



WASTE DECLARATION FORM

No.	
Rep	
Date	

The information requested below is to enable all parties to discharge their duties under the following legislation and following Sector Guidance S5.06: **The Environmental Protection Act 1990 & the Health & Safety at Work Act 1974** and regulations made under these acts. The client guarantees below that the accuracy of the particulars set out below and on any attachments and warrants that the sample provided is representative of the waste provided

TO BE COMPLETED IN BLOCK CAPITALS							
Clients full name:			Producer, if different:				
Address:				
.....						
Post Code:..... Tel:			Post Code:..... Tel:				
Quantity: Drums <input type="checkbox"/> Skip <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/> Frequency				EWC Code	Hazards (HP1-16)		
Full chemical description:				Colour	Approx pH		
Process from which the waste / material originated, including details of any pre-treatment:				Physical form	No. of samples		
DECLARATION OF CONSTITUENTS IN THE WASTE MATERIAL							
Including any known toxic, hazardous or objectionable substance. Delete YES or NO as appropriate. If YES, please specify substance present							
CONSTITUENTS	PRESENT		IF YES, PLEASE SPECIFY	CONSTITUENTS	PRESENT		IF YES, PLEASE SPECIFY
Corrosive materials	YES	NO		Controlled Drugs	YES	NO	
Toxic material	YES	NO		Oxidising Agents	YES	NO	
Flammable liquids/solids	YES	NO		Reducing Agents	YES	NO	
Spontaneously combustible material	YES	NO		Cyanides	YES	NO	
Potentially reactive materials	YES	NO		Ammonia / amines	YES	NO	
Oil / fats / greases	YES	NO		Nitrates / nitrites	YES	NO	
Solvents / halogenated Solvents	YES	NO		Agrochemicals	YES	NO	
Phenols / halogenated phenols	YES	NO		PCBs / PCTs	YES	NO	
Sulphur compounds	YES	NO		Biohazardous materials	YES	NO	
Metals/ metal compounds	YES	NO		Red list substance	YES	NO	
Asbestos	YES	NO		Odorous compounds	YES	NO	
Dioxins and related compounds	YES	NO		Polymers/Surfactants	YES	NO	
Additional information:							
Location of sampling point (e.g. effluent tank):				Operating conditions at time of sampling (e.g. normal operation, shut down, maintenance)			
Capacity of vessel sampled/no.of containers				Preservation techniques (e.g amber jar, clear glass jar)			
I confirm that the sample/s provided are representative of the material and the above control form has been completed to the best of my knowledge							
Signed on behalf of producer:				Name:			
Date:				Position:			

ARROW ENVIRONMENTAL SERVICES LTD

