

Pre-Acceptance Waste Audit

Business Name:

Address:

Post Code

Contact Name of person completing this form:

Phone:

Email:

Hazardous Waste Premises Code (if applicable)

or are you Exempt?

Please identify your Business Type:

Veterinary Practice

Dental Practice

Primary Care (GP Surgery)

Pharmacy

Laboratory

Other (please detail)

Introduction:

The Environment Agency has imposed a legal requirement in Environmental Permits for Disposal sites to ensure that waste producers carry out audits of their waste before it can be accepted. These are known as 'pre-acceptance audits'. Producers of waste will also be required to periodically re-audit their sites in future, in accordance with Environment Agency and Waste Contractor requests.

As well as other contractors accepting your waste for disposal we are required to demonstrate that we have obtained this audit information from our Customers before it can legally be accepted and disposed of.

More detail is provided in the Environment Agency Briefing Note, which is available in PDF format here:-

[PDF DOCUMENT](#)

Does the business or premises producing the waste, manage these waste streams in accordance with the guidance detailed in Healthcare Technical Memorandum HTM 07 01?

A copy is available here: [PDF DOCUMENT](#)

Clinical:

Do you use Separate, Identified Containers for:

a) PPE contaminated with body fluids (Blood, Saliva etc..)

Container Type:

Colour:

b) Swabs, Tissues or other soft items contaminated with body fluids:

Container Type:

Colour:

c) Other non-sharp contaminated items:

Container Type:

Colour:

d) Swabs, Tissues or other soft items NOT contaminated with body fluids:

Container Type:

Colour:

e) Feminine Hygiene and/or Nappy Bin waste:

Container Type:

Colour:

f) Do you produce Sharps as a Waste?

If YES, what EWC code is used:

EWC Code:

If YES, what colour lidded container is used:

Colour:

g) Do you Dispose of Medicines (POMs) in their Original Packaging?

If YES, what EWC code is used:

EWC Code:

If NOT in original packaging, what EWC code is used:

EWC Code:

h) Do you produce Cytotoxic or Cytostatic wastes?

If YES, what EWC code is used:

EWC Code:

If YES, what colour lidded container is used:

Colour:

i) Do you produce Fixer/Developer or Photochemical Waste?

If YES, what EWC code is used for Fixer:

EWC Code:

If YES, what EWC code is used for Developer:

EWC Code:

Infectious Wastes (Hazard Group H9):

Are any of the Clinical Wastes assessed as being infectious (or potentially infectious):

If yes, please specify:

If yes, what EWC code is used to classify the waste:

What Type of Container is used: Stream 1:

Stream 2:

What Colour Container is used: Stream 1:

Stream 2:

Please describe any other relevant Hazardous Waste details:

Dental Waste:

Do you use Separate, Identified Containers for:

Amalgam Waste:

What EWC Code is used:

EWC Code:

Amalgam Capsules:

What EWC Code is used:

EWC Code:

Amalgam Trap Separator Waste:

What EWC Code is used:

EWC Code:

Lead Foil Waste:

What EWC Code is used:

EWC Code:

Extracted Teeth (containing Amalgam):

What EWC Code is used:

EWC Code:

Bridge, Crown and Other Inserts:

What EWC Code is used:

EWC Code:

Electrical Wastes:

Do you dispose of Waste Batteries?

If YES, what type of container is used?

If YES, is the container lined and sealable?

If YES, what EWC code is used?

EWC Code:

Do you dispose of any Fluorescent Tubes or UV Bulbs?

If YES, what type of container is used?

If YES, what EWC code is used?

EWC Code:

Do you dispose of any other Electrical Wastes?

If YES, please specify the Type and Disposal container:

Please feel free to include any further waste details not covered within this questionnaire, or indicate whether you would like any further information about our services:

Pre-Acceptance Audit Completed by:
On Behalf Of:

Date:

(for Peake GB Limited use)
Pre-Acceptance Audit Assessed by:
Comments:

Date: