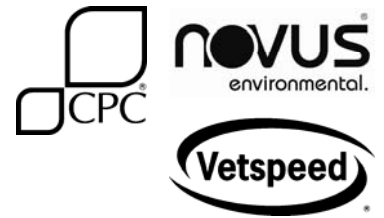


Revised Waste Collection Paperwork



Non-Hazardous Waste

For the collection of Non-Hazardous Wastes please complete a **Waste Transfer Note**

How to complete

Check your company's details and amend/complete as necessary

Please provide your name

Provide Order Number, if applicable

PLEASE PROVIDE A SIGNATURE HERE

Date of your collection

Complete with quantity of waste to be collected

If applicable, please provide details of pets to be individually cremated. (Subject to form version)

PRINT NAME, SIGN AND DATE PRIOR TO COLLECTION

CPC Duty of Care: Waste Transfer Note
PRODUCER'S COPY (White Copy), CARRIER'S COPY (Yellow Copy), CONSIGNEE'S COPY (Pink Copy)

Round Name: _____ Seq. No: _____ Week: _____

A. PRODUCER'S DETAILS

1. Producer's name and address: _____
 2. Producer's account no.: _____
 3. Telephone: _____
 4. Contact name: _____
 5. Signature: _____
 6. Order number: _____
 7. Collection charge: _____
 8. Collection date: _____
 9. SIC (Standard Industrial Classification) code: _____

B. WASTE DESCRIPTION: Producer to complete

Description	EWC Code	Animal By-Product Cat. 1 (For deduction only)	Expected Qty.	Consignee to complete	Charge Code
Communal Cats	18 02 03	Yes	bodies	bodies	MCC
Communal Dogs	18 02 03	Yes	bodies	bodies	MCD
Communal Other	18 02 03	Yes	bags	bags	MCC/WILDLIFE
Offensive Waste	18 02 03	N/A	bags	_____ kg	OFNSVWD
Glass & Pharmaceutical Waste (30 ltr container) *	18 02 08	N/A	30 ltr container	30 ltr container	SVB30D
Glass & Pharmaceutical Waste (60 ltr container) *	18 02 08	N/A	60 ltr container	60 ltr container	SVB60D
Glass & Pharmaceutical Waste (Other sized container) *	18 02 08	N/A	_____ ltrs	_____ ltrs	PHARMID-LT
X-Ray Films	99 01 07	N/A	bags	bags	X-RAYD
Confidential Waste	20 01 99	N/A	bags	bags	CONFID
Individual Cremations	18 02 03	Yes	See below	See below	N/A

* EWC Code information: UK (numbers), 30/36, 30/48, 18/1**
 * Proper shipping name(s): Medicines (Solid/Liquid, Toxic, N.O.D.) (Formaldehyde, Liquid, Toxic, N.O.D.)
 UK (class(es)), 6.1.3
 Packing group(s), I
 Tunnel code, DE
 Special handling requirements: Avoid contact and spillage (Use PPE in filling, loading and unloading) See WMS instructions where appropriate. ** Copied in Column 10/11

C. INDIVIDUAL CREMATIONS: Producer to complete

Body card no	Pet's name	Owner's surname	Collected (owner tick)	ASHES RETURNED: Consignee to complete	
				Pet's name	Owner's surname
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

D. PRODUCER TO COMPLETE

I confirm that the description of the waste (in Part B) is correct and that the waste has been collected from the premises identified in Part A and transferred to the carrier identified in Part E.

1. Name: _____ 2. Signature: _____ 3. Date: _____

E. CARRIER TO COMPLETE

I have completed the work and accepted the waste as described.

1. Name: _____ 2. Signature: _____ 3. Date: _____
 4. Carrier's Details: Vetspeed Ltd., A505 Main Road, Thriplow Heath, Nr Royston, Hertfordshire SG8 7RR
 5. Time off site: _____
 6. Vehicle registration: _____
 7. Weighbridge ticket / label: _____

F. DISPOSER TO COMPLETE

I have received and accepted the waste, as described above, at the following site:

1. Name: _____ 2. Signature: _____ 3. Date: _____

CPC and Novus Environmental are trading names of Vetspeed Ltd. Telephone: 01763 209909
 Registered in England - 1449874. Registered address: A505 Main Road, Thriplow Heath, Nr Royston, Hertfordshire SG8 7RR. Version: 01/09/2010

Please leave your completed 3-part Waste Transfer Note with your Non-Hazardous Wastes for our driver to collect.

Please note: We will be unable to remove these wastes without correct and completed waste collection paperwork, since doing so would constitute an offence.

For further advice call 01763 207750

Vetspeed Ltd., A505 Main Road, Thriplow Heath, Nr Royston, Hertfordshire SG8 7RR

