

**WASTE INFORMATION FORM (WIF)**

*'constructing excellence  
through sustainable solutions'*



REFERENCE NUMBER: HWM/ /

Waste Producer:		Contact Name:	
Address:		Phone Number:	
Waste Carrier:		Email:	
Address:		Please tick box if person completing the form <input type="checkbox"/>	
Waste Carriers Registration No:		Contact Name:	
Waste Carriers Expiry date:		Phone Number:	
Anticipated Volume of Waste:		Email:	
Full Address of Source of Waste:		Please tick box if person completing the form <input type="checkbox"/>	
Anticipated Date (s) of Disposal:		Standard Industrial Classification (SIC) Code:	
Process from which waste arises:		Anticipated Date (s) of Disposal:	
Type of Waste:	Inert: <input type="checkbox"/>	Non Hazardous: <input type="checkbox"/>	Hazardous: <input type="checkbox"/>
EWC Code:	170101	170102	170103
	170505	170506	170507
		170508	190203
			190204
			200202
Full Waste Description & Composition: (As detailed as possible)			
Details of Existing and/or Previous use of site:			
How was the waste produced:			
What does it look like:			
Does it have any odours: YES/NO If yes, please specify:			
Does the waste contain any biodegradable material: YES/NO			
<b>Does this waste contain any invasive weeds of any kind</b> e.g. Japanese Knotweed, Ragwort, Hogweed: YES/NO (If yes, we will <b>not</b> be able to accept this waste)			
<b>Does this waste contain any species of asbestos</b> YES/NO (If yes, we will <b>not</b> be able to accept this waste)			
Has a site Visit/Inspection been carried out: YES/NO			
I have Analytical Information/Safety Data Sheets/Other Information to demonstrate the waste is non-hazardous/hazardous: YES/NO (This is attached and I have indicated which sample ID/references apply) YES/NO			
If Other, please specify:			
Any other special handling/transport requirements we should be aware of: YES/NO			
If yes, please specify:			
Waste Hazard Codes:		Producer Premises Code:	
Full details of how the waste has been segregated from any other waste on site:			
<b>ALL WASTE PRODUCERS</b>			
I confirm as current holder of the waste & on behalf of the waste producer that the waste described on this form & any attached information is attached and accurate. Should the waste change in any way I will contact <b>HWM GROUP</b> immediately prior to removal of the waste from the producers site &/or arrival at <b>HWM GROUP</b> waste facility. 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. I understand that it is my responsibility to ensure that the waste is correctly classified as stated within current & relevant environmental, carriage & health & safety legislation. It is also my responsibility to ensure that I provide sufficient information to subsequent holders of the waste to ensure that the waste 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 charge for any additional costs incurred.			
Company name:		Name:	
Job Title:		Signature:	
<b>Please ensure that all sections of this form are completed.</b>			
To book in please send this completed form to: <a href="mailto:admin@hwmgroup.co.uk">admin@hwmgroup.co.uk</a> any queries please phone the office on 01962 718030			
<b>FOR OFFICE USE ONLY:- CREDIT CHECK (Y/N) CREDIT ACCOUNT LIMIT ( ) CUSTOMER ACCOUNT NO</b>			