



Duty of Care: Controlled Waste Transfer Note

SECTION A - TO BE COMPLETED BY THE CUSTOMER PRIOR TO COLLECTION

SECTION B - POINTS 1, 2, 3, AND 5 TO BE COMPLETED BY THE CUSTOMER PRIOR TO COLLECTION

Please print and complete and fax back on 01179614122 or email to beh@barrettine.co.uk

Section A – Description of Waste

1. Please describe the waste being transferred: a). Empty Packaging Waste: (15 01 06)

2. How is the waste contained?

Waste Type	Quantity	How is the waste packaged? (tubs, drum etc)	Weight	Cost FOR OFFICE COMPLETION
Empty Packaging				
Other				
			Collection Cost	

Section B – Current holder of the waste (Customer)

1). Full Name (BLOCK CAPITALS):

2). Address of Company:

3). Collection address:

4). Which of the following are you? (please x one or more boxes)

producer of waste

holder of waste disposal or waste management licence

→ Licence number:
Issued by:

importer of the waste

exempt from requirement to leave a waste disposal or waste management licence

→ Given reason:

waste collection authority

waste disposal authority (Scotland only)

registered waste carrier & broker

→ Registered number:
Issued by:

exempt from requirement to register

→ Give reason.

5).

'I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) regulations 2011'

Signed :

Print Name :

Section C – Person collecting the waste (Transferee)

Transfer Date:

1). Full Name: **BARRETTINE ENVIRONMENTAL HEALTH (SIC 46.76)**

2). Name and address of Company : **ST. IVEL WAY, WARMLEY, BRISTOL. BS30 8TY**

3). Which of the following are you ? (Please **x** one or more boxes)

authorised for transport purposes

→ *Specify which of those purposes:*

Collecting Controlled Waste From our Customers

waste collection authority

holder of waste management or waste management licence

→ *Licence number Issued by:*

waste disposal authority (Scotland only)

exempt from requirement to have a waste management licence

→ *Give reason*

Handling Controlled Waste only Storage Exemption

registered waste carrier

→ *Registration number* **CB/FN5979XS**

exempt from requirement to register

→ *Give reason*

Section D

1. Name & Address of place of transfer / collection point:.....

2. Date of transfer:

3. Time(s) of transfer (for multiple consignments, give between dates):

4. Name and address of broker who arranged this waste transfer (if applicable).

Transferor: Barrettine Environmental Health. St Ivel, Warmley, Bristol. BS30 8TY.

5. Signed:

Full name: **STEVEN BAILEY.**

Representing: **BARRETTINE ENVIRONMENTAL HEALTH**