

Hazardous Waste Consignment Note

PART A Notification Details

1. Consignment note code: **ABC123/AB001** 3. Premises Code: **ABC123**
 2. The waste described below is to be removed from:
 (name, address, postcode, telephone, e-mail & fax)
The Veterinary Practice, High Street, New Town, The Shire, XX12 3YY
Tel 0123 456789, animhosp@hotmail.com
 4. The waste will be taken to:
 (address and postcode)
The Pet Crematoria, Low Street, Old Town, The Shire YY12 4XX
 5. The waste producer was (if different from 1) (name, address, postcode, telephone, e-mail & fax)

PART B Description of waste

1. The process giving rise to the waste(s) was: **Veterinary activities** 2. SIC for the process giving rise to the waste: **85.20**
 3. WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified).

Description of Waste	EWC code	Qty (kg)	The chemical / biological components of the waste, their concentrations and physical form:	Hazard code(s)	Container type, number & size
Clinical waste: Cytotoxic and Cytostatic waste, including sharps, for incineration only.	18 02 07* 18 02 02*	10kg 10kg	Dressings, sharps, PPE, waste medication contaminated or containing cytotoxic and cytostatic medicines.	H6, H7, H9, H10, H11.	1 x 20 litre purple lidded Cyto Bin
Clinical waste: Mixed sharps and pharmaceutical waste for incineration only	18 02 02* 18 02 08	30kg	Sharps, syringe bodies, medicine vials and ampoules (not cytotoxic and cytostatic)	H3, H4, H5, H9, H14	5 x 14 litre yellow lidded sharps box
Clinical waste: infectious, containing anatomical waste and diagnostic chemicals, for incineration only.	18 02 02* 18 02 05*	50kg 5kg	Formaldehyde (4%) preserved tissue samples, animal organs, diagnostic test kits	H6,H7,H9	6 yellow bags 3 yellow bins
Clinical waste: infectious, suitable for alternative treatment.	18 02 02*	20kg	Dressings, PPE and swabs, not contaminated with chemicals or medicines.	H9	4 orange bags
X-ray Fixer Solution	09 01 01*	10kg	Acetic Acid 1-5% Silver 1-2%	H4	1 x 15 litre drum
X-Ray Developer Solution	09 01 04*	10kg	Hydroquinone 5-10% Diethylene Glycol 1-5% Sodium Carbonate 1-5%	H4,H7,H11	1 x 15 litre drum

ADR information for each EWC identified above:

EWC code	Description for Carriage	Special Handling requirements
18 02 02*	UN3291 Clinical Waste, unspecified, n.o.s 6.2 II	No persons in handling chain to have direct contact. Waste to be disposed of at authorised site.
etc	etc	etc

PART C Carrier's certificate PART D Consignor / Holders certificate

(If more than one carrier is used, please attach a schedule for subsequent carriers. If a schedule of carriers is attached tick here)

I certify that I today collected the consignment and that the details in A2, A4 and B3 are correct & have been advised of any specific handling requirements:

- Carrier driver name (please PRINT) **Tony Driver**
- On behalf of (name, address, postcode, telephone, e-mail & fax)
The Pet Crematoria, Low Street, Old Town, The Shire, YY12 4XX
Tel : 0987 654321 e-mail: dogash@hotmail.com
- Carriers registration no/ exemption reason:
ABC/012345
- Vehicle registration no: **AB07 DOG**

Signature **J. Driver**
 Time **18.00** Date **29/02/2008**

I certify that the information in A, B & C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly & the carrier has been advised of any special handling requirements.

- Consignor / Holder name (please PRINT)
Mr Arnold Vet
 on behalf of (name, address, postcode, telephone, e-mail & fax)
The Veterinary Practice, High Street, New Town, The Shire, XX12 3YY
Tel 0123 456789, animhosp@hotmail.com

Signature **A. Vet**
 Time **18.00** Date **29/02/2008**

PART E Consignee's Certificate (where more than one waste type is collected all of the information given below must be completed for each EWC)

Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted / rejected	Waste Management operation (R or D code)
1. I received this waste at the address given in A4 on		Name: (please PRINT)	
2. Vehicle registration no (or mode of transport if not by road):		On behalf of (name, address, postcode, tel, e-mail & fax):	
3. Where waste is rejected please provide details:			
I certify that the waste management licence / permit / authorised exemption no(s).		Signature:	
		Date:	
authorises the management of the waste described in B at the address given at A4		Time:	