

WGS WASTE MANAGEMENT

PRE ACCEPTANCE WASTE AUDIT FORM

Self-Assessment Questionnaire

Customer Name: _____

Collection address: _____

Post Code: _____

Contact name: _____

Telephone: _____

Email: _____

Audit Start Date: _____ / _____ / _____

Audit Finish Date: _____ / _____ / _____

CP Number: _____

SIC Code¹: _____

Premises Type²: _____

Radioactive Waste: ☐ YES ☐ No

PERSON UNDERTAKING THE AUDIT

The pre-acceptance waste audit (PAWA) report must not be completed wholly over the phone or using online tools. Physical presence at the practice is needed. Does the person undertaking the audit have a working knowledge of healthcare waste and its composition, classification and packaging for road transport and an understanding of Waste Transfer Notes and Hazardous Waste Consignment Notes? This information can be found in Health Technical Memorandum 07-01: Safe management of healthcare waste (SMHW) and The Carriage of Dangerous Goods Regulations. A working knowledge of EA Waste permits will be needed as well. If the answer is YES, continue with the audit, if it is NO, please ask WGS Waste Management, or another qualified third-party auditor, to carry it out for you.

Auditor Name: _____ **Job Title:** _____

Competence Evidence: _____

SITE DETAILS

Provide a list (or diagram) of the different areas (wards, departments, or functional areas) that exist within the premises. This should detail all the specific processes producing relevant wastes at the practice, for example, pharmacy, primary care, dental, acute or laboratory. Please feel free to continue on a separate sheet if necessary.

List of Waste Production Areas (WPA) on Site	Process Description in Area	Area Incl. in this Audit (Y/N)

WASTE AUDIT

During the audit you will need to check the contents of several containers for each healthcare waste stream that your site produces, e.g. sharps boxes, pedal bins etc. You are looking for waste being in the wrong container or other non-conformances. You can use the table below to record your findings, you will need to check at least three-quarters of the rooms/wards and three-quarters of the containers in those rooms to satisfy the audit.

WPA BEING AUDITED	Total number of WPAs on site	Total number of WPAs audited

WASTE PRODUCED ON SITE

Please use the tables below to confirm which waste streams your site produces. For each waste stream your site produces, please indicate using column Tot. (Kg) an estimated yearly weight, WGS Waste Management can help with weights if needed. Using column Y/N, please confirm if you are using the indicated packaging. If your answer is no, please give an explanation using the Packaging Notes or Comments section of this form. If any of the pre-filled ADR Label and Haz. Code values are not as required, please contact WGS Waste Management to discuss this. If weights are pre-filled, these are estimates based on collections that have been made in the past. Please check that these estimates are valid.

Non-Clinical Waste Type Audit Survey	Tot. (Kg)	Packaging Used	Y/N
Recycling Waste		Recycling Container/Bag	
Domestic Waste		Black Bag	

HEALTHCARE WASTE TYPE AUDIT SURVEY	TOT. (KG)	PACKAGING USED	ADR LABEL	Y/N	HAZ CODE	COMPOSITION AND PHYSICAL FORM OF THE WASTE?	TOTAL NO. OF CONTAINERS ON SITE	TOTAL NUMBER AUDITED	NUMBER FOUND TO BE NON- CONFORMING	REASON FOR NON- CONFORMANCE E.G., WRONG WASTE IN CONTAINER, LABEL ETC.
Offensive waste (Non-Infectious) EWC 18 01 04/18 02 03		Tiger striped bag			N/A					
Soft clinical waste (Infectious) EWC 18 01 03*/18 02 02*		Orange bag	6.2		HP9					
Medicinally contaminated sharps EWC 18 01 03*/18 01 09/ 18 02 02*/ 18 02 08		Yellow lidded sharps bin	6.2		HP9					
Non-medicinal contaminated sharps EWC 18 01 01/18 02 01		Yellow or orange lidded sharps bin	6.2		N/A					
Cytotoxic/cytostatic sharps EWC 18 01 08*/18 02 07*		Purple lidded sharps bin	6.2		HP6,7,9, 10,11					
Cytotoxic/cytostatic soft waste EWC 18 01 08*/18 02 07*		Purple and yellow bag	6.2		HP6,7,9, 10,11					
Anatomical EWC 18 01 02/18 01 03*/ 18 02 02*		Yellow or red lidded one way burn bin	6.2		HP9					
Pharmaceutical waste ³ EWC 18 01 09/18 02 08		Yellow or blue lidded one way burn bin	LQ		As per SDS					
Single use instruments (SUI) EWC 18 01 03* / 18 02 02*		Orange lidded SUI bin	6.2		HP9					
Chemical waste ³ EWC 18 01 06*/18 01 07/18 02 05*/18 02 06		Chemical waste container			As per SDS					
Fixer and developer EWC 18 01 04/18 02 03		Fixer or developer containers			HP4					
Amalgam sludge EWC 18 01 10		Sludge drums			HP5					
Lead foils EWC 15 01 04		Lead foil container			N/A					
Gypsum Waste EWC 18 01 04 /18 02 03		Tiger striped carton or bag			N/A					



PACKAGING NOTES OR COMMENTS

If your waste is not placed in the corresponding packaging please indicate the alternative being used. Please feel free to continue on a separate sheet if necessary.

Waste Storage	Y/N		Y/N
Are your internal waste bins, colour coded or labelled as per SMHW?		Is any Anatomical Waste stored under temperature control?	
Is your Waste segregated and stored in a secure location?			
Staff Training and Information	Y/N		Y/N
Do you have a Waste Management Policy?		Do you keep your Hazardous Waste Consignment Notes on file?	
If you have a Waste Management Policy, can you provide a copy if requested?		Did you ask your staff any question on waste handling during this audit?	
Do you train your staff in waste handling?		Do you have posters or training material on display?	
Do you train your staff in waste segregation?		Can you provide a copy of your Environmental Management System if requested?	

PLEASE PROVIDE A DESCRIPTION OF THE AUDIT PROCEDURE AND PRACTICES

SUMMARY

Please describe the findings made for each waste stream, and where applicable, the changes made as a result of this or previous audits.

FINALLY

Please be aware that we must obtain and assess a PAWA report before taking delivery of the first batch of waste from each medical practice. We must then do this at the following minimum frequencies, every:



12 months for each medical practice that produces 5 tonnes or more of clinical waste in any calendar year



2 years for each veterinary practice, dental practice and laboratory that produces less than 5 tonnes of clinical waste in any calendar year



5 years for other clinical waste healthcare producers



The audit report will no longer be valid for pre-acceptance purposes:

- 1 once the time intervals are exceeded
- 2 if the producer makes significant changes to on-site practices
- 3 if the waste changes or
- 4 if we find that the waste received contains significant non-conformances to the pre-acceptance information – for example, it contains a waste type that was not included in the pre-acceptance audit of the producer. We will do our best to keep both of us compliant, but we will need you to help too.

DECLARATION

I....., confirm the information above is correct to the best of my knowledge.

Signature

Date

GUIDANCE NOTES

1. More Details on Standard Industrial Classification codes can be found here <http://www.companieshouse.gov.uk/about/miscellaneous/principalBusActivitiesList.shtml>
2. Such as hospital, pharmacy, veterinary, primary care, dental, acute care, laboratory, etc.
3. Include reference to Safety Data Sheets

Please return this audit to: WGS Waste Management Limited Unit 2 Nevergood Farm yard Brick Kiln Lane Horsmonden Kent TN12 8ES or scan and Email to service@wgs-waste.co.uk



WGS Waste Management Limit Use Only:

Has cyto waste been identified? ☐ YES ☐ No

Is the waste acceptable ☐ YES ☐ No

Has radioactive waste been identified? ☐ YES ☐ No

Is there an offensive waste stream? ☐ YES ☐ No

Has MOPS been updated? ☐ YES ☐ No

Date of the next Audit

If NO please indicate further action required.

Signature (COTC Holder)