

Duty of Care: Clinical Waste Transfer Note

Section A - Description of Waste

1. Please describe the waste being transferred

2. How is the waste contained?

Loose Sacks Skip Drum Other → Please Describe

3. What is the quantity of waste (number of sacks, weight, etc.)?

Section B - Current Holder of the Waste

1. Full Name (BLOCK CAPITALS)

2. Name and Address of Company

3. Which of the following are you? (Please tick one or more boxes)

Producer of the waste Holder of waste disposal or waste management license License number: issued by: →

Importer of the Waste Exempt from requirement to have a waste disposal or waste management license Give reason: →

Waste collection authority Registered waste carrier Registration Number: Issued by: →

Waste disposal authority (Scotland only) Exempt from requirement to register Give reason: →

Section C - Person collecting the Waste

1. Full Name (BLOCK CAPITALS)

2. Name and Address of Company

3. Which of the following are you? (Please tick one or more boxes)

Waste collection authority Holder of waste disposal or waste management license License number: issued by: →

Waste collection authority (Scotland only) Exempt from requirement to have a waste disposal or waste management license Give reason: →

Exporter Registered waste carrier Registration Number: Issued by: →

Exempt from requirement to register Give reason: →

Section D

1. Address of place of transfer/collection point

2. Date of Transfer

3. Time(s) of transfer (for multiple consignments, give 'between' dates)

4. Name and Address of broker who arranged this waste transfer (if applicable)

5. Signed:

Signed

Full Name
(BLOCK CAPITALS)

Full Name
(BLOCK CAPITALS)

Representing:

Representing: