

Waste Declaration



Please complete all fields

Contact us if you require assistance.

Enquiry number
(office use only)

Company Details

Company Name

Contact

Telephone

Email

Producer Details

Company Name (If Different)

Address

Postcode

Waste Details

Waste description including process and industry from which it derives
please include as much detail as possible

Has the waste been rejected from another facility?
If yes, please specify the reason

Yes No

EWC code

Frequency

Quantity (m³ or t)

Please state which of the following is available and provide a copy:

Safety data sheet (SDS) Yes No COSHH assessment Yes No Accredited analysis Yes No

Is the waste likely to be variable?

Yes No

Is the waste hazardous?

If yes, please state any known hazardous components and hazardous properties

Yes No

Appearance

pH

Odour

Flashpoint

Please state the form the waste takes

Solid Liquid Sludge Powder

Circular Waste Solutions

w. www.circularws.co.uk

t. 07815 736577

e. pete@circularws.co.uk

Waste Constituents

	Yes	No	Identities and Concentrations (Specify Units)		Yes	No	Identities and Concentrations (Specify Units)
COD				Total Settled Solids (TSS)			
Ecotoxic Metals				Total Dissolved Solids (TDS)			
Acids or Alkalis				Oxidising or Reducing Agents			
Organic Layers (Oil etc.)				Nitrogen Compounds (Ammonia etc.)			
Water Soluble Organics				Sulphur Compounds (Sulphide etc.)			
Wax or Grease				Water or Air Reactive Substances			
Detergents				Explosive Substances			
Plastics				Radioactive Substances			
Biocides or Pesticides				Organic Peroxides			
Pharmaceuticals				Persistent Organic Pollutants			
Additional information							
Does the waste contain any directive listed substances? If yes, please specify which							
Yes <input type="checkbox"/> No <input type="checkbox"/>							
For complete list please visit www.wfduk.org/stakeholders/jagdag							

Sample Details

Has a sample been provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who was the sample taken by?
Number of samples taken	Date sample was taken
Is the sample representative? Please specify details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any special handling requirements? Please specify details	Yes <input type="checkbox"/> No <input type="checkbox"/>

Declaration

I confirm that the information provided in this declaration is correct to the best of my knowledge. I confirm that the sample provided (if applicable) has been sampled appropriately and has been clearly labelled with a description and known hazards.

Date/Time	Signature	Name