



Please complete in blue/black ink, in BLOCK CAPITALS

Pre Treatment Confirmation Form

Customer Name
 Customer Location

Internal use only:
 A/c No:
 Telephone No

<p>Do you currently segregate your general waste?</p> <p style="text-align: center;">YES NO</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Do you currently segregate your hazardous waste?</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>What processes are employed?</p> <p>Separate collection <input 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)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>What materials are segregated?</p> <p style="text-align: center;">YES NO</p> <p>Wood <input type="checkbox"/> <input type="checkbox"/></p> <p>Paper <input type="checkbox"/> <input type="checkbox"/></p> <p>Cardboard <input type="checkbox"/> <input type="checkbox"/></p> <p>Glass <input type="checkbox"/> <input type="checkbox"/></p> <p>Plastics <input type="checkbox"/> <input type="checkbox"/></p> <p>Green Waste <input type="checkbox"/> <input type="checkbox"/></p> <p>Ferrous <input type="checkbox"/> <input type="checkbox"/></p> <p>Non-Ferrous <input type="checkbox"/> <input type="checkbox"/></p> <p>Waste Electrical and electronic equipment (WEEE) <input type="checkbox"/> <input type="checkbox"/></p> <p>Other (please specify)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Which of the wastes are sent for recovery recycling?</p> <p style="text-align: center;">YES NO</p> <p>Wood <input type="checkbox"/> <input type="checkbox"/></p> <p>Paper <input type="checkbox"/> <input type="checkbox"/></p> <p>Cardboard <input type="checkbox"/> <input type="checkbox"/></p> <p>Glass <input type="checkbox"/> <input type="checkbox"/></p> <p>Green Waste <input type="checkbox"/> <input type="checkbox"/></p> <p>Ferrous <input type="checkbox"/> <input type="checkbox"/></p> <p>Non-Ferrous <input type="checkbox"/> <input type="checkbox"/></p> <p>Waste Electrical and electronic equipment (WEEE) <input type="checkbox"/> <input type="checkbox"/></p> <p>Other (please specify)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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What percentage of the total waste is sent for recovery recycling? %

If treatment or segregation has not been carried out, please state why treatment or segregation is not considered necessary:

I/We confirm that waste delivered by the above named company and herein described has been as detailed above

Note: Treatment is a physical/chemical/thermal or biological process including sorting that also changes the characteristics of the waste and must do so in order to:

- (i) reduce its volume, or
- (ii) reduce its hazardous nature, or
- (iii) facilitate its handling, or
- (iv) enhance its recovery

Signed by a duly authorised representative of you,
 THE CUSTOMER

Position

Print Name

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Day Month Year