



WASTE DECLARATION FORM

No.	
Rep	
Date	

The information requested below is to enable all parties to discharge their duties under the following legislation:
The Environmental Protection act 1990, Health & Safety at work act 1974, Hazardous Waste Regs 2005 & IPPC Regulations
 The client guarantees below that the accuracy of the particulars set out below and on any attachments and warrants that the sample provided is representative of the waste. The information requested will enable us to evaluate your waste and check our ability to accept the material lawfully into treatment and to allow us to process your enquiry efficiently

TO BE COMPLETED IN BLOCK CAPITALS			
Clients full name:		Producer, if different:	
Address:.....		
.....		
Post Code:..... Tel:		Post Code:..... Tel:	
EWC Code		Standard Industrial Classification (SIC) Code	
Hazardous Waste – Yes / No	Hazards & Assigned Hazard Code		
Full waste description & Physical Form.....			
.....			
Process (describe how the waste is generated):			
Containment (describe briefly the volume, where it is stored and what the waste is contained in):.....			
.....			
Handling Requirements ie PPE:			
DECLARATION OF CONSTITUENTS IN THE WASTE MATERIAL			
Including any known toxic, hazardous or objectionable substance or attach a representative recent analysis report.			
CONSTITUENTS	Y/N	IF YES, COMPOSITION / DESCRIPTION	
Corrosive materials			
Oil / fats / greases			
Flammable liquids/solids			
Flash Point			
Odour			
PCBs			
Water			
Solids			
Chlorine			
Solvents e.g. Trike			
Red listed Substances			
I confirm that the sample/s provided are representative of the material and the above control form has been completed to the best of my knowledge			
Signed on behalf of producer:		Date:	
Name:		Position:	

