WASTE ASSESSMENT FORM

SECTIONS A & B: (To be completed by Health Care Professional or Practice Stamp and emailed to relevant WCA contact)

SECTION A: WASTE ASSESSOR DETAILS

NAME: _____DATE: _____ TIME: _____

CONTACT ADDRESS:

_____

_____

Tel No: _____

SECTION B: Details of the person for whom waste has been assessed

TITLE: _____ FIRST NAME: _____

SURNAME: _____

COLLECTION ADDRESS:_____

_____

Tel No: _____

Email address: _____

Date Service Required From: _____ to _____

Collection Frequency: Weekly ☐ Intermittent i.e. sharps ☐

One-off ☐

Collection point if known (e.g. front doorstep) _____

Estimated Quantity per week:

Less than half bag ☐ Half bag ☐

One bag ☐ Two bags or more ☐

WASTE CATEGORIES: TICK APPROPRIATE BOX:

Infectious Offensive/Hygiene

For Sharps collections the WCA will only collect from housebound patients.

Please confirm that this patient is housebound: Yes ☐

**Please note: WCA's do NOT offer a disposal service for pharmaceutical products or clinical waste generated by treatment with cytotoxic or cytostatic drugs. These items should be taken back to the surgery / hospital that prescribed the treatment.

SECTION C: (To be completed by Waste Collection Authority)

DATE RECEIVED: _____

RECEIVING OFFICER: _____

Referred to: _____

Service explained to Customer by: Telephone ☐ Letter ☐ Visit ☐

Date: _____

Selected Collection Option: Existing Bin ☐ Larger Bin ☐

Additional Bin ☐ Separate Collection ☐

If a Separate Collection is required:

Where will the sack be presented?

_____

Instruction/Order Number: _____

Please return completed forms to:

Email: clinicalwaste@derby.gov.uk

Post:

Waste Management

Derby City council

Council House

Corporation Street

Derby

DE1 2FS