

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).