

Household Hazardous Waste Annual Check-up

Date I checked my house: _____ Inventory your home for HHW at least once a year. Use this form to check-off the rooms as you inspect them and note items to be replaced. Visit www.HealthyAuburnWaters.org for information about proper disposal and **GREEN** replacement options for HHW and other chemicals. Remember that **you** can make a difference!

Date I am going to WPWMA: _____

	Are any of my containers leaking?	Do I have any expired chemicals or meds?	Are there any items I want to get rid of?	How many items do I want to take to WPWMA for safe disposal?	What do I have that can be GREENED?	Notes	
Kitchen							
under the sink							
Other							
Laundry Room							
detergents							
bleach, etc.							
other cleaning supplies							
Broom Closet							
cleaning supplies							
batteries							
Other							
Bathroom 1							
medicine cabinet							
under the sink							
Bathroom 2							
medicine cabinet							
under the sink							
Family Room							
cleaning supplies							
Other							
Craft Room							
solvents/craft items							
batteries							
Basement							
cleaning supplies							
chemicals							
Garage							
automotive products							
chemicals & pesticides							
pool supplies							
Tool Shed/Garden Shed							
solvents							
other chemicals							
paint							
pesticides							
Smoke Alarm Check			Fire Extinguisher				
Checked			Checked				I Need _____ Batteries.
Replaced			Replaced				I Need _____ Fire Extinguishers.
							I Need _____