

Customer Details:		Audit Date:	
Post Code:		EA Premises Code:	
		SIC Code:	
		Premises Type ³ :	
Contact Name:		Number of rooms in total:	
Tel:		How many rooms will be audit:	
Email:			
Person undertaking the Audit:			
Contact Name:			
Job Title:			
Does the person undertaking the audit have a working knowledge of HTM 07-01, its successor SMHW v2 and The Carriage of Dangerous Regulations?			

Waste Produced on Site

In the tables below, report on whether wastes are present in each container examined and if the waste is in the container appropriate for its classification. If not, please add remarks in the comments box on the page below.

Healthcare Waste Type:	Tot. (Kg):	Haz Code:	Packaging Used:	Y / N
Offensive waste		N/A	Tiger striped bag	
Soft clinical waste		H9	Orange bag	
Medicinally contaminated sharps		H9	Yellow lidded sharps bin	
Non-medicinal contaminated sharps		N/A	Orange lidded sharps bin	
Cytotoxic/cytostatic sharps		H6, 7, 9, 10, 11	Purple lidded sharps bin	
Cytotoxic/cytostatic soft waste		H6, 7, 9, 10, 11	Purple and yellow bag	
Anatomical		N/A	Yellow or red lidded one way burn bin	
Pharmaceutical waste ⁴		H6, 7, 10, 11	Yellow or blue lidded one way burn bin	
Single use instruments (SUI)		H9	Orange lidded SUI bin	
Chemical waste ⁴		Various	Chemical waste container	
Fixer and developer		H4	Fixer or developer containers	
Amalgam sludge		H5	Sludge drums	
Lead foils		N/A	Lead foil container	
Amalgam waste		H5	Amalgam container	
Gypsum Waste		N/A	Tiger striped carton or bag	
Chest drains			Please describe in notes or comments	
Chest drains that are gel filled			Please describe in notes or comments	

Waste Produced on Site

In the tables below, report on whether wastes are present in each container examined and if the waste is in the container appropriate for its classification. If not, please add remarks in the comments box overleaf.

Non-Clinical Waste Type	Tot. (Kg):	Packaging Used:	Y / N
Recycling Waste		Recycling Container/Bag	
Domestic Waste		Black Bag	

If your waste is not placed in the corresponding packaging, please indicate the alternative being used in the Notes or Comments area below. Please feel free to continue on a separate sheet if necessary.

Notes or Comments:

Waste Storage	Y / N		Y / N
Are your internal waste bins, colour coded or labelled as per SMHW v2?		Is any Anatomical Waste stored under temperature control?	
Is your waste stored in a secure location?			

Staff Training and Information	Y / N		Y / N
Do you have a Waste Management Policy?		Do you keep your Hazardous Waste Consignment Notes on file?	
If you have a Waste Management Policy, please provide a copy.		Did you ask your staff any question on waste handling during this audit?	
Do you train your staff in waste handling?		Do you have posters or training material on display?	
Do you train your staff in waste segregation?		Please provide a description of the audit procedure and practices.	
Please provide a copy of your Environmental Management System.		Please describe your audit regimes.	

DECLARATION

I confirm the information above is correct to the best of my knowledge.

Signature: Date:

GUIDANCE NOTES

² More Details on Standard Industrial Classification codes can be found here: <http://www.companieshouse.gov.uk/about/miscellaneous/principalBusActivitiesList.shtml>

³ Such as GP practice, dentist, podiatrist etc.

⁴ Include reference to product data sheets.

Please return this audit to: Albus Environmental 2 Oakwood Yard, Watling Street, Bean DA2 8AH or Info@albusenvironmental.com

Albus Use Only:	
Has cyto waste been identified? YES / NO	Is there an offensive waste stream? YES / NO
Is the waste acceptable? YES / NO	Date of the next Audit:
If NO please indicate further action required:	Signature on behalf of Albus Environmental:
Should you require further information or to arrange a site visit by one of our advisors please contact us on: T: 01474 834 072 or E: Info@albusenvironmental.com	



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