

WASTE DECLARATION FORM (WDF)

'constructing excellence
through sustainable solutions'



Quote Reference: HWM/ /2018

Waste Producer:		Contact Name:	
Company Address:		Phone Number:	
Site Contact:		Email:	
Waste Carriers Name:		Please tick box if person completing the form <input type="checkbox"/>	
Waste Carriers Reg & Exp:		Full address of source of waste including postcode:	
Anticipated Volume of Waste:		Date (s) of Disposal:	
EWC Code:		Standard Industrial Classification (SIC) Code:	
Hazard Codes		Consignment Code	
Waste Description & contamination: (this information can be found on your assessment sheet accompanying quotation)			
Does it have any odour:		YES/NO	
If yes, please specify:			
Does the waste contain any biodegradable material:		YES/NO	
Does this waste contain any invasive weeds of any kind e.g. Japanese Knotweed, Ragwort, Hogweed: (If yes, we will not be able to accept this waste)		YES/NO	
Does this waste contain any species of asbestos?		YES/NO	
Has a Site Visit/Inspection been carried out:		YES/NO	
Any other special handling/transport requirements we should be aware of:		YES/NO	
If yes, please specify:			
Full details of how the waste has been segregated from any other waste on site:			
ALL WASTE PRODUCERS I confirm the waste producer / representative that the waste described on this form & any attached information is accurate. Should the waste change in any way I will contact HWM GROUP immediately prior to removal of the waste from the producers site. I also confirm that the waste has been characterized & classified in accordance with a detailed sampling plan (where applicable) & I have ensured that current legislation &/or guidance has been followed in classifying the waste. It is also my responsibility to ensure that I provide sufficient information to subsequent holders of the waste to ensure that the waste is handled correctly. Should it be found that my waste is not correctly classified &/or described, HWM GROUP reserves the right to reject or charge for any additional costs incurred.			
Company name:		Name:	
Job Title:		Signature:	
FOR HWM OFFICE ONLY: COMPLAINEE TEAM _____ Date _____			
Notes:			
FACILITY SIGNATORY _____ Date _____			
Materials Accepted			

