each container of hazardous waste must be labeled to meet Massachusetts State requirements. The following four items must be included on the label:

1. The words "HAZARDOUS WASTE".
2. The full chemical name of the waste(s) in the container, i.e., no abbreviations or chemical acronyms.
3. A check mark on the label indicating the one of the applicable hazards for the container contents: Ignitable, Reactive, Toxic, or Corrosive.
4. The date indicating when the container became full.

THE ILLUSTRATION BELOW IS A PROPERLY FILLED OUT HAZARDOUS WASTE LABEL:

MARK DATE WHEN CONTAINER IS FILLED		REFER TO INSTRUCTIONS ON REVERSE	
<h3 style="margin: 0;">HAZARDOUS WASTE</h3> <p style="margin: 0;">Federal Law Prohibits Improper Disposal</p> <p style="margin: 0;"><b>CONTENTS</b></p> <p style="margin: 0;">USE FULL CHEMICAL NAME NO FORMULAS OR ABBREVIATIONS</p>			
1. _____ %			
2. _____ %			
3. _____ %			
4. _____ %			
<h3 style="margin: 0;">HAZARD</h3> <p style="margin: 0;"> <input type="checkbox"/> IGNITABLE    <input type="checkbox"/> REACTIVE    <input type="checkbox"/> TOXIC  <input type="checkbox"/> CORROSIVE                 </p>			
<p style="margin: 0;"><b>DATE</b></p> <p style="margin: 0;">____/____/____</p>			
Department _____		Room No. _____	
INVESTIGATOR _____			
Phone _____			
INSTITUTION _____			
H.I.M. ID #		01097	

MARK DATE WHEN CONTAINER IS FILLED		REFER TO INSTRUCTIONS ON REVERSE	
<h3 style="margin: 0;">HAZARDOUS WASTE</h3> <p style="margin: 0;">Federal Law Prohibits Improper Disposal</p> <p style="margin: 0;"><b>CONTENTS</b></p> <p style="margin: 0;">USE FULL CHEMICAL NAME NO FORMULAS OR ABBREVIATIONS</p>			
1. <u>Acetone</u> % <u>50</u>			
2. <u>Water</u> % <u>50</u>			
3. _____ %			
4. _____ %			
<h3 style="margin: 0;">HAZARD</h3> <p style="margin: 0;"> <input checked="" type="checkbox"/> IGNITABLE    <input type="checkbox"/> REACTIVE    <input type="checkbox"/> TOXIC  <input type="checkbox"/> CORROSIVE                 </p>			
<p style="margin: 0;"><b>DATE</b></p> <p style="margin: 0;"> <u>MM</u> / <u>DD</u> / <u>YY</u> - Full container                 </p>			
Department <u>eg. Hematology</u>		Room No. <u>Lab#</u>	
INVESTIGATOR <u>PI's name</u>			
Phone <u>XXX-YYYY</u>			
INSTITUTION <u>Your host institution (NOT)</u>			
H.I.M. ID #		01665 (HIM)	