



THE COLLEGE OF OPTOMETRISTS

**ADVICE ON THE DISPOSAL OF WASTE
England and Wales†**

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Executive summary

Optometrists produce a variety of waste. This will include waste similar to that produced by offices or retail premises, as well as waste that is sector-specific such as time-expired drugs and used or time-expired medical devices such as contact lenses or solutions.

All waste producers have a legal 'duty of care' to ensure that their waste is disposed of properly.

The aim of this summary is to help optometrists by setting out the various categories of waste that they may produce and outlining how these must be disposed of.

The main waste streams are likely to be:

- A. Domestic type waste such as paper, cardboard, used tissues and paper towels and small quantities of items that patients would produce as waste at home such as disposable contact lenses. This can be disposed of in the normal 'black bag' waste stream.
- B. Sector-specific non-hazardous healthcare waste such as used disposable tonometer probes and large numbers of time-expired contact lenses or emptied contact lens solution bottles which do not present a risk of infection. These can be disposed of as 'offensive waste' (yellow and black striped bag, sometimes called 'tiger' bags).
- C. Non-hazardous pharmaceutical waste (includes all non-hazardous medicines whether pharmacy or prescription only - .e.g. time expired or used minims). These need to be incinerated and should be discarded in a medicine disposal box. This is normally coloured yellow. Medicines which are not pharmaceutically active (e.g. saline) can be disposed of either in the non-hazardous pharmaceutical waste stream or emptied into the foul sewer and the container placed in the healthcare waste stream as in B above.
- D. Hazardous waste. This may be from the non-healthcare side of the practice (e.g. computer monitors, fridges, some batteries, some cleaning products), or from the clinical side of the practice (e.g. chloramphenicol). There are special requirements regarding the disposal of hazardous waste and optometrists should refer to later in this document for further information.
- E. In addition, some optometrists may use sharps for procedures such as removing corneal foreign bodies or performing blood tests. These should be disposed of in sharps boxes colour coded according to whether they are infectious or not (as none will be contaminated with medicinal waste).

Optometrists should ask their waste contactor to supply the various containers/bags stated above.

1: Introduction

- 1.1 Under section 34 of the Environmental Protection Act 1990 any person who ‘...imports, produces, carries, keeps, treats or disposes of...’ controlled waste has a duty of care to take all reasonable steps to deal with it appropriately. Controlled waste is defined as being waste from households, commerce or industry. Optometrists therefore have a responsibility to dispose of the waste that they produce responsibly. This applies to producers of both non-hazardous and hazardous waste.
- 1.2 The regulations covering the disposal of waste are highly complex. The aim of this guide is to explain that complexity and to offer advice on how optometrists and their contractors can comply with those regulations.
- 1.3 If optometrists or their contractors have any queries on specific aspects of waste disposal they should seek advice from their professional or representative body.
- 1.4 Optometric practices are solely responsible for ensuring that their wastes are:
- correctly segregated
 - stored safely and securely on premises
 - packaged appropriately for transport
 - described accurately and fully on the accompanying waste documentation when removed
 - transferred to an authorised person for transport to an authorised waste site, and
- If appropriate¹ optometric practices are also responsible for ensuring that their premises are
- appropriately registered or exempt under the hazardous waste regulations, and holds the necessary records and returns for the required period of time.

It is important to understand that this ‘Duty of Care’ does not end when you waste contractor has removed the waste, it continues to some extent until the waste has been safely disposed of.

2 Types of waste

2.1 Hazardous waste. The Hazardous Waste Regulations came into force in July 2005² and replaced the Special Waste Regulations. The separate category of ‘special waste’ (prescription only medicines) has been removed. Medicines are now either hazardous (which depends upon their toxicity and concentration) or not. Most of the medicines used by optometrists are not of a sufficient concentration to be classed as hazardous and so are not subject to the consignment regulations that used to apply to special waste. An asterisk in the waste catalogue classification indicates that the waste is hazardous.

¹ In England and Wales details of the premises at which hazardous waste is produced or from which it is removed must be notified to the Environment Agency. There is an exemption for various types of premises, which we have been assured includes optometrists, providing that they produce less than 200kg of hazardous waste in any 12 month period (NB this may be raised 500kg shortly). It is extremely unlikely that any individual optometric practice will produce this quantity of hazardous waste, if any, so they will not need to notify the Agency. It is possible however that larger practices or premises which include a practice will produce over this quantity so they will need to register.

² SI 894 of 2005

2.1.1 If the healthcare waste presents a risk of infection it is classed as clinical waste (and is a hazardous waste), and must not be mixed with non-hazardous waste. Advice from the DH states that where a patient in the community has been diagnosed with MRSA and is being cared for by a healthcare worker, the healthcare waste generated is not necessarily infectious³.

2.2 Clinical waste is defined in the Controlled Waste Regulations 1992⁴. It means any waste which consists wholly or partly of:

- human or animal tissue;
- blood or bodily fluids;
- excretions;
- drugs or other pharmaceutical products;
- swabs or dressings; or;
- syringes, needles or other sharp instruments;

which unless rendered safe may prove hazardous to any person coming into contact with it. And:

- any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

2.2.1 Each type of clinical waste should be segregated from other types of clinical waste and other wastes and be treated/disposed of appropriately in suitably permitted facilities.

2.3 Healthcare waste. The 'soft' healthcare waste produced by most optometric practices that is non-healthcare specific (i.e. items which would be found in domestic refuse such as paper towels, tissues and small quantities of contact lenses etc) is unlikely to be considered hazardous, and as such is not classed as clinical waste. This can be disposed of in the normal (black bag) refuse unless it is of large quantities in which case it can be considered as 'offensive waste'. Non-hazardous healthcare waste such as used tonometer prisms, personal protective equipment, large quantities of contact lenses etc. should be packaged separately and disposed of in the 'offensive waste' stream,

2.4 Sharps are defined as items that could cause puncture wounds. These would include lancets for blood sugar testing, needles used for removing corneal foreign bodies and sharp metal ring pulls from soft contact lens bottles etc. Sharps should be disposed of in sharps boxes. They are considered to be hazardous waste if their collection and disposal is 'subject to special requirements to prevent infection' (SI 895 of 2005 18.01.03). This would include sharps that are contaminated with body fluids such as those used for blood testing as these should be considered to be infectious unless proven otherwise. Optometrists

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www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274_p_65, para 22 Accessed 4/8/08

⁴ www.defra.gov.uk/environment/waste/topics/clinical.htm Accessed 16/10/08

who use sharps should contact their waste contractor who will be able to advise on the most appropriate form of disposal.

3 Waste segregation, packaging, classification and labelling

Optical practices will produce a wide range waste, most of which will be non-hazardous and some may be hazardous:

3.1 Hazardous wastes may include:

- bagged clinical wastes ⁵;
- Sharps;
- 'cytotoxic and cytostatic' medicines (e.g. chloramphenicol eyedrops);
- fridges, freezers, computer monitors, all fluorescent tubes and some batteries;
- some chemical disinfectants and reagents.

3.2 Non-hazardous wastes will often include:

- Medicines ('non-cytotoxic and cytostatic');
- Other electrical equipment and certain types of batteries;
- Office wastes – paper, cardboard, ink cartridges, clean glassware and plastics;
- Hygiene wastes from lavatories;
- Other offensive/hygiene wastes from healthcare activities;
- Domestic type (black bag) waste.

Appendix 1 outlines some key waste streams that are applicable to optical practices, including an explanation of each stream, what waste containers should be used, what can be placed in these containers, how waste should be classified and described and advice on waste disposal.

3.3 'Cytotoxic and cytostatic' medicines are defined as any medicine which possesses one or more of the hazardous properties toxic, carcinogenic, toxic for reproduction, or mutagenic. Optometrists should note that whilst most medicines used in optometric practice are considered non hazardous, chloramphenicol is considered as hazardous because of its carcinogenic properties. Optometrists should review the medicines they use in their practice against this definition. Any waste containing cytotoxic or cytostatic drugs must be segregated as cytotoxic and cytostatic waste.

3.4 Sharps boxes. Any sharps that are used in optometric practices will not be contaminated with medicines and should therefore be disposed of in an orange lidded sharps box. If you generate sharps contaminated with medicines you should use a 'yellow lidded' sharps box.

3.5 Orange clinical waste bags are used to indicate that the clinical waste is suitable for disinfection processes like autoclaves, rather than requiring incineration. You must not place medicinally, chemically contaminated wastes in the orange bag. It is unlikely that optometric practices will generate this type of waste unless they produce waste (such as that from patients with eye infections)

⁵ It is recognised that optometrists will generally produce little, if any, clinical waste. However it is included here so that optometrists know how to dispose of it properly if they do produce any.

where a risk of infection is identified. Unless they are sure that there is no risk of infection from it, it is recommended that any blood contaminated waste is considered to present a risk of infection and as such is placed in the orange bag clinical waste stream.

3.6 Offensive/hygiene waste. The offensive hygiene stream is used for

- feminine hygiene wastes from toilets, and
- uncontaminated wastes from optometric healthcare

Optometrists will potentially generate wastes contaminated with eye secretions (e.g. tears). Unless there are indications that the patient has an eye infection this would not normally render the waste clinical (i.e. infectious) waste. Further information on treating offensive/hygiene waste for landfill can be found at www.environment-agency.gov.uk/static/documents/Business/healthcare_pdf2_1918074.pdf

3.7 Municipal/domestic waste. The general mixed waste, e.g. black bag collection, is considered to be mixed municipal waste. There are five key points to note:

- You should not place any hazardous waste in this waste stream as mixing of this type by businesses is prohibited by law, and
- You should not, in principle place any healthcare waste (particularly medicines) in this waste stream even if in very small quantities. This changes the legal classification, description and disposal options open for the waste.
- Many municipal wastes are recyclable so consider recycling them instead.
- The Landfill Directive prohibits the disposal of liquids into landfill. Liquid filled waste containers should therefore be discharged down the foul sewer before the container is consigned to landfill⁶.
- Landfills can only accept treated waste. To be 'treated' there are three elements under the regulations⁷ - see <http://publications.environment-agency.gov.uk/pdf/GEHO0507BMQM-e-e.pdf?lang=e>

3.8 Waste labelling. All hazardous waste and medicinal waste containers should be individually and clearly labelled to identify both

- the nature of the waste present (including classification codes where possible), and
- the details of /identifier for the optical practice that produced it.

For orange bags it would typically be necessary to fasten a robust identification tag to the neck of the bag.

4 Waste transfer and documentation

As the producer of the waste, the optical practice bears the legal responsibility of ensuring that waste documentation is complete and accurate. Relying on your waste contractor to do this for you will leave you legally liable should any of the documentation be incorrect.

⁶ See www.environment-agency.gov.uk/business/regulation/31867.aspx

⁷ See www.environment-agency.gov.uk/static/documents/Business/faq_v3__oct_07_1899623.pdf

There are two different types of documentation required for waste transfers:

- **consignment notes** that are used for hazardous wastes.
- **waste transfer notes** that are used for non-hazardous wastes.

4.1 Consignment notes are used to track the movements, and ensure the safe disposal of, hazardous wastes. They are also designed to ensure the information accompanying the waste is sufficient to enable its safe disposal. A new consignment note must be completed for each individual collection of hazardous waste. Each note will consist of producer, carrier and consignee copies.

There are two types of note,

- a standard consignment note, used for a movement of waste from one premises to a waste site, and
- a multiple consignment note, normally used when a waste contractor collects from several practices during the day.

Appendix 2 provides a completed example of a standard consignment note for a number of optical waste streams. You may find this useful as a template. We would also recommend that you use this to compare and contrast with any documents provided by your waste contractor. Poor quality consignment notes are unfortunately common in the healthcare sector and we would recommend that you focus on this aspect of your procedures.

4.2 Who completes the consignment note, and when?

Before the waste is removed from the optical practice:

- part A contains details of the optical practice and the destination of the waste. This must be completed by the practice;
- part B contains details about the waste, its properties and its packaging. This must be completed by the practice;
- all three copies should be then provided to the waste carrier;
- part C contains details of the waste carrier, the driver, the vehicle and a declaration that the carrier has verified key information in sections A and B. This must be completed by the carrier;
- the paperwork is then passed back to the producer. Only after section C is completed can the optical practice complete section D to verify sections A to C (as this includes a record of the number plate of the vehicle onto which the waste was loaded).
- once parts A to D are complete the carrier may remove the waste.

On arrival at the destination (consignee) site

- The consignee completes Part E to verify what they have received.

Further guidance on this is provided by the [Environment Agency](http://www.environment-agency.gov.uk/hazwaste) at www.environment-agency.gov.uk/hazwaste

4.3 Multiple consignment notes (MCN) are a type of note used by waste carriers to collect hazardous waste from a number of small producers in the same journey.

An 'M' on the end of consignment note number identifies that your collection is part of a larger collection round.

A MCN contains the same information as a standard consignment note; however the layout is slightly different. The waste carrier must provide you with **two** documents:

- A multiple collection note that contains information common to all the collections, for example the carrier details, the destination site, and the Part E consignee information; and
- An annex that is specific to your practice, which looks very much like a standard consignment note (without Part E), section B should be identical to the standard note.

4.4 Waste Transfer Notes are used for the collection of non-hazardous wastes. The waste transfer note must be completed by the optical practice. The legal responsibility for describing the waste rests with the optometry practice.

If a contractor collects the same waste at regular intervals over a period no longer than twelve months a 'season ticket' can be used, so a new note would not be required on each occasion.

An example of a waste transfer note is provided in Appendix 3.

5 Registrations, records and returns

5.1 Registration as a hazardous waste producer

The Hazardous Waste Regulations specify that all producers that produce 200 kg or more of hazardous waste in any twelve month period need to register their premises annually. Producers of less than 200kg in any twelve month period are exempt. Further information can be obtained from the Environment Agency.

This information is used to track hazardous wastes and ensure that they are safely managed.

5.2 Hazardous waste - records and returns

Optical practices that produce hazardous waste are required to keep a register that contains their hazardous waste records. This requirement is usually met by keeping copies of **both**

- standard or multiple consignment notes (including annexes), and
- consignee returns to the producer or holder

Where relevant, the register should also contain records of any rejected loads or carrier schedules

This section also provides guidance on

- where the register should be kept
- how long records should be kept

5.2.1 Consignment notes from the optical practice

Standard movements – waste producers must retain their copy of each consignment note before the waste is removed from their premises. This copy should be placed in the register.

Multiple consignments – the carrier is required to pass a copy of **both** the multiple consignment note, **and** the relevant producer annex, to waste producers before they remove hazardous waste. These records should be placed in the register.

The register must contain information on the quantity, nature, origin, destination, frequency of collection, mode of transport of the waste removed and details of the waste carrier. If properly completed, consignment notes will meet these requirements.

Guidance on consignment notes and their completion is provided by the Consignment Notes series of guides to the Hazardous Waste Regulations (HWR03 A to F ⁸)

An example consignment note for waste from optical practice is provided in Appendix 2.

5.2.2 Consignee returns to the optical practice

Each consignee (destination site) is required to send to the optometry practice a return each quarter. This return is a record of what has happened to the hazardous waste and must be placed in the waste producer's register. These returns must be present to ensure the register is legally complete.

Where a waste contractor does not provide returns

- the producer should formally request one in writing
- if this is unsuccessful, the waste producer should consider making alternative arrangements for their waste disposal until the contractor complies with the law and also pass their details to the Environment Agency

The return may be provided in two ways

- a form of the type provided in the Regulations that lists the individual waste movements, their nature, and what has happened to them
- a copy of the consignee's copy of each consignment note, together with a description (or confirmation) of the method of disposal or recovery applied to the waste. The latter is required because the disposal or recovery part of a consignment note is completed on arrival at the destination site, i.e. before disposal or recovery actually occurs

These returns contain the information on the quantity, nature, origin, destination, frequency of collection, mode of transport, waste carrier and the disposal or recovery operation applied, to the waste received, that are required by the Regulations.

Where your waste is taken to a transfer station before being sent elsewhere it is recommended that you request copies of the associated completed paperwork for that onward movement that confirms that it was received at the final destination.

5.2.3 Rejected loads and carrier schedules (where relevant)

Rejected loads – Consignees sometimes reject consignments of hazardous waste. When this happens they must send an explanation. A new consignment note will be completed to move the waste elsewhere. A copy of this consignment note should be provided to the waste producer. A copy of any new consignment note and the consignee's explanation must be kept in the register.

Carriers schedules – This document is needed where more than one carrier is involved in the transport of the waste. A copy of the schedule of carriers must be provided to waste producers before the waste is removed from their premises. This must be kept in your register.

⁸ <http://www.environment-agency.gov.uk/business/topics/waste/32196.aspx>

5.2.4 Where should the register be kept?

Where the register is kept depends on the number of practice branches and whether these are each registered as hazardous waste producers or not.

- Registered premises – if a practice is a registered premises, then the register for hazardous waste removed from that practice must always be kept there
- Exempt premises – if a practice branch is exempt from registration as a hazardous waste producer premises, then the register for hazardous waste removed from that practice should be kept at the principal place of business. This may be another practice if your practice is one of several in a company. If a practice wishes to keep the register anywhere else this must be agreed in writing with the Environment Agency.

5.2.5 How long should the register be kept?

The register must be kept for at least three years commencing from date the waste was removed from the practice premises by a waste carrier.

5.2.6 Non-hazardous waste records

Waste Transfer notes should be kept for a minimum of two years.

Where 'season' tickets are used you should also keep a record of when each of the regular collections are made using the note.

6 Electrical wastes

A detailed explanation of the requirements for disposal of electrical waste is beyond the scope of this document. Further information is available from HTM 07 05 (available on http://195.92.246.148/knowledge_network/documents/HTM_07_05_Exec_summ_20070718111931.pdf).

6.1 There are four key points to note:

- Many electrical wastes including fridges, freezers, fluorescent tubes, televisions, CRT and TFT (flat screen) computer monitors, and certain batteries (lead acid or nickel-cadmium) are hazardous wastes and must therefore be consigned from your practice.
- Your local civic amenity site is unlikely to be authorised to accept commercial electronic waste. You should check before taking this waste there, and in any event must ensure that you use a consignment note when you remove the waste from your practice.
- New regulations on the disposal of Waste Electrical and Electronic Equipment (WEEE) have been introduced.
- When you purchase new equipment you have the opportunity to make arrangements with the supplier to remove the old one.

6.2 For older electrical equipment WEEE (placed on the market before 13 August 2005), that is not being replaced by new equipment serving an equivalent function, you are responsible for arranging and financing its collection and treatment themselves in accordance with the WEEE Regulations.

6.3 For all other WEEE from the practice, you should be able to call upon a responsible Producer Compliance Scheme (PCS) to take-back and treat the old equipment. The Environment Agency website gives details of which PCS each equipment producers are members of.

6.4 When new equipment is purchased the supplier may not mention take-back, so it is in your interest to be proactive.

6.5 Further information can be found at
www.environment-agency.gov.uk/business/regulation/31975.aspx

7 Chemicals

A detailed explanation of the requirements for disposal of chemical waste is beyond the scope of this document.

7.1 There are three key points to note:

- Chemicals should not be disposed of in the clinical waste stream. This may cause chemical releases and worker exposure issues during subsequent handling and disposal.
- Hazardous chemicals (including photo-chemicals) should not be disposed of to foul sewer or surface drains. This is at best bad practice, and may require a trade effluent consent from your sewerage undertaker. Your sewerage undertaker may allow you to discharge *very dilute* quantities of these chemicals into the foul sewer without a trade effluent consent providing the chemicals so discharged are miscible with water and very diluted. Contact your sewerage provider for further details.
- Some chemicals may react to produce fire or toxic gas. These incompatible chemicals should be disposed of and stored separately. Flammable, corrosive and oxidising chemicals are of particular concern in healthcare.

Further guidance on the storage of chemicals is available from the Health and Safety Executive.

8 Waste audit and duty of care checks

8.1 **Waste audit.** The Environment Agency is introducing requirements for the end disposal sites to hold a detailed and recent waste composition audit of the producer practice before they can accept the waste.

8.2 You should expect to be asked to provide detailed information on your waste segregation procedures, their effectiveness and therefore the content of each waste stream determined by a number of means including staff questionnaires and direct observation of in use waste container contents.

8.3 Specifically you should focus on identifying those waste streams that contain or are contaminated with, in any quantity

- Cytotoxic and cytostatic medicines
- Other medicines
- sharps
- hazardous chemicals
- non-hazardous chemicals

8.4 Undertaking such audits will enable you to demonstrate that you have discharged your duty of care in describing and packaging your waste.

8.5 Waste carriers. The waste contractor who collects your waste must be a registered waste carrier.

You should check this, for example by comparing the carrier registration number on Part C of the consignment note to the information held on the Environment Agency's electronic public register.

8.6 Waste disposal

Waste from small practices is frequently taken to a waste transfer station where it is combined with other wastes and sent for final disposal.

It is recommended that you check if your waste is being taken to a waste transfer station and, if this is the case, ask for copies of the documentation used for onward movement of your waste to its final destination.

8.7 Appendix 1 identifies that certain wastes need incineration, whilst others are suitable for alternative treatment. 'Diversion' of waste has been a problem so you should take the following steps;



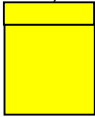
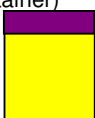


- Make sure your waste descriptions specify incineration where indicated in Appendix 1, especially if your waste contractor advises otherwise.
- Ask for confirmation of whether the final disposal site was an incinerator or alternative treatment plant, and which facility the waste was taken too.
- Ask your waste contractor for a copy of the last Environment Agency (or SEPA) site inspection form for both the transfer station and the final destination site(s).

Acknowledgement

The College would like to thank Robert McIntyre from the Environment Agency for his help in drafting this document.

Appendix 1: Waste segregation and classification table (see supporting text)

Waste is colour coded according to its disposal method. Orange coded clinical waste is suitable for alternative treatment such as autoclaving. This destroys micro-organisms that may cause infection and is therefore suitable for infectious waste, but not chemicals or pharmaceuticals. Yellow coded clinical waste must be incinerated and would include wastes containing or contaminated with non-hazardous medicines (non cytotoxic or cytostatic) medicines. Purple waste is cytotoxic and cytostatic waste which may require specialist incineration. Black coded waste is suitable for landfill or municipal waste incineration.

Container Type	Example Waste Description	Contents	Classification	Disposal
Sharps box (Orange lid) 	Clinical waste: sharps, not pharmaceutically contaminated, suitable for alternative treatment	- Hypodermic needles, Syringes and Syringe barrels not contaminated with medicines - Other non-medicinally contaminated sharps	18 01 03* (hazardous if contaminated with body fluids) & 18 01 01 (non-hazardous if not contaminated with body fluids)	Alternative treatment (autoclave etc.) if infectious
Soft clinical wastes (orange bag) 	Clinical waste: infectious, suitable for alternative treatment.	Body fluid contaminated dressings, and other waste that may present a risk of infection. NO medicinally or chemically contaminated wastes.	18 01 03* Hazardous	Alternative treatment (autoclave etc) or incineration
Medicines (rigid leak proof container) 	Non-cytotoxic and cytostatic medicines, clinical waste, for incineration only	Non-cytotoxic and cytostatic medicines, including used or out of date stock.	18 01 09 Non-hazardous	Incineration only
Medicines (rigid leak proof container) 	'cytotoxic and cytostatic medicines', clinical waste, for incineration only	Chloramphenicol and other cytotoxic and cytostatic medicines, including used or out of date stock, and associated contaminated wastes	18 01 08* Hazardous	Specialist incineration only
Offensive or hygiene wastes 	Offensive / hygiene waste from optometric care suitable for landfill	Gowns, gloves, tissues, and other items from optical practice that do not present a risk of infection and are not contaminated with /medicines or chemicals.	Non-hazardous 18 01 04	Landfill or municipal waste incineration
	Municipal offensive/hygiene suitable for landfill	Hygiene waste from toilets only.	Non-hazardous 20 01 99	
Municipal waste 	Mixed municipal waste	Domestic type refuse <ul style="list-style-type: none"> • Food packaging • Paper/magazines that cannot be recycled • Etc (no hazardous wastes)	Non-hazardous 20 03 01	Landfill or municipal waste incinerator

Appendix 2: Hazardous waste consignment note example

PART A Notification Details						
1. Consignment note code: ABC123/AB001		3. Premises Code: ABC123		4. The waste will be taken to: (address and postcode) The Transfer Station, Low Street, Old Town, YY12 4XX		
2. The waste described below is to be removed from: (name, address, postcode, telephone, e-mail & fax) The Optometry Practice, High Street, New Town, The Shire, XX12 3YY The Shire Tel 0123 456789, cornea@hotmail.com		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: Optometric Healthcare . 2. SIC for the process giving rise to the waste: 85 .						
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	Physical form	Hazard code(s)	Container type, number & size
Clinical waste: sharps, not pharmaceutically contaminated, suitable for alternative treatment or incineration.	18 01 03*	1kg	Sharps, not contaminated with medicines.	mixed	H9,	1 x 14 litre orange lidded sharps box
Clinical waste: infectious, suitable for alternative treatment.	18 01 03*	1kg	Dressings, PPE and swabs, not contaminated with chemicals or medicines.	mixed	H9	1 orange bags
Clinical waste : cytotoxic and cytostatic medicines	18 01 08*	0.1kg	Chloramphenicol 0.5%	liquid	H7	5 litre, rigid yellow bin, purple lid.
ADR information for each EWC identified above:						
EWC code	Description for Carriage (packing group, UN numbers, proper shipping name and UN classes)		Special Handling requirements			
18 01 03*	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) <input type="checkbox"/>			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.			
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:			1. Consignor / Holder name (please PRINT) Mr David Bridge on behalf of (name, address, postcode, telephone, e-mail & fax) The Optometry Practice, High Street, New Town, The Shire, XX12 3YY Tel 0123 456789, cornea@hotmail.com			
1. Carrier driver name (please PRINT) Tony Driver			Signature D. Bridge			
2. On behalf of (name, address, postcode, telephone, e-mail & fax) The Transfer Station, Low Street, Old Town, The Shire, YY12 4XX Tel : 0987 654321 e-mail: transfer@hotmail.com			Time 18.00 Date 29/02/2008			
3. Carriers registration no/ exemption reason: ABC/012345						
4. Vehicle registration no: AB07 FIL						
Signature T. Driver						
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:			
<input type="text"/>			Date:			
authorises the management of the waste described in B at the address given at A4			Time:			

Appendix 3: Duty of care waste transfer note example

Duty of care: waste transfer note *Keep this page and copy it for future use*

Section A – Description of waste	
<i>(Please write as clearly as possible)</i>	
A1 Please describe the waste being transferred	A2 How is the waste contained?
<input type="text"/>	<input type="checkbox"/> Loose <input type="checkbox"/> Sacks <input type="checkbox"/> Skip <input type="checkbox"/> Drum
List of Waste Regulations code(s)	<input type="checkbox"/> Other <input type="text"/>
<input type="text"/>	A3 How much waste? <i>For example, number of sacks, weight</i>
<input type="text"/>	<input type="text"/>
Section B – Current holder of the waste – <i>Transferor</i>	
B1 Full name	<input type="checkbox"/> The holder of a pollution prevention and control permit?
<input type="text"/>	Permit number <input type="text"/>
Company name and address	Issued by <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Exempt from requirement to have a waste disposal or waste management licence?
<input type="text"/>	Details, including registration number <input type="text"/>
Postcode <input type="text"/>	<input type="checkbox"/> A registered waste carrier?
B2 Are you:	Registration number <input type="text"/>
<input type="checkbox"/> The producer of the waste? <input type="checkbox"/> The importer of the waste?	Issued by <input type="text"/>
<input type="checkbox"/> The waste collection authority? <input type="checkbox"/> The waste disposal authority (Scotland only)?	<input type="checkbox"/> Exempt from requirement to register?
<input type="checkbox"/> The holder of a waste disposal or waste management licence?	Please give details <input type="text"/>
Licence number <input type="text"/>	B3 Name of your unitary authority or council
Issued by <input type="text"/>	<input type="text"/>
Section C – Person collecting the waste – <i>Transferee</i>	
C1 Full name	<input type="checkbox"/> The holder of a pollution prevention and control permit?
<input type="text"/>	Permit number <input type="text"/>
Company name and address	Issued by <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Exempt from requirement to have a waste disposal or waste management licence?
<input type="text"/>	Details, including registration number <input type="text"/>
Postcode <input type="text"/>	<input type="checkbox"/> A registered waste carrier?
C2 Are you:	Registration number <input type="text"/>
<input type="checkbox"/> The waste collection authority? <input type="checkbox"/> The waste disposal authority (Scotland only)?	Issued by <input type="text"/>
<input type="checkbox"/> Authorised for transport purposes? <i>Please give details</i>	<input type="checkbox"/> Exempt from requirement to register? <i>Please give details</i>
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> The holder of a waste disposal or waste management licence?	
Licence number <input type="text"/>	
Issued by <input type="text"/>	
Section D – The transfer	
D1 Address of transfer or collection point	D2 Broker who arranged this transfer <i>(if applicable)</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Date of transfer <input type="text"/> (DD MM YYYY) Time(s) <input type="text"/>	
Transferor's signature <input type="text"/>	Transferee's signature <input type="text"/>
Name <input type="text"/> Representing <input type="text"/>	Name <input type="text"/> Representing <input type="text"/>