

**Waste Removal Request Documentation**

This document is to be completed for all waste being off loaded from vessels docking at CLYDE base.

Please complete this document for each vessel. If chemicals, solvents, oils (Contaminated rags please specify type of oil) are being off-loaded for disposal please complete the attached Chemical waste disposal form document and provide MSDS for all. If you need any further assistance with the document, please contact:

Please note: Any waste that is off loaded from the vessel, but not itemised on the request will not be collected until clearly identified so it can be safely managed and moved to a secure hold and the ....... of the base will be notified.

|  |  |
| --- | --- |
| Jetty: |  |
| Contact name for request: |  |
| Vessel Name/ID: |  |
| Date requested/docked: |  |
|  |
| Item | Volume (number of bags /canister size) | Confirm tagged/taped with vessel ID (cable tag numbers) |
| Yellow clinical waste bags |  |  |
| Orange clinical waste bags |  |  |
| Cytotoxic (purple)clinical waste bags |  |  |
| Tiger strip/offensive waste bags |  |  |
| Yellow sharp bin |  |  |
| Orange sharp bin |  |  |
| Cytotoxic (purple)sharp bin |  |  |
| Dental waste (Amalgam) |  |  |
| Pharmaceutical waste drugs |  |  |
| Chemical waste | Please complete all sections of the attached document- authorisation will be on separate document |
| Other (please specify) |  |  |

Authorising Officer (MOD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorisation for collection for items above (Compass) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chemical Waste Disposal Form**

**ALL CHEMICAL DISPOSAL MUST BE COMPLETED BY THE DEPARTMENT CONFIRMING AREAS OF RESPONSIBILITY ARE COMPLETED AND CHECKED.**

**THE FORM MUST THEN BE EMAILED TO:** **XXXXXXXXX** **ONCE RECEIVED THIS CAN THEN BE ENTERED ONTO THE STORE ITINARY LOG.**

**THE CHEMICAL CAN BE REMOVED TO THE STORE BY THE DESIGNATED DEPARTMENT ONLY WHEN CONFIRMATION HAS BEEN RECEIVED FROM COMPASS.**

|  |  |  |
| --- | --- | --- |
| **Chemical Name:**  | **Full Safety Data Sheet Emailed: Please enter Y/N** | **Signature to confirm** |
|  |  |  |
| **Chemical EWC code** |  | Total Litres |  |
| **Physical Form** |  | Quantity of containers x Size | 111 |
| **UN Number** |  |  |  |
| **Hazard identification** |  |  |  |
| **Chemical Description. Please list all components and %** | Full Safety Data Sheet Emailed: Please enter Y/N/NA | Signature to confirm |
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| **Other safety requirements** |
| **1.Correct container compliant with MSDS used** |  |  |
| **2. Chemical filled to marked safety level**  |  |  |
| **3. Container securely sealed** |  |  |
| **4. Data sheet/bottle label /collection sheet listed as same chemical** |  |  |
| **5. Waste contents label clearly seen (Original label removed)**  |  |  |
| **Other information** |
| **1. Contact name, number, e- mail:** |  |  |
| **2. Date requested and time:** | **Date:**  | **Time:**  |
| **3. Agreed delivery /collection (delete as appropriate)** | **Own delivery to store**  | **Collection required** |
| **- Delivery to store authorisation number from Compass** |  |
| **- If Compass are to collect. Please state location including any access problems for chemical trolley – bottle carrier to be provided by department:** |  |