

DUTY OF CARE: CONTROLLED WASTE TRANSFER NOTE

Section A – Description of the Waste

1. Please describe the waste being transferred:
Unused household medications
2. Where did the waste come from (this should show where the waste was produced if known or where you collected it from):
RAPID bin/s:
3. What is the European Waste Catalogue (EWC) Code:
20 01 32
4. How is the waste contained? (select)
Loose Bags Skip Drum Containers Other Please describe:
5. What is the quantity of waste (number of bags, containers; size of containers, weight of bags, etc).

Section B – Current holder of the Waste (Transferor)

1. Full Name (BLOCK CAPITALS):
Connections staff name:
2. Name and Address of the Company:
Organisation and Address.:

Postcode: _____

SIC code (2007): _____
Not applicable Waste collection schemes not conducted on a professional waste management basis should not be subject

3. Which of the following are you? (tick one or more boxes)
to registration, as they contribute to the separate collection of waste (Waste Framework Directive).

Producer of the waste Therefore the locations where
Holder of waste authorisation the bins are placed do
Waste Authorisation Number: _____ not require waste
However, for carriage to pharmacy PSNI licence applies: ROC LT 359.

Importer of the waste

Registered waste carrier waste broker or dealer
Registration number: _____

Section C – Person receiving the Waste (Transferee)

1. Full Name (BLOCK CAPITALS) (Person)
2. Name and Address of the Company:(may be Pharmacy HQ)

3. Which of the following are you? (x one or more boxes)

Holder of waste authorisation
Waste Authorisation number:
Issued by:

Importer of the waste

Registered waste carrier waste broker or dealer
Registration number: _____

This is: have you removed outer packaging for recycling?

Section D – Waste Hierarchy Declaration

I confirm that I have fulfilled my duty to apply the Waste Hierarchy as a priority order as required by regulation 17 of the Waste Regulations (Northern Ireland) 2011

or
I confirm that I have departed from the Waste Hierarchy priority order to achieve the best overall environmental outcome, due to the following:

Section E Place of Transfer

1. Address of place of transfer/collection point:(Pharmacy branch)
2. Date of transfer:
3. Time(s) of transfer (for multiple consignment, give “between” date):
4. Name, address and registration number of broker or dealer who arranged this waste transfer (if applicable): Not applicable.

I confirm the information provided is true and correct.

Section F -Signatures:

Transferor (Connections staff member)
Signed
Full Name: (BLOCK CAPITALS)

Transferee (Pharmacy representative)
Signed
Full Name: (BLOCK CAPITALS)

Representing: PHA's Drug & Alcohol Connections service

Representing: