

# DUTY OF CARE WASTE TRANSFER NOTE

<b>CUSTOMER:</b>	<b>SITE ADDRESS:</b>
<b>CONTACT:</b>	<b>SITE CONTACT:</b>

<b>DOC No.</b>	<b>JOB No.</b>	<b>DATE:</b>
<b>DRIVER:</b>	<b>VEHICLE REG:</b>	<b>TYPE OF VEHICLE:</b>
<b>JOB / WASTE DESCRIPTION:</b>		
<b>SPECIAL INSTRUCTIONS:</b>		<b>APPROX QTY REMOVED:</b>
<b>TYPE OF WASTE:</b>	<b>EWC No.</b>	<b>SECTION 62 SECTION No.</b>
<b>UN NUMBER:</b>	<b>EMERGENCY ACTION CODE:</b>	<b>TREM CARD SUPPLIED</b>
<b>PROPER SHIPPING NAME:</b>		
<b>PACKING GROUP:</b>	<b>SIC code (2007)</b>	<b>CARRIERS REGISTRATION:</b>
<b>CORRECT LEVEL OF P.P.E. USED: AS SPECIFIED:</b>		

## CUSTOMER SITE DETAILS

The above have been satisfactorily completed by the equipment and personnel stated. The given times and quantities removed are correct, and the above information is correct and in accordance with ADR, CDG / CPL regulations if required, 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.

<b>Signed:</b>	<b>Print Name:</b>
<b>Position:</b>	<b>Date:</b>
	<b>Time:</b>

<b>TIME ON SITE:</b>	<b>TIME OFF SITE:</b>	<b>TOTAL TIME ON SITE:</b>
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## DISPOSAL SITE DETAILS

<b>NAME:</b>	<b>LICENSE No:</b>
<b>ADDRESS:</b>	<b>WEIGHT / QTY:</b>
	<b>SIGN:</b>
	<b>PRINT:</b>
	<b>DATE:</b>

<b>TIME ON SITE:</b>	<b>TIME OFF SITE:</b>	<b>TOTAL TIME ON SITE:</b>
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HEAD OFFICE: