



Clinical Waste Solutions
Caring for our environment

Pre Acceptance Audit

Date of audit: _____ Name of person: _____

Conducting audit

Premises name & Address: _____

_____ Postcode: _____

Process from which waste derives E.g. Nursing Care: _____

The questions below ask for **Monthly** data. If waste is not produced on a frequent monthly basis, please supply Annual figures and mark the box to the right to show this is what you have done

How many rooms will be audited:
(These are rooms where clinical waste is held/produced/stored)

Qty.

Please advise on the estimated quantity of yellow offensive bags collected from the premises *over a monthly period*

Qty. Offensive waste bags

Please give a brief description of the waste being put into the bags.

Please advise on the estimated quantity of orange hazardous bags collected from the premises *over a monthly period*

Qty. Hazardous waste bags

Please give a brief description of the waste being put into the bags.

Please advise on the estimated quantity of sharps & pharmaceuticals produced on the premises *over a monthly period*

Sharps

Yellow lid

Purple lid

Bags & Pharmaceuticals

Orange bags

Pharmaceuticals

Waste Storage / Segregation

Do you segregate your offensive yellow tiger-bag waste from your infectious orange bags waste?

Y/N

Are your internal waste bins, colour coded or labelled?

Y/N

Is your waste Stored in a secure location?

Y/N

Is Any Anatomical Waste stored under temperature control?

Y/N

Staff training & information

Do you have a waste management policy?

Y/N

Do you train your staff in waste handling?

Y/N

Do you train your staff in waste segregation?

Y/N

Do you keep your Hazardous Waste consignment Notes on file?

Y/N

Did you ask your staff any questions on waste handling during this audit?

Y/N

Do you have posters or training material on display for waste management?

Y/N

Declaration: I confirm the above supplied information is correct to the best of my knowledge

Signed: _____ Print name: _____ Date: _____

On behalf of: _____

PRE-ACCEPTANCE HEALTHCARE WASTE SELF-AUDIT TOOL

This self-audit tool has been produced by Clinical Waste Solutions Ltd , and is designed to assist our customers in completing the pre-acceptance requirements for waste disposal.

Many legally authorised clinical waste disposal facilities, including both incinerators, treatment plants and landfill sites, are now required to obtain this information from their customers before they can accept your waste. You should complete this form to assist us in disposing of your waste.

How do I do it?

The most effective way is to do all of the following:

- . Check each room of your establishment and see what waste containers are present;
- . Look in each in use waste container to see what is actually in them (this should be done visually, without putting your hands inside the containers);
- . Question your staff about how they would dispose of different items (understanding and practice can vary);
- . It is also worthwhile checking your storerooms and cupboards to see if there are any pieces of equipment or reagents that you may not have considered.

You should send the completed audit to Clinical Waste Solutions Ltd. They will assess the information and use this information to advise you on completion of waste documentation, ensure that your waste is disposed of appropriately, and provide additional advice on some aspects of your waste practices if necessary.

What is the purpose of the Pre-Acceptance Self Audit?

The main purpose of this tool is to enable you and CWS Ltd to identify the appropriate way to manage your waste. If there are any areas of concern the audit tool will identify it.

Appropriate waste segregation has been a legal requirement since 2005. However, no waste segregation system operates perfectly all the time. Regularly auditing your procedures enables you to identify and address any issues.

Once completed, future audits will only need to take place annually or if you subsequently amend your segregation practices.