



Pollution Prevention (P2) Plan

For faster processing, it is preferred that you email your completed plan.

Send the completed plan to your assigned reviewer listed below. If you do not know your assigned reviewer, or you do not know your P2 ID number, send an email to either of the staff members and one of them will respond with that information.

Jeanine Inman
ji1@azdeq.gov

or

Linneth Lopez
lal@azdeq.gov

Before you begin to complete this plan, first determine the type of plan required. Please use the information below to determine the type of plan you are submitting and check that box. One plan may be submitted to cover more than one facility. Please note that multiple goals in any category require you to fill out multiple Section 4s, and may also require a new Section 3. If you are reviewing a new process (Section 3) and additional goals are developed, then attach a Goal Sheet (Section 4) for each goal. If you need help determining what option to select, please contact P2 staff.

How many facilities will be covered by this plan?

Single Facility, Single Goal (One location, one goal) – Fill out P2 Plan Sections 1, 2, 3, 4, 5 and 6.

Single Facility, Multiple Goals (One location, more than one goal) – Fill out P2 Plan Sections 1, 2, 3, 4, 5 and 6.” Include Section 3s for additional process areas and a Section 4 for each new goal.

Multiple Facilities, Non-Umbrella (Different locations and different sets of goals) – Fill out Sections 1, 5 and 6 once. Fill out Sections 2, 3 and 4 for EACH location. Include Section 3s for additional process areas and a Section 4 for each new goal.

Umbrella Plan with Multiple Facilities, Same Goals (Different locations, all locations have same goals) – Fill out Sections 1, 5 and 6 once, and Section 2 for EACH location. Include Section 3s for additional process areas and a Section 4 for each new goal.

Umbrella Plan with Multiple Facilities, Different Goals (Different locations, all with different goals) – Fill out Sections 1, 5 and 6 once, and Section 2 for EACH location. Include Section 3s for additional process areas and a Section 4 for each new goal.

Below are the links for the various templates:

“P2 Plan Cover Page and Instructions and Sections 1, 2, 3, 4, 5, and 6” (complete set with instructions)

“P2 Plan Section 1 Only”

“P2 Plan Section 2 Only”

“P2 Plan Section 3 Only”

“P2 Plan Section 4 Only”

“P2 Plan Section 5 Only”

“P2 Plan Section 6 Only”

After completing all of the pieces of your plan for each location:

Email all of the Sections in the proper sequence for each plan that you are submitting (only include one copy of the cover/instruction page). Ensure Section 1 is hand signed by the Senior Management Official. Alternatively, you may mail the plan documents to the address shown below.

ADEQ Permits Section
Sustainability Programs Unit, Attn: *(Insert Name of Reviewer)*
1110 W. Washington St.
Phoenix, AZ 85007

Pollution Prevention (P2) Plan for

(Insert Company Name Here)

ADEQ P2 ID Number:

The Plan Time Frame is

FROM:

TO:

(The "From" date should be close to the submittal of this plan. The "To" date should correspond with the longest scheduled goal in Box 2 of Section 4. The plan timeframe should be a minimum of two years).

If additional space is required for any section, please attach a separate sheet and reference the name of the sheet where the information can be found.

SECTION 1: General Information (A.R.S. §49-963-J.1, 2 and 3) P2 Policy and management support for Plan (A.R.S. §49-963-J.5 and 10)

Section 1 Instructions: ALL INFORMATION must be completed.

Name of Company: _____

Owner or Operator Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Description of the principal business activities:

P2 Technical Contact Information:

Name: _____ Phone Number: _____

E-mail Address: _____

Contact Information for Senior Official With Management Responsibility for this Plan:

Name: _____ Title: _____

E-mail Address: _____ Phone Number: _____

P2 POLICY CERTIFICATION, as required by A.R.S. § 49-963(J)(5) and (10): (Please choose one of the following and then sign.)

- Our facility has an existing P2 policy and it is attached. *(Facilities that have Environmental Management Policies (EMPs) that specifically address P2 issues can use the EMP to meet this criteria. If specific P2 language is not included in the EMP, it does not meet this criteria.)*
- Our facility will use the statement below as the required P2 policy.

I certify that, to the best of our ability, Management will ensure that the P2 Plan is incorporated into management practices and procedures, and we are committed to implement this Plan to achieve Plan goals.

Certifying Signature: _____

Title: _____ Date: _____

P2 PLAN MANAGEMENT CERTIFICATION as required by A.R.S. § 49-963(J)(3):

I certify that I have personally read this plan. I believe, to the best of my knowledge, the information presented is true, accurate and complete.

Certifying Signature: _____

Title: _____ Date: _____

Instructions: Both of the above signatures must be hand signed. Please print this section only after completing the entire document; then sign, date, scan and submit to the P2 program with the rest of the Plan.

SECTION 2: Facility Information (A.R.S. §49-963-J.1; §49-963-I)

Section 2 Instructions: ALL INFORMATION must be completed; use NA if not applicable. If additional facilities are under this plan, please fill out an additional Section 2 document for each facility.

Company Name: _____

Physical Address: _____

Primary NAICS Code (6 digits): _____ **Other NAICS Codes** (optional): _____

Resource Conservation and Recovery Act (RCRA) ID number (also known as EPA ID #):

(12 letters/digits) _____ (For example: AZD123456789. If none, enter "NA")

Toxic Release Inventory (TRI) Number (15 letters/digits) _____: (If none, enter "NA")

List any air permits:

Plan Requirement Threshold(s) Met

(Please check all P2 plan filing threshold(s) the facility met which requires it to file and maintain a P2 Plan). Update the dates below with the most recent calendar year.

Generated or shipped offsite for purposes other than recycling an average of 2,200 pounds (1,000 kg) per month of hazardous waste in 20____. List these hazardous waste streams: (e.g. chromium, lead etc.)

Generated or shipped offsite for purposes other than recycling an average 2.2 pounds (1 kg) per month of acutely hazardous waste in 20____. List these waste streams: (e.g. warfarin, sodium cyanide etc.)

Filed Toxic Release Inventory (TRI) form(s) (form R or A) in 20____. List TRI chemicals:

Used in excess of 10,000 pounds of a TRI listed toxic substance in 20____. List these TRI listed toxic substances:

This facility did not meet any Plan Requirement Threshold(s) but would like to:

File a voluntary P2 Plan

SECTION 3: Scope, Objectives, Analysis & Opportunity Identification (A.R.S §49-963-J.6 and 7)

If your facility has P2 activities already in place and you will not develop a goal from these existing P2 activities, please fill out Section 6 describing those existing P2 activities.

Use Section 3 to discuss the toxic substances used or hazardous waste generated which caused the facility to meet the P2 program thresholds, even if the facility does not have feasible opportunities for reducing them. Discuss process areas that can be analyzed to include natural resource conservation such as energy and water.

If multiple Section 3s are needed, see the Cover Page at the beginning of this document for the link to additional Section 3 pages.

Process Review

1. Process Area Name:

2. Process Information: Please describe the process area below. Use additional sheets if the process details cannot fit in the spaces provided below.

Describe the process steps.

Discuss the inputs (toxic substances etc.) used in the process.

Discuss the outputs (wastes and emissions) generated by the process. Include wastes and emissions due to spills, cleaning, maintenance, unused or expired raw materials, etc.

Describe what happens to each waste and emission. (Is it disposed, segregated, recycled, treated, incinerated, released to air, etc?)

Discuss whether raw material purchases produce packaging material that must be handled? (i.e. pallets, drums, bags, etc.) If so, describe what happens to this material?

Discuss the root cause of each waste generation, emission or toxic substance use.

3. Are there pollution prevention opportunities?

As a result of your P2 analyses, select all the boxes that apply below. Can any of the toxic substances, hazardous waste or non-toxic substances be:

- | | |
|---|---|
| <input type="checkbox"/> Eliminated? | <input type="checkbox"/> Replaced with a less toxic substitute? |
| <input type="checkbox"/> Used less? | <input type="checkbox"/> Recycled or reused? |
| <input type="checkbox"/> Reformulated to reduce toxicity? | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Other | |

4. Based on the results from item 3 above, describe the pollution prevention opportunities.

Please note that goal numbers are consecutive with prior goals. For example, if your facility has three goals, you would name them Goal 1, Goal 2 and Goal 3. If you are unsure if any previous goals exist, please contact one of the P2 staff members listed on the cover page of this document.

Opportunity A: (Describe)

Will this opportunity be developed into a goal?

YES, fill out a goal sheet in Section 4, **Goal number:**

NO, give the reason here:

Opportunity B: (Describe)

Will this opportunity be developed into a goal?

YES, fill out a goal sheet in Section 4, **Goal number:**

NO, give the reason here:

Opportunity C: (Describe)

Will this opportunity be developed into a goal?

YES, fill out a goal sheet in Section 4, **Goal number:**

NO, give the reason here:

Instructions: For each goal listed above, please fill in Section 4. Use one goal sheet for each feasible opportunity. See the Cover Page at the beginning of this document for the link to additional Section 4 pages (Goal Sheets).

SECTION 4. P2 Performance Goal (A.R.S. §49-963-J.4)

One Sheet for each Goal

Company Name:

P2 ID #:

1. Goal Statement: <i>Ideally goal statements should be in the form (Action Verb) + (Target chemical, emission, or waste stream) used for/in (Process) by X%. Use action verbs such as Reduce or Eliminate. E.g. Reduce chromium used in plating process by 10%</i>	2. Scheduled Completion Date (Mth/Day/Year)	3. Completion Status: OS=On Schedule DR=Dropped D=Delayed C=Completed (Choose "OS" if this is new goal)	4. (a) Name of Toxic Substance and/or Waste stream Include (b) CAS #; and (c) RCRA Waste Code #	5. Volatile Organic Chemical, Ozone Depleting Chemical, "Both" or "NA"
Goal (#): Process Area Name Goal Statement:	_____	C OS D DR	a b c	VOC ODC BOTH NA

6. If this goal has been delayed or dropped (Box 3), provide an explanation here. Include a new estimated completion date in Box 2 if the goal has been delayed.

7. Actions Needed to Implement the Goal: (If a goal extends more than two years, include a list by year of the activities to be completed)	8. Baseline Year ⁽¹⁾	9. Baseline Quantity (Amount in baseline year) ⁽²⁾	10. How much reduced or eliminated? ⁽²⁾⁽³⁾	11. Year Box #10 Was Measured	12. How much money (US \$) was saved by this goal?	13. Reduction Quantity is Adjusted for Production?	14. Production Ratio (Only if Box #13 is Yes)
Actions we will take to implement this goal are:	_____	Pounds Gallons KWH Therms No Measure	Pounds Gallons KWH Therms No Measure			Yes No	

1. The baseline year is the year prior to tracking any reductions (example: if you want to start tracking your goal in 2016, then 2015 would be the baseline year.)
2. If units are not measured in any of the check box choices or cannot be converted to one of them, please check "No Measure".
3. If this is a New Goal, Boxes 10 – 14 will be left blank.

SECTION 6: Existing Pollution Prevention Activities (A.R.S §49-963-J.8)

Please choose one of the options below. If you do not have any existing activities, choose “No.” If “Yes,” describe the existing P2 activities in the space below. Mention activity name, what actions you are taking, and any types of savings (materials, money, etc.) that are occurring. See sample language below for a simple example. If you need more space, attach additional pages.

No, we do not have any existing P2 activities.

Yes, our existing P2 activities are described below.

Sample Language: “We recycle aluminum cans in all breakrooms, collect them weekly, and take them to an aluminum recycler on a monthly basis in exchange for cash. We realize a \$50 a month savings that offsets the costs of buying soda for the vending machines in the breakrooms. We also prevent cans from being thrown away and sent to the landfill.”