**Pre Acceptance Waste Audit Form.**

**Self-Assessment Questionnaire.**

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| --- | --- |
| **Customer Name:** | **Audit Start Date: / /** |
| Collection address:        Post Code:  Contact name:  Tel:  Email: | Audit Finish Date: / /  CP Number:  SIC Code1:  Premises Type2:  Radioactive Waste: YES/NO |

**Person undertaking the Audit**

The pre-acceptance waste audit (PAWA) report must not be completed wholly over the phone or using online tools. Physical presence at the practice is needed. Does the person undertaking the audit have a working knowledge of healthcare waste and its composition, classification and packaging for road transport and an understanding of Waste Transfer Notes and Hazardous Waste Consignment Notes? This information can be found in Health Technical Memorandum 07-01: Safe management of healthcare waste (SMHW) and The Carriage of Dangerous Goods Regulations. A working knowledge of EA Waste permits will be needed as well. If the answer is YES, continue with the audit, if it is NO, please ask Medisort, or another qualified third-party auditor, to carry it out for you.

**Auditor Name: Job Title:**

**Competence Evidence:**

**Site Details**

Provide a list (or diagram) of the different areas (wards, departments, or functional areas) that exist within the premises. This should detail all the specific processes producing relevant wastes at the practice, for example, pharmacy, primary care, dental, acute or laboratory. Please feel free to continue on a separate sheet if necessary.

|  |  |  |
| --- | --- | --- |
| **List of Waste Production Areas (WPA) on Site** | **Process Description in Area** | **Area Incl. in this Audit (Y/N)** |
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**Waste Audit**

During the audit you will need to check the contents of several containers for each healthcare waste stream that your site produces, e.g. sharps boxes, pedal bins etc. You are looking for waste being in the wrong container or other non-conformances. You can use the table below to record your findings, you will need to check at least three-quarters of the rooms/wards and three-quarters of the containers in those rooms to satisfy the audit.

|  |  |  |
| --- | --- | --- |
| **WPA being audited** | **Total number of WPAs on site** | **Total number of WPAs audited** |
|  |  |

**Waste Produced on Site**

Please use the tables below to confirm which waste streams your site produces. For each waste stream your site produces, please indicate using column Tot. (Kg) an estimated yearly weight, Medisort can help with weights if needed. Using column Y/N, please confirm if you are using the indicated packaging. If your answer is no, please give an explanation using the Packaging Notes or Comments section of this form. If any of the pre-filled ADR Label and Haz. Code values are not as required, please contact Medisort to discuss this. If weights are pre-filled, these are estimates based on collections that have been made in the past. Please check that these estimates are valid.

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-Clinical Waste Type Audit Survey** | **Tot. (Kg)** | **Packaging Used** | **Y/N** |
| Recycling Waste |  | Recycling Container/Bag |  |
| Domestic Waste |  | Black Bag |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Healthcare Waste Type Audit Survey** | **Tot. (Kg)** | **Packaging Used** | **ADR**  **Label** | **Y/N** | **Haz Code** | **Composition and physical form of the waste?** | **Total No. of containers on site** | **Total number audited** | **Number found to be non-conforming** | **Reason for non-conformance e.g., wrong waste in container, label etc.** |
| Offensive waste (Non-Infectious)EWC 18 01 04/18 02 03 |  | Tiger striped bag |  |  | N/A |  |  |  |  |  |
| Soft clinical waste (Infectious) EWC 18 01 03\*/18 02 02\* |  | Orange bag | 6.2 |  | HP9 |  |  |  |  |  |
| Medicinally contaminated sharps EWC 18 01 03\*/18 01 09 |  | Yellow lidded sharps bin | 6.2 |  | HP9 |  |  |  |  |  |
| Non-medicinal contaminated sharps EWC 18 01 01/18 02 01 |  | Yellow or orange lidded sharps bin | 6.2 |  | N/A |  |  |  |  |  |
| Cytotoxic/cytostatic sharps EWC 18 01 08\*/18 02 07\* |  | Purple lidded sharps bin | 6.2 |  | HP6,7,9, 10,11 |  |  |  |  |  |
| Cytotoxic/cytostatic soft waste EWC 18 01 08\*/18 02 07\* |  | Purple and yellow bag | 6.2 |  | HP6,7,9, 10,11 |  |  |  |  |  |
| Anatomical EWC 18 01 02/18 01 03\* |  | Yellow or red lidded one way burn bin | 6.2 |  | HP9 |  |  |  |  |  |
| Pharmaceutical waste3 EWC 18 01 09/18 02 08 |  | Yellow or blue lidded one way burn bin | LQ |  | As per SDS |  |  |  |  |  |
| Single use instruments (SUI) EWC 18 01 03\* |  | Orange lidded SUI bin | 6.2 |  | HP9 |  |  |  |  |  |
| Chemical waste3 EWC 18 01 06\*/18 01 07/18 02 05\*/18 02 06 |  | Chemical waste container |  |  | As per SDS |  |  |  |  |  |
| Fixer and developer EWC 09 01 04\*/09 01 01\* |  | Fixer or developer containers |  |  | HP4 |  |  |  |  |  |
| Amalgam sludge EWC 18 01 10 |  | Sludge drums |  |  | HP5 |  |  |  |  |  |
| Lead foils EWC 15 01 04 |  | Lead foil container |  |  | N/A |  |  |  |  |  |
| Gypsum Waste EWC 18 01 04 |  | Tiger striped carton or bag |  |  | N/A |  |  |  |  |  |

**Packaging Notes or Comments**

If your waste is not placed in the corresponding packaging please indicate the alternative being used. Please feel free to continue on a separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Waste Storage**  Are your internal waste bins, colour coded or labelled as per SMHW?  Is your Waste segregated and stored in a secure location? | **Y/N** | Is any Anatomical Waste stored under temperature control? | **Y/N** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Training and Information**  Do you have a Waste Management Policy?  If you have a Waste Management Policy, can you provide a copy if requested?  Do you train your staff in waste handling?  Do you train your staff in waste segregation? | **Y/N** | Do you keep your Hazardous Waste Consignment Notes on file?  Did you ask your staff any question on waste handling during this audit?  Do you have posters or training material on display?  Can you provide a copy of your Environmental Management System if requested? | **Y/N** |

**Please provide a description of the audit procedure and practices**

**Please describe your audit regimes**

**Summary**

Please describe the findings made for each waste stream, and where applicable, the changes made as a result of this or previous audits

**Finally**

Please be aware that we must obtain and assess a PAWA report before taking delivery of the first batch of waste from each medical practice. We must then do this at the following minimum frequencies, every:

12 months for each medical practice that produces 5 tonnes or more of clinical waste in any calendar year

2 years for each veterinary practice, dental practice and laboratory that produces less than 5 tonnes of clinical waste in any calendar year

5 years for other clinical waste healthcare producers

The audit report will no longer be valid for pre-acceptance purposes:

* once the time intervals are exceeded
* if the producer makes significant changes to on-site practices
* if the waste changes or
* if we find that the waste received contains significant non-conformances to the pre-acceptance information - for example, it contains a waste type that was not included in the pre-acceptance audit of the producer. We will do our best to keep both of us compliant, but we will need you to help too.

**DECLARATION**

I......................................................, confirm the information above is correct to the best of my knowledge.

**Signature......................................................... Date..........................**

**GUIDANCE NOTES**

1 More Details on Standard Industrial Classification codes can be found here <http://www.companieshouse.gov.uk/about/miscellaneous/principalBusActivitiesList.shtml>

2 Such as hospital, pharmacy, veterinary, primary care, dental, acute care, laboratory, etc.

3 Include reference to Safety Data Sheets

Please return this audit to: Medisort Ltd., Fort Road, Littlehampton, West Sussex, BN17 7QU or scan and Email to [audits@medisort.co.uk](mailto:audits@medisort.co.uk)

**Medisort Use Only:**

Has cyto waste been identified? YES/NO Is there an offensive waste stream? YES/NO

Has radioactive waste been identified? YES/NO

Has MOPS been updated? YES/NO Date of the next Audit …………………………………..

Is the waste acceptable YES/NO

If NO please indicate further action required.

Signature (COTC Holder)