



NATURAL WASTE RECYCLING CENTRE

HEAD OFFICE
 Yaidon, Penrhos, Kington,
 Herefordshire HR5 3LH
 Tel: 01544 230364
 Fax: 01544 231561

WASTE CONTROL FORM

About the Producer:		Collection Address:	
Client's Full Name:			
Address:			
Post Code:			
Tel:			
Fax:			
Email:			
Company Registration Number:		SIC Number:	
Hazardous Waste Producer Registered Number:			

About the Waste:			
Quantity	(tonnes/gallons/etc)	Collection Frequency:	
Full Chemical Description		Colour	
		Form	
		Strength	
		Process from which waste arises:	

Proper Shipping Name:			
UN Number:	EWC Code:	Class No:	Packing Group:
Does the waste vary?	Y/N	If Yes, Why?	
Does the waste smell?	Y/N	If Yes, Why?	

Clients Declaration of Constituents of Waste. Include and specify any known toxic hazardous contaminants:

Constituent	Present	Please Specify	Constituent	Present	Please Specify
Acids	Yes/No		Controlled drugs	Yes/No	
Alkalis	Yes/No		Oxidizing agents	Yes/No	
Flammables	Yes/No		Reducing agents	Yes/No	
Spontaneously combustible	Yes/No		Radioactives	Yes/No	
Water reactive	Yes/No		Cyanides	Yes/No	
Oils, fats, grease	Yes/No		Ammonia/amines	Yes/No	
Halogenated Solvents	Yes/No		Nitrates/nitrites	Yes/No	
Phenols/Halogenated phenols	Yes/No		Agrochemicals	Yes/No	
Sulphur compounds	Yes/No		PCB/PCT's	Yes/No	
Explosives	Yes/No		Biohazard	Yes/No	
Metals/Metal Compounds	Yes/No		Red List	Yes/No	

Additional Information	

Does this waste fall under animal by-product regulations?	Y/N	If Yes, state Category:
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Signed on behalf of client:			
Name:	Title	Signed:	Date: