

**DUTY OF CARE
WASTE TRANSFER NOTE**

Environmental
Protection Act
Section 34

SUEZ Contract No BAT037143

Account No 34054385

CUSTOMER COPY



Part A - The Waste Producer/Holder

CUSTOMER HAWKESBURY HOSPITAL HALL
High Street-Hawkesbury Upton
BADMINTON GL9 1AU

SERVICE LOCATION HAWKESBURY HOSPITAL HALL
 High Street
Hawkesbury Upton
BADMINTON GL9 1AU

2. Which of the following are you? (please tick at least one box)

Waste Producer Waste Collection Authority Registered Broker *

SIC Code 86101

* If you are a Registered Broker please complete the remaining boxes and enclose a copy of your Registration Certificate with this document.

Registration No.
Issuing Authority
Expiry Date

Part B - Description of Waste

1. Please describe the waste being transferred

2. EWC 3. Container 4. Quantity per consignment

5. Type of premises from which waste originates.

Part C - The company receiving the waste

1. SUEZ
Victoria Road
Avonmouth
BRISTOL BS11 9DB

2. Waste Carrier
CBDU93554
Issued by EA

Part D - Transfer

1. Address of place of transfer/service location as in Part A above

2. 'Season Ticket' valid from 02/06/2017

to 01/06/2018

3. Signed
on behalf of the Company named in Part A

on behalf of SUEZ Recycling and Recovery UK Ltd

Name in Block Capitals

Part E - Pre-Treatment Confirmation

<p>Do you currently segregate your general waste? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you currently segregate your hazardous waste? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>What processes are employed?</p> <p>Separate collection <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Screening <input type="checkbox"/> <input type="checkbox"/></p> <p>Hand picking <input type="checkbox"/> <input type="checkbox"/></p> <p>Magnetic segregation <input type="checkbox"/> <input type="checkbox"/></p> <p>Thermal <input type="checkbox"/> <input type="checkbox"/></p> <p>Other (please specify) <input type="text"/></p>	<p>What materials are segregated (Tick all that apply)</p> <p>Wood <input type="checkbox"/></p> <p>Paper <input checked="" type="checkbox"/></p> <p>Cardboard <input checked="" type="checkbox"/></p> <p>Glass <input checked="" type="checkbox"/></p> <p>Plastics <input checked="" type="checkbox"/></p> <p>Green Waste <input type="checkbox"/></p> <p>Ferrous <input type="checkbox"/></p> <p>Non-Ferrous <input type="checkbox"/></p> <p>WEEE <input type="checkbox"/></p> <p>Other (please specify) <input type="text"/></p>	<p>Which are recovered/recycled (Tick all that apply)</p> <p>Wood <input type="checkbox"/></p> <p>Paper <input checked="" type="checkbox"/></p> <p>Cardboard <input checked="" type="checkbox"/></p> <p>Glass <input checked="" type="checkbox"/></p> <p>Plastics <input checked="" type="checkbox"/></p> <p>Green Waste <input type="checkbox"/></p> <p>Ferrous <input type="checkbox"/></p> <p>Non-Ferrous <input type="checkbox"/></p> <p>WEEE <input type="checkbox"/></p> <p>Other (please specify) <input type="text"/></p>	<p>What percentage of the total waste is sent for recovery/recycling? <input type="text" value="30%"/></p> <p>If treatment or segregation is not done, please state why it is considered unnecessary</p> <p><input type="text"/></p>
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I confirm that I have applied the waste management hierarchy as required by Regulation 12 and complied with the requirements of Regulation 13 of the Waste (England and Wales) Regulations 2011 regarding the separate collection of waste paper, metal, plastic and glass.

Signed
on behalf of the Company named in Part A

Print Name & Position

NOTE TO THE PRODUCER

In order to remain in compliance with Section 34 of the Environmental Protection Act it is essential that this form is completed and the top (white) copy returned to the address in C.1 to arrive BEFORE the first date in D.2. Should the description of your waste change before the second date in D.2 then you must inform your local SUEZ Recycling and Recovery UK Ltd office who will make immediate arrangements to update the description.

THIS FORM MUST BE SIGNED ONLY BY AUTHORISED REPRESENTATIVES OF EACH PARTY AND MUST BE RETAINED FOR AT LEAST TWO YEARS