



United States  
Environmental Protection  
Agency Region 2

Division of Enforcement and Compliance Assistance  
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New York, New York 10007-1866

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### Self Assessment Checklist: Safe Disposal of Small Appliances

- |                          | Yes                      | No                       |   |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
|--------------------------|--------------------------|--------------------------|---|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|-----|
| 1.                       | <input type="checkbox"/> | <input type="checkbox"/> | Do you take the final step in the disposal process of a household appliance ? <i>If yes, you are subject to the safe disposal requirements under Section 608 of the CAA. If no, stop.</i>   |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
|                          |                          |                          | Note: EPA believes that persons who handle appliances in a manner that would likely result in the release of refrigerant are, in fact, taking the final step in the disposal process. Examples of the handling of appliances that would be considered the “final step” include picking up appliances with a fork lift and punching holes in them, dumping appliances in bins and compacting the resulting pile, pushing appliances around in a bulldozer or other mover, or crushing an appliance prior to shipment or delivery to another disposal facility. |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
| 2.                       |                          |                          | Estimate your weekly volume of household appliances received?<br><br><table border="0"><tr><td><input type="checkbox"/></td><td>0 - 10</td><td><input type="checkbox"/></td><td>20 - 30</td><td><input type="checkbox"/></td><td>40 - 50</td></tr><tr><td><input type="checkbox"/></td><td>10 - 20</td><td><input type="checkbox"/></td><td>30 - 40</td><td><input type="checkbox"/></td><td>50+</td></tr></table>  | <input type="checkbox"/> | 0 - 10  | <input type="checkbox"/> | 20 - 30 | <input type="checkbox"/> | 40 - 50 | <input type="checkbox"/> | 10 - 20 | <input type="checkbox"/> | 30 - 40 | <input type="checkbox"/> | 50+ |
| <input type="checkbox"/> | 0 - 10                   | <input type="checkbox"/> | 20 - 30   | <input type="checkbox"/> | 40 - 50 |                          |         |                          |         |                          |         |                          |         |                          |     |
| <input type="checkbox"/> | 10 - 20                  | <input type="checkbox"/> | 30 - 40   | <input type="checkbox"/> | 50+     |                          |         |                          |         |                          |         |                          |         |                          |     |
| 3.                       | <input type="checkbox"/> | <input type="checkbox"/> | Do you accept household appliances with the refrigerant charge intact? <i>If no, go to question # 9</i>   |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
| 4.                       | <input type="checkbox"/> | <input type="checkbox"/> | * Does the facility own recovery equipment?   |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
| 5.                       |                          |                          | For each piece of recovery equipment, record the manufacturer’s name, the year manufactured, the model and serial number and the rated refrigerants? <i>See Form A.</i>   |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
| 6.                       | <input type="checkbox"/> | <input type="checkbox"/> | * Have you submitted to EPA a recovery equipment certification form? <i>If no, a copy of the form can be downloaded from EPA Region 2's website at <a href="http://www.epa.gov/region02/cfc/rshome.htm">http://www.epa.gov/region02/cfc/rshome.htm</a> or obtained by calling the Stratospheric Ozone Hotline at 1-800-296-1996.</i>  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
| 7.                       | <input type="checkbox"/> | <input type="checkbox"/> | * Do you recover 90% of the refrigerant in the appliance when the compressor in the appliance is operating, or 80% of the refrigerant in the appliance when the compressor in the appliance is not operating or evacuate the appliance to four inches of mercury vacuum?  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
| 8.                       | <input type="checkbox"/> | <input type="checkbox"/> | * Does your facility send recovered refrigerant to an EPA-approved reclamation facility? <i>A list of EPA Certified Reclaimers can be downloaded from EPA Region 2's website at <a href="http://www.epa.gov/region02/cfc/rshome.htm">http://www.epa.gov/region02/cfc/rshome.htm</a> or obtained by calling the Stratospheric Ozone Hotline at 1-800-296-1996.</i>   |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |
| 9.                       | <input type="checkbox"/> | <input type="checkbox"/> | Do you accept household appliances where the refrigerant has been evacuated from the appliance previously? <i>If no, stop.</i>  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |     |

10.        \*    Do you verify that the refrigerant has been evacuated from the appliance previously by either:
- a.    accepting a signed statement from the person delivering the appliance that all refrigerant that had not leaked previously has been properly recovered from the appliance (This statement must include the name and address of the person who recovered the refrigerant and the date the refrigerant was recovered); or
  - b.    establishing a contract with suppliers that refrigerant will be removed prior to delivery.
11.        \*    Have you notified the suppliers of your appliances that refrigerant must be properly removed before the delivery of the items to the facility (e.g warning signs, letters to suppliers)?
12.        \*    Do you keep your verification statements and/or contracts with suppliers at the facility for three years?

**Note: If you checked any of the boxes that are starred, you may be out of compliance with Section 608 of the Clean Air Act. If you voluntarily disclose to EPA any of the violations found through the use of this checklist, you may eliminate or substantially reduce the penalties associated with these violations. For more information about these potential penalty reductions, call EPA Region 2's Compliance Assistance and Program Support Branch at 212-637-4050.**

Disclaimer: The statements in this checklist are intended solely as guidance to aid regulated entities in complying with Section 608 of the Clean Air Act. The checklist is not a substitute for reading the regulation and understanding all its requirements as it applies to your facility. EPA may decide to update this checklist without public notice to reflect changes in EPA's approach to implementing Section 608 of the Clean Air Act or to clarify and update text. To determine whether EPA has revised this checklist and/or to obtain copies, contact EPA Region 2's Compliance Assistance and Program Support Branch at 212-637-4050 or visit our webpage at: <http://www.epa.gov/region02/cfc/rshome.htm>

**FORM A -  
Recovery/Recycle Equipment Inventory**

Name of Recovery Equipment:	
Manufacturer:	
Model #:	
Serial #:	
Date of Manufacture:	
Refrigerant types:	

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