

Waste Specification Form
Ref No Y.....

No quotation will be issued unless **ALL** sections are completed and boxes are ticked either **YES** or **NO**
 Refer to Guidance Notes for the Completion of Waste Specification Form EWPF 002.01.01.

WASTE PRODUCER: Name: Address: Tel: Fax:	AGENT: (If different from Waste Producer) Name: Address: Tel: Fax:	WASTE CARRIER: Name: Address: Tel: Fax:
Is the Waste Producer a transfer station? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SERVICE: Transport / Disposal / Treatment / Recycling / Other (Please State) (Delete as appropriate)
TRANSPORT: Tipper / Skip / Tanker / Flatbed / Curtainsider / Van / Trailer / Other (Please State) (Delete as appropriate)
PACKAGING: Loose / Bagged / Drummed / Other (Please State) (Delete as appropriate)

Waste Types	Percentage		by Weight %	Waste Types	Percentage		by Weight %
	Yes	No			Yes	No	
Acid	<input type="checkbox"/>	<input type="checkbox"/>	—	Oils	<input type="checkbox"/>	<input type="checkbox"/>	—
Alkali	<input type="checkbox"/>	<input type="checkbox"/>	—	Oxidising Agents	<input type="checkbox"/>	<input type="checkbox"/>	—
Ammonia/Amines	<input type="checkbox"/>	<input type="checkbox"/>	—	Phenols/Halogenated Phenols	<input type="checkbox"/>	<input type="checkbox"/>	—
Animal Wastes	<input type="checkbox"/>	<input type="checkbox"/>	—	Pyrophoric Substance	<input type="checkbox"/>	<input type="checkbox"/>	—
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	—	PCBs	<input type="checkbox"/>	<input type="checkbox"/>	—
Clinical E	<input type="checkbox"/>	<input type="checkbox"/>	—	Pesticides/Biocides	<input type="checkbox"/>	<input type="checkbox"/>	—
Clinical Other	<input type="checkbox"/>	<input type="checkbox"/>	—	Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	—
Contaminated Soil/Sewage	<input type="checkbox"/>	<input type="checkbox"/>	—	Radioactive substances	<input type="checkbox"/>	<input type="checkbox"/>	—
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	—	Reducing agents	<input type="checkbox"/>	<input type="checkbox"/>	—
Food Waste	<input type="checkbox"/>	<input type="checkbox"/>	—	Solvents chlorinated	<input type="checkbox"/>	<input type="checkbox"/>	—
Isocyanates	<input type="checkbox"/>	<input type="checkbox"/>	—	Solvents non chlorinated	<input type="checkbox"/>	<input type="checkbox"/>	—
Laboratory Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	—	Substances reacting with water	<input type="checkbox"/>	<input type="checkbox"/>	—
Latex/Rubber	<input type="checkbox"/>	<input type="checkbox"/>	—	Substances dissolving in water	<input type="checkbox"/>	<input type="checkbox"/>	—
Mercaptans/Other odorous chems	<input type="checkbox"/>	<input type="checkbox"/>	—	Sulphides/Cyanides	<input type="checkbox"/>	<input type="checkbox"/>	—
Metals/Metal Compounds	<input type="checkbox"/>	<input type="checkbox"/>	—	Water mixtures	<input type="checkbox"/>	<input type="checkbox"/>	—
				Other Toxic/Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	—

WASTE ANALYSIS All components ticked YES above require further description and/ or submission of analysis results Tick if additional information supplied <input type="checkbox"/> If analysis supplied does not enable comparison with Waste Acceptance Criteria, additional analysis must be requested before Waste Specification procedure can be completed.
--

Describe Process of Formation of Waste

 Does the Waste smell? Yes No

Physical Properties			Percentage by Weight %	Physical Properties			Percentage by Weight %
	Yes	No			Yes	No	
Solid	<input type="checkbox"/>	<input type="checkbox"/>	_____	Liquid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Powder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sludge	<input type="checkbox"/>	<input type="checkbox"/>	_____	Temperature	_____°C		

 Status of Waste at Site Reception (See Waste Management Licence)
 Hazardous / Non Hazardous (Delete as appropriate)
 EC Waste Catalogue Code _____

Weight of each consignment _____ te Frequency of the waste arising _____ per yr

WASTE TREATMENT

 Has the waste been subject to treatment? Yes No
 (If no, please state reason):

If yes, what processes are employed?			Which of the wastes are:	Segregated	Recovered	Recycled
Waste segregation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate collection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand picking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic segregation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Green Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ferrous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			Non-ferrous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Waste electrical & electronic equipment (WEEE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Other (please specify)			

What percentage of the total waste is sent for recycling / recovery? _____

DECLARATION: I / We certify that the above information and any enclosures are correct in every respect

Signed on behalf of Waste Producer:

Signed on behalf of Agent:

Name in Block Capitals:

Name in Block

Capitals:.....

Date:

Date:

YORWASTE ASSESSMENT OF THE WASTE

Where is the wastes destination?	Co-composting	Landfill	Liquid Treatment
Is the site licensed to accept the waste:		Yes	No

Site Name: _____

Acceptance rate:

Handling:

Sampling:

Relevant documents to aid waste classification include:

- Environment Agency Guidance: "A Better Place – Guidance for waste destined for disposal in Landfills", June 2006
- "Using the List of Waste to code waste", April 2006
- "Technical Guidance WM2 Hazardous Waste", updated October 2006

Waste Assessed by:

Date:

Approved by Yorwaste	Yes	No
----------------------	-----	----

Reason for Rejection:

