



WASTE MATTERS LTD

WASTE ENQUIRY FORM

CUSTOMER NAME

ADDRESS

POST CODE

PREMISES CODE

CONTACT NAME

CONTACT NUMBER

OUR REF: **Q**

WASTE DESCRIPTION:

PROCESS GIVING RISE TO THE WASTE:

COMPONENTS	<input type="text"/>	CONCENTRATION	<input type="text"/>	LIST ATTACHED (please tick)	<input type="checkbox"/>
PHYSICAL STATE	<input type="text"/>	QUANTITY	<input type="text"/>	UN NUMBER	<input type="text"/>
ODOUR	<input type="text"/>	CONTAINER SIZE	<input type="text"/>	EWC CODE	<input type="text"/>
COLOUR	<input type="text"/>	MSDS AVAILABLE	<input type="text"/>	HAZARD CODE	<input type="text"/>
pH	<input type="text"/>	R & S PHRASES	<input type="text"/>	PACKING GROUP	<input type="text"/>

CUSTOMERS DECLARATION OF HAZARDOUS CONSTITUENTS. Please complete all boxes with materials likely to be present and complete the additional information box below with any further information if required:

CONSTITUENT		PLEASE SPECIFY	CONSTITUENT		PLEASE SPECIFY
Acids	YES / NO		Prescription only medicines	YES / NO	
Alkalis	YES / NO		Oxidising agents	YES / NO	
Flammable liquids/solids	YES / NO		Reducing agents	YES / NO	
Spontaneously combustibles	YES / NO		Radioactives	YES / NO	
Water-reactive materials	YES / NO		Cyanides	YES / NO	
Oils, fats, greases	YES / NO		Ammonia/Amines	YES / NO	
Halogenated solvents	YES / NO		Nitrates/nitrites	YES / NO	
Phenols/halogenated phenols	YES / NO		Agrochemicals / Herbicides / Insecticides	YES / NO	
Sulphur compounds	YES / NO		PCBs/PCTs	YES / NO	
Explosives	YES / NO		Clinical / biological / controlled drugs	YES / NO	
Metals/metal compounds	YES / NO		Red list substances	YES / NO	

Additional Information:

I declare the above information is complete and accurate, and is the best information available. Should the waste differ significantly from the above description, Waste Matters Ltd reserves the right to surcharge, reject and/or recover any additional costs incurred.

Signed :	Name:	Job Title:	Date:
----------	-------	------------	-------