

Organic Waste

Waste treatment enquiry

Control form reference number (office use only)

All information is mandatory. Please contact the Organic Waste team if you require assistance.

Your details	
Company name	
Contact	Telephone
Email	Fax

Producer details	
Company	
Address	
Postcode	

Waste details		
Waste description, process and industry from which it derives (please include as much detail as possible)		
Please state the form the waste takes (solid, liquids, sludge etc.)		
EWC code (mandatory) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Frequency	Volume (m ³)
Is the waste hazardous? Yes <input type="checkbox"/> (If yes, industrial and commercial samples require a consignment note) No <input type="checkbox"/>		
If yes, what are the components, concentrations and hazard codes?		
Is the waste exempt from the Animal By-Product Regulations 2003? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
Please state which of the following is available and provide a copy; Material safety data sheet (MSDS) Yes <input type="checkbox"/> No <input type="checkbox"/>		
COSHH assessment Yes <input type="checkbox"/> No <input type="checkbox"/> accredited analysis Yes <input type="checkbox"/> No <input type="checkbox"/>		
Which treatment centre would you like to use?		

Composition		
Is the composition likely to be variable? Yes <input type="checkbox"/> No <input type="checkbox"/>		Office use only
if Yes, how will it vary?		
Odour		
Colour		
Appearance		
pH		

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COD				Lead			
Settled COD				Zinc			
BOD				Arsenic			
Suspended solids				Molybdenum			
Flashpoint				Mercury			
Chlorides				Phenols			
Sulphates				Hydrocarbons			
Ammonia				List I Substance			
Copper				List II Substances			
Nickel				MTX			
Chromium				Respirometry			
Cadmium				Any substances that may inhibit a biological process?			
Further Information							

Information on sampling (request Sampling Techniques guidance from the Organic Waste office)	
Has a sample been provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who has taken the sample?	
Date sample was taken	
Date sample delivered to Organic Waste	
Are there any special handling requirements?	
Is the sample representative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of storage vessel	
Capacity of vessel sampled	
Method of sampling and sampling point	
Number of samples taken (and degree of consolidation)	
Operating conditions at time, (eg, normal operation, shut down, maintenance and/or cleaning)	
Storage and preservation techniques	

Declaration		
I confirm that the information provided is correct, sample provided (if applicable) is representative and hazards have been clearly labelled, and has been taken by a person who is technically competent to undertake the sampling process.		
Date/time	Signature	Name (Block capitals)

Please note that samples will not be submitted unless accompanied by a completed form
Please fax/email the completed form to the Organic Waste office.