

Reference:

Internal use only

Clinical waste application form

South Gloucestershire Council provide a free clinical waste collection service for residents. Clinical waste is classed as being infectious/potentially infectious and has to be collected and disposed of separately to other household waste. **Clinical waste should not be put in the black bin.**

If you require a clinical waste collection please fill in the form below. To make sure the right service is provided for the waste, your healthcare professional (GP, nurse, consultant) will need to confirm the type of waste being produced is classed as hazardous. If your healthcare professional is unable to complete the form, please contact us on the details below.

We provide a separate collection for sharps. If you require a sharps collection, please complete the online form at www.southglos.gov.uk/extrawasteservices under 'Clinical and medical waste collections or call 01454 868000.

Applicant personal information

Name:

Address:

Postcode:

Telephone number:

Email:

Are you receiving treatment in your home from a healthcare professional
e.g. NHS nurse / community nurse?

YES

NO

I acknowledge that it is my responsibility to keep my waste safe while it is awaiting collection.

Applicant signature:

Date:

please turn over.....

Healthcare professional information – to be completed by a healthcare professional only

I confirm the resident named above produces infectious or medicine contaminated infectious waste as defined by the Hazardous Waste (England and Wales) Regulations 2005.

Waste type (tick as appropriate)

Orange bag Infectious clinical waste (no chemicals or pharmaceuticals)	
Yellow bag Infectious clinical waste - (contaminated with medicines or chemicals) <i>Yellow bags are not provided by Suez or South Gloucestershire Council and should be provided by the hospital/healthcare service.</i>	
Purple bag Infectious clinical waste (cytotoxic or cytostatic) <i>Purple bags are not provided by Suez or South Gloucestershire Council and should be provided by the hospital/healthcare service.</i>	

I confirm the resident will require a clinical collection until:

or

I confirm the resident will require an ongoing clinical waste collection

Please use this space to provide any further information that may be useful:

Name of Community Nurse/GP/Consultant:

Position:

Telephone number:

Email:

Official Stamp

Signature:

Date:

Please return your completed form to:

South Gloucestershire Council
Department for Environment and Community Services
Waste Management Department
PO Box 1954
Bristol
BS37 0DD

Alternatively email a copy of the form to: waste.management@southglos.gov.uk Enquiries to: 01454 868000

All personal information supplied will be held by South Gloucestershire Council. Aspects of this information needed to operate the service will be shared with SUEZ in accordance with the Data Protection Act. This information will be used as part of this service only and will not be shared with any other organisation.