

HAZARDOUS WASTE REGULATIONS 2005

Date:22/05/2023

Area: 05HP

Ref: 09046990

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The Experts in Healthcare Waste Management

w: initialmedical.co.uk

White: Consignor / Pink: Carrier / Yellow: Cosgnee Retain for 3 Years

Document Number : 3700741

PART A : Notification Details

Consignment Note Code : Preben/00194M

2. Premises Code (if applicable) : Preben

3. The waste is to be removed from: Karen, T/a Charles Landau Dentistry, 6 Prebend Street, Islington, London, N1 8PT

4. The waste described will be taken to: Initial Medical Services (RIUK Ltd) Woodford, Unit 5, The Orbital Centre, Southend Road, Woodford, Essex, IG8 8HD

PART B : Waste Description(s) details and ADR PSN

1. The process giving rise to the waste was: Dental practice activities

2007 SIC code for the process: 86230

EWC Code	Qty (Kg)	Waste Description	Chemical/Biological component and Concentration (%) and additional information	Proper Shipping Name (PSN)	Physical Form	Hazard Code(s)	Container Type, number and size	Own Ref.
180103	20	Human Infectious Soft Clinical Waste Contains: PPE, Dressing, Couch Roll, Etc	Infectious 100% - SEAL BAG, APPLY PRODUCERS POSTCODE PRIOR TO TRANSPORT	UN3291 CLINICAL WASTE, UNSPECIFIED, NOS, 6.2, PGII	Solid	HP9	6 x x 5kg UN3291 orange bag	BGO

Part C : Carriers Certificate

I certify that today I collected the consignment and that the details in A2, A4 and B3 are correct and that I have been advised of any specific handling requirements.

1. Carrier Name:RENTOKIL INITIAL UK LTD
 2. Carrier Registration Number:CBDU85366
 3. Vehicle Registration:HX20GNZ
 Driver :Jarred Bond
 Round / Collection Number :300076-1-6
 Date :22/05/2023
 Time :12:25

Signature:



Part D: Consignor's Certificate

I certify that the information in A, B, and C above has been completed and is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements. I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Reg 12 of the Waste (England and Wales) Reg 2011.

1. Cosignor Name: As in A3
 2. On behalf of : As in A3
 Print name :Grace
 Date :22/05/2023
 Time :12:25

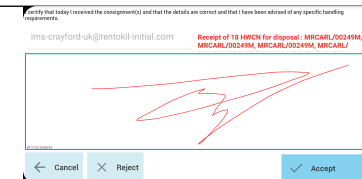
Signature:



PART E : Cosignee's Certificate (for each Primary EWS collected. For additional EWC codes per waste stream, refer to EWC codes in brackets in Part B)

I received this waste at the address in A4 on Date: 23/05/2023

EWC Codes Received	Quantity of each EWC code (kg)	EWC Accepted/Rejected	Reason for rejection	Total collections in Round	Waste Operation (R or D)	2. Vehicle Registration: HX20GNZ Name: Jarred Bond Date:23/05/2023 Time: 07:17 On behalf of: As in A4
180103	20	Accept		6	D15	



I certify that the WML / EP above authorises the management of wastes described in Section B at the address given in A4. WML/EP: EPR/DB3801SV