



PRE-TREATMENT CONFIRMATION FORM

PLEASE COMPLETE THIS DECLARATION AND FAX TO 01480 498077

Company Name:.....

Company Address:.....

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Address where waste is coming from:.....

.....

.....

Waste description:.....

.....

.....

Intended disposal site:.....

.....

EWC Code:.....

How has the waste been treated?.....

.....

.....

What processes are employed?

Is there any segregation of waste Yes No

Separate collection Yes No

Screening Yes No

Hand picking Yes No

Magnetic segregation Yes No

Thermal Yes No

Other (please specify).....

.....

What materials are segregated?

Wood Yes No

Paper Yes No

Cardboard Yes No

Glass Yes No

Plastics Yes No

Green Waste Yes No

Ferrous Yes No

Non-Ferrous Yes No

Waste electrical and

electronic equipment (WEEE) Yes No

Other (please specify)

.....

Which of the wastes are sent for recovery or recycling?

Wood Yes No

Paper Yes No

Cardboard Yes No

Glass Yes No

Plastics Yes No

Green Waste Yes No

Ferrous Yes No

Non-Ferrous Yes No

Waste electrical and

electronic equipment (WEEE) Yes No

Other (please specify)

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

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

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

Name:

Signature:.....

Position in the company:.....

Date:.....