

# PRELIMINARY WASTE ASSESSMENT FORM

All sections of this form **MUST** be completed

<b>NAME &amp; ADDRESS OF WASTE PRODUCER</b>  	<b>CONTACT DETAILS</b> Name: ..... Tel: ..... Fax: ..... Mobile:.....
<b>CUSTOMER NAME &amp; ADDRESS [if different from waste producer]</b>  	<b>CONTACT DETAILS</b> Name: ..... Tel: ..... Fax: ..... Mobile:.....
<b>SITE ADDRESS [where waste arises]</b>  	
<b>DESCRIPTION OF THE WASTE:</b> Tick one below which best describes the waste  Excavated Soil/Stones <input type="checkbox"/> Demolition Waste <input type="checkbox"/> [Brick/Concrete/Rubble] Ash <input type="checkbox"/> Slag <input type="checkbox"/> Clinker <input type="checkbox"/> Other [additional description required] <input type="checkbox"/> .....	<b>Additional information to describe the waste [if required]</b> ..... <b>ODOUR: YES [ ] NO [ ]</b> [If yes please describe] .....
<b>E.W.C. CODE [refer to attached list]</b>	<b>PROCESS GIVING RISE TO THE WASTE:</b>
<b>IS ANY LABORATORY TEST DATA AVAILABLE YES/NO [please attach / submit the test data]</b>  	
<b>DESCRIPTION OF THE WASTE TREATMENT APPLIED:</b> <input type="checkbox"/> source segregation <input type="checkbox"/> physical treatment [eg crushing / screening] <input type="checkbox"/> chemical treatment [eg stabilisation]	<input type="checkbox"/> other [please describe] ..... <input type="checkbox"/> no treatment [state why no treatment required] .....
<b>QUANTITY OF WASTE [tonnes or m3 – please specify]</b>  ..... <b>No OF WASTE LOADS:</b>  .....	<b>Expected Commencement Date</b>  ..... <b>Expected End Date for Deliveries</b>  .....
<b>IS THE WASTE OF A VARIABLE NATURE [i.e. does the waste come from a continuous process or batch process]?</b>  .....	
<b>WASTE PRODUCER DECLARATION</b>  <b>SIGNATURE:</b> <span style="margin-left: 200px;"><b>PRINTED NAME:</b></span> <span style="margin-left: 200px;"><b>DATE:</b></span>	