SQ Pre-Acceptance Audit - Upload

Inclusions and Exclusions

This information is to be used as supporting documentation to ensure that Tradebe and you the customer are compliant. Please fill in as much information as possible, if you unsure do not hesitate to contact your Contract Manager for advice.

Waste Pre-Acceptance procedures apply to all clinical and offensive wastes arising from healthcare activities with the exception of those collected from domestic premises and care homes that do not provide nursing care.

In addition, they do not apply to clinical wastes or offensive wastes from non-healthcare activities (correctly classified under chapter 20 of the List of Wastes).

The primary purpose of these procedures is to identify the presence of the following in clinical waste streams from healthcare activities:

- **infectious waste;**
- **non-hazardous wastes, for example municipal waste or offensive waste;**
- **anatomical waste, other animal or human tissues, and blood products;**
- **medicines and medicinally contaminated waste);**
- **chemicals and chemically contaminated waste;**
- **microbiological cultures and related laboratory wastes to which additional controls may apply;**
- **mercury and amalgam;**
- **non-hazardous gypsum wastes (for example plaster casts) with specific landfill requirements.**

The audit data must be obtained and assessed before delivery of the first batch of waste from each medical practice and then at the following minimum frequencies:

- **every 12 months for each medical practice that produces five tonnes or more of clinical waste in any calendar year**
- **every two years for each veterinary practice, dental practice, and laboratory that produces less than five tonnes of clinical waste in any calendar year,**
- **every five years for other healthcare producers of clinical waste.**

The audit data will be used as Pre-acceptance for all Tradebe disposal sites.

Should your disposal requirements change or you suspect there may have been a break down in your segregation system, you must contact us immediately.

Waste will only be accepted by Tradebe if it conforms to the description supplied by you the customer in this document.

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Information about you

* 1. Please complete the below information about you the producer or producer organisation:

Premises or Producer name:

Address:

Postcode:

Description of Premises/Producer: (I.E. Hospital, GP, Pharmacy, Dental Practice)

SIC code for the producing premises or process:
SIC Code list

Site contact name:

Site contact telephone number:

Site contact email address:

Pre-acceptance assessment

GUIDANCE Q2
This question applies to healthcare waste only.
It applies to all clinical and offensive wastes arising from a healthcare activity, with the exception of those collected from domestic premises and care homes that do not provide nursing care.

* 2. Do you produce more or less than 5 tonnes per annum?

- ◯ More than 5 tonnes per annum.
- ◯ Less than 5 tonnes per annum.

* 3. Please select the type of producer waste producer you are:
Tick more than one box if applicable.

- ☐ Independent small producer (I.E Dental Practice, Care home)
- ☐ Small NHS premises:
- ☐ Large NHS Premises:
- ☐ Local Authourity
- ☐ Laboratory
- ☐ Veterinary Surgery
- ☐ Waste Transfer station:
- ☐ Waste Carrier:
- ☐ Other (please specify)

[   ]

* 4. Please enter the date you are completing this audit:

Date
[DD/MM/YYYY]

TRADEBE
Healthcare

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Waste Management Licence, Carriers / Dealers Brokers licence:

* 5. Do you have a waste management licence?

◯ Yes

◯ No

If Yes, please provide details.

[   ]

* 6. Do you have a waste carriers licence?

◯ Yes

◯ No

If Yes, please provide details.

[   ]

* 7. Do you have a waste brokers or dealers licence?

◯ Yes

◯ No

If Yes, please provide details.

[   ]

Quality and Environmental systems

* 8. Do you have a documented Quality system?

◯ Yes

◯ No

9. Does your quality system include details of how you undertake clinical waste segregation?
If so please provide us with a copy of the relevant section of your system and the latest completed audit on waste segregation. (rob.green@tradebe.com)

◯ Yes

◯ No

10. If you do not have a documented quality system have you issued "written Instructions" to your employees on clinical waste segregation?
If so, please supply us with a copy of the "written instructions." (rob.green@tradebe.com)

◯ Yes

◯ No

11. Do you have a documented environmental system?

◯ Yes

◯ No

12. Is the environmental system externally accredited?

◯ Yes

◯ No

13. If so, by Whom?
Please provide us with a copy of your accreditation certificate unless you have previously done so. Please note you must inform us if you lose or give up any such accreditation.
 (rob.green@tradebe.com)

14. Is there a nominated person within your organisation with responsibility for clinical waste segregation with whom we can arrange compliance audits as required?

If so please identify the person and provide contact details.

15. Have you been prosecuted by a regulatory authority for any breach of waste management regulations?

If yes, please provide details.

Health and Safety

* 16. Does your organisation have a health and safety policy?
   If yes, please provide a copy. (rob.green@tradebe.com)

   ◯ Yes

   ◯ No

* 17. Have all staff working for you who have dealings with waste received appropriate and documented waste training?

   ◯ Yes

   ◯ No

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Waste Management Training and Education:

* 18. Please indicate the types of training, education and audit techniques used by your organisation:
  Tick more than one box where applicable.

☐ Staff induction training

☐ Waste management update communications

☐ Waste management training course - internal

☐ Waste management training course - external

☐ Pedal bin labelling

☐ Segregation posters

☐ Observation and recording of practice

☐ Staff questioning

☐ Observation of waste receptacles

☐ Detailed examination of waste

☐ Comparison of practice to policy

☐ Comparison of practice to HTM 07 01 Safe management of healthcare

☐ Waste management qualifications such as WAMITAB

☐ Registration to professional bodies such as CIWM

19. Please provide any further relevant details for training, education and auditing:

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Healthcare waste overview

* 20. Please indicate the waste types you produce by EWC code and Description:
Tick more than one box where applicable.
(Relevant animal healthcare codes in brackets)

☐ 180101 Non-infectious sharps (180201)

☐ 180102 Non-hazardous Anatomical waste

☐ 180102 / 180103* Infectious Anatomical waste

☐ 180103* Infectious clinical waste (180202*)

☐ 180103* Infectious clinical waste for incineration (180202*)

☐ 180104 Offensive / Hygiene wastes (180203)

☐ 180104 Offensive / Hygiene wastes containing gypsum

☐ 180106* Chemically contaminated clinical waste (hazardous) (180205*)

☐ 180107 Chemically contaminated clinical waste (non-hazardous) (180206)

☐ 180108* Cytotoxic / Cytostatic waste (180207*)

☐ 180108* / 180103* Infectious Cytotoxic / Cytostatic waste (180207*/180202*)

☐ 180109 Pharmaceutical waste (180208)

☐ 180109 / 180103* Infectious pharmaceutical sharps (180208/180202*)

☐ 180110* Amalgam wastes

☐ Please add any other healthcare wastes which are produced to Tradebe:

[text box]

21. Please provide a scan or photograph of a recent waste transfer/consignment note:
(Maximum file size - 16MB)

[Choose File] No file chosen

Sharps containers overview

* 22. Do you produce sharps waste?

◯ Yes

◯ No

* 23. Please indicate which colour sharps containers are used for the waste types described:

	Orange lidded container	Yellow lidded container	Purple lidded container	Blue lidded container	Not applicable	Other
Infectious pharmaceutical sharps	☐	☐	☐	☐	☐	☐
Chemically contaminated sharps	☐	☐	☐	☐	☐	☐
Blood contaminated sharps	☐	☐	☐	☐	☐	☐
Cytotoxic / Cytostatic contaminated sharps	☐	☐	☐	☐	☐	☐
Single use instruments	☐	☐	☐	☐	☐	☐
Pharmaceutically contaminated administration sets	☐	☐	☐	☐	☐	☐
Pharmaceutical waste	☐	☐	☐	☐	☐	☐

Other (please specify)

[ ]

24. #1 Sharps Evidence - Please provide evidence of a sharps container in use:

(Photograph the sharps conatiner, clearly showing the labelling and lid of the sharps container)

[Choose File]   No file chosen

25. #1 Sharps Evidence - Please provide evidence of a sharps container in use:

(Photograh the contents of the sharps container)

Choose File   No file chosen

26. #2 Sharps Evidence - Please provide evidence of a sharps container in use:

(Photograph the sharps conatiner, clearly showing the labelling and lid of the sharps container)

Choose File   No file chosen

27. #2 Sharps Evidence - Please provide evidence of a sharps container in use:

(Photograh the contents of the sharps container)

Choose File   No file chosen

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Bagged waste overview

* 28. Please indicate which bagged waste stream you use for the waste types described:

	Offensive / Hygiene waste	Orange clinical waste bag	Yellow clinical waste bag	Purple clinical waste bag	Not applicable	Other
Healthcare waste deemed to be infectious	☐	☐	☐	☐	☐	☐
Healthcare waste not deemed to be infectious	☐	☐	☐	☐	☐	☐
Wastes contaminated with blood products from **non-infectious** patients	☐	☐	☐	☐	☐	☐
Wastes contaminated with blood products from **infectious** patients	☐	☐	☐	☐	☐	☐
Autoclaved laboratory wastes	☐	☐	☐	☐	☐	☐
Empty blood bags	☐	☐	☐	☐	☐	☐
Non-pharmaceutically active administration sets	☐	☐	☐	☐	☐	☐
Pharmaceutically active administration sets	☐	☐	☐	☐	☐	☐
Waste contaminated with Chemicals products	☐	☐	☐	☐	☐	☐
Waste contaminated with Pharmaceutical products	☐	☐	☐	☐	☐	☐
Waste contaminated with Cytotoxic / Cytostatic products	☐	☐	☐	☐	☐	☐

Other (please specify)

[   ]

29. #1 Bagged Waste Evidence - Please provide evidence of a bagged waste stream in use:

(Photograph the outside of the waste bin in use)

Choose File   No file chosen

30. #1 Bagged Waste Evidence - Please provide evidence of a bagged waste stream in use:

(Photograh the contents of the bagged waste stream)

Choose File   No file chosen

31. #2 Bagged Waste Evidence - Please provide evidence of a bagged waste stream in use:

(Photograph the outside of the waste bin in use)

Choose File   No file chosen

32. #2 Bagged Waste Evidence - Please provide evidence of a bagged waste stream in use:

(Photograh the contents of the bagged waste stream)

Choose File   No file chosen

33. #3 Bagged Waste Evidence - Please provide evidence of a bagged waste stream in use:

(Photograph the outside of the waste bin in use)

Choose File   No file chosen

34. #3 Bagged Waste Evidence - Please provide evidence of a bagged waste stream in use:

(Photograh the contents of the bagged waste stream)

Choose File   No file chosen

Anatomical waste

* 35. Do you produce Anatomical waste?

◯ Yes

◯ No

36. Please indicate which waste streams you use to dispose of Anatomical wastes:

	Offensive / Hygiene waste	Orange clinical waste bag	Yellow clinical waste bag	Red colour coded sealed container	Not applicable	Other
Whole blood bags / blood products	☐	☐	☐	☐	☐	☐
Small pieces of unrecognisable anatomical tissue	☐	☐	☐	☐	☐	☐
Recognisable anatomical tissue	☐	☐	☐	☐	☐	☐
Placenta	☐	☐	☐	☐	☐	☐

Other (please specify)

[   ]

37. #1 Anatomical Evidence - Please provide evidence of a an Anatomical waste stream in use:

(Photograph the outside of the Anatomical waste container)

[Choose File]   No file chosen

38. #1 Anatomical Evidence - Please provide evidence of a an Anatomical waste stream in use:

(Photograph the contents of the Anatomical waste container)

[Choose File]   No file chosen

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Pharmaceutical waste

* 39. Do you dispose of pharmaceutical waste?

◯ Yes

◯ No

40. Please indicate which pharmaceutical waste activities are applicable to you:
Tick more than one box where applicable.

☐ Waste pharmaceuticals produced from the preparation of patient medication

☐ On site pharmacy

☐ On site aseptic production unit

☐ Returns from patients

☐ Returns from wards / departments

☐ Out of date stock

☐ De-naturing of controlled drugs

☐ Production of pharmaceutical products

☐ Other (please specify)

[ ]

41. #1 Pharmaceutical Waste Evidence - Please provide evidence of a Pharmaceutical waste stream in use:

(Photograph the outside of the Pharmaceutical waste container in use, clearly showing the labelling lid of the container)

Choose File   No file chosen

42. #1 Pharmaceutical Waste Evidence - Please provide evidence of a Pharmaceutical waste stream in use:

(Photograh the contents of the Pharmaceutical waste stream)

Choose File   No file chosen

Dental and Amalgam waste

43. Do you produce dental and amalgam waste?

○ Yes

○ No

44. Please indicate which waste stream you use for the waste types described:

	Orange clinical waste bag	Amalgam capsule container	Sludge drum	Toot pot	Yellow lidded sharps container	UN approved container for liquid waste	Lead foil container
Amalgam capsules	☐	☐	☐	☐	☐	☐	☐
Extracted teeth with amalgam fillings	☐	☐	☐	☐	☐	☐	☐
Extracted teeth without amalgam fillings	☐	☐	☐	☐	☐	☐	☐
Sludge's contaminated with amalgam	☐	☐	☐	☐	☐	☐	☐
X-ray fixer and developer solutions	☐	☐	☐	☐	☐	☐	☐
Lead foils	☐	☐	☐	☐	☐	☐	☐

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Transportation of clinical waste

* 45. Do you appoint the services of a Dangerous Goods Safety Advisor (DGSA)?

◯ Yes

◯ No

* 46. Do you transport clinical waste on a public road?

◯ Yes

◯ No

Collection and consignment of clinical waste

* 47. Please indicate the waste storage facilities which suit your premises:

Tick more than one box where appropriate.

☐ Internal waste storage

☐ External waste storage

☐ Secure external waste storage

☐ Waste stored in lockable UN approved containers

☐ Hazardous and non-hazardous wastes are segregated

☐ Tradebe are my only healthcare waste disposal contactor

☐ Other healthcare waste contractors collect my waste

48. Please provide any special instructions for the collection of your waste:

These may include site operational hours. Padlock / Door codes.

Parking instructions. Telephone numbers. Site contacts.

Please note these details will not be shared with anyone other than a Tradebe employee who needs to know.

49. Please indicate any specific hazards our drivers need to be aware of at your premises:

50. Please provide details of where our drivers need to report to have waste consignment notes signed:

Tradebe feedback

51. Please provide some feedback for the healthcare services Tradebe provide:
It is not mandatory to complete this section.

	Poor	Needs improvement	Satisfactory	Good	Excellent
Have the services delivered by Tradebe Healthcare satisfied your expectations?	☐	☐	☐	☐	☐
Are you satisfied that the services have represented good value for money?	☐	☐	☐	☐	☐
Are services/collections completed on time and according to the agreed schedule?	☐	☐	☐	☐	☐
Has the contract Support And Assistance received been of a level that you would expect?	☐	☐	☐	☐	☐
Are you satisfied with accuracy, completeness, & clarity of invoicing and documentation?	☐	☐	☐	☐	☐
Are general communications of a level that you require and would expect?	☐	☐	☐	☐	☐
Has the response to any complaints you may have had been satisfactory?	☐	☐	☐	☐	☐

52. Please provide any other comments you may have: