

Application for Trade Waste approval

Supplementary Form E

Medical/veterinary/personal care

1. Please provide the following details:

Property address (including shop/tenancy no) where trade waste will, or may potentially be, discharged:

Trading name of the business/organisation:

2. Please select most appropriate options:

Which most closely describes your business/organisation? (select one or more)

- | | | | | |
|---------------------------------------|------------------------------------|--|---------------------------------------|----------------------------------|
| <input type="radio"/> Dentist | <input type="radio"/> Orthodontist | <input type="radio"/> Hospital | <input type="radio"/> Aged care | <input type="radio"/> Optician |
| <input type="radio"/> Medical surgery | <input type="radio"/> Radiology | <input type="radio"/> Pathology | <input type="radio"/> Funeral parlour | <input type="radio"/> Veterinary |
| <input type="radio"/> Animal grooming | <input type="radio"/> Beauty salon | <input type="radio"/> Other (please describe): | | |

Which most closely describes the treatment and disposal of liquid wastewater at your business?

- Wastewater discharged to sewer - *Wastewater generated by the business/organisation as part of the daily activities is discharged to sewer. This is any wastewater other than personal waste from toilets, showers or handbasins. For example: amalgam waste, x-ray, sterilising liquids, plaster, chemicals from processes or cleaning, mortuary waste, laboratory liquid waste, renal dialysis, hydrobath, animal waste, floor waste, bin wash etc.*
- Personal waste only - *The only connections to sewer are toilets, handbasins or showers. All other waste fluids i.e. clinical wastes, chemicals etc are captured and stored separately for collection by an approved licensed liquid waste transporter. Floors are mopped or swept, not hosed, and there are no floor drains.*

3. Please provide the following details about your business:

Are all liquid substances that are used or stored on site, contained in a bunded area? Yes No

Do you use, or intend to use, any radioactive material? Yes No

Are there any sub-meters or flow meters installed on the property? Yes No

If yes, please provide details.



List all chemicals and commercial formulations used in each process, including cleaning.

Attach Material Safety Data Sheets (MSDS) where relevant.

Name	Strength (e.g. grams per litre)	Supplier	Daily quantity used

4. Please provide the following details about your devices:

Do you have any of the following: (include sizing/capacity)

Discharged to sewer?

- | | | |
|--|----------------|--|
| <input type="radio"/> Amalgam separator | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Neutralising tank | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Triple interceptor | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Detention/retention tank | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Solids settlement tank | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Sink and floor strainers | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Plaster trap | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Health care macerators | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Silver recovery unit | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Other: | Details: _____ | <input type="radio"/> Yes <input type="radio"/> No |

Additional details can be provided in a separate document and attached to this application.

Please provide a detailed description of where the device/s is/are located and attach hydraulic drawings or detailed sketch of the site.

How often is/are the device/s emptied or serviced?

Is all other clinical or related waste removed off site by a licensed contractor? Yes No

Name of the device contractor/s:

When was/were the device/s last serviced or emptied?

A copy of the latest service docket or contract **must** accompany this application.

Hydraulic plans or a detailed sketch clearly indicating trade waste drainage and fixtures must accompany this application. Please attach any other supporting information to this document.

This information has been provided by me to the best of my knowledge and I understand that this information may be used as part of the assessment for trade waste approval for the above mentioned premises.

Signed:	Name:
	Date: