

Clinical/Medical Waste Assessment Form

E-mail completed form to clinical.waste@dudley.gov.uk

SECTION A: D	etails of the person prod	ucing clinical/medical waste
Title:	First Name:	
	Surname:	
Address:		
Tel No:		
SECTION B: To		thcare Professional such as
	ctor/Healthcare Profession	al/Practice details:
Doctor's Name:	DR C. RANDHAWA & PA	RTNERS Date:
Surgery/Clinic/Ho	ospital Address: HALESO	WEN MEDICAL PRACTICE,
ST. MARGARE	T'S WELL SURGERY	2 QUARRY LANE,
	363 4WD	
Surgery/Clinic/H	ospital Tel No: 0121 550	4917
	rofessional/Practice stamust be stamped as verification)	Halesowen Medical Practice (M87602) St Margaret's Well Surgery 2 Quarry Lane Halesowen B63 4WD

Tel: 0121 550 4917



Date Service Required From: to							
Collection Frequency: Regular scheduled collections required							
	On reques	st i.e. shar	ps O	ne off			
If regular scheduled collections are required, estimated quantity per week:							
Half bag or less One		e bag					
Two bags	More than two bags (please state how many)			ny)			
Collection point if known (e.g. front doorstep)							
Details of waste produced (Tick all appropriate boxes)							
Offensive/Hygiene Waste Clinic		Clinical/I	ical/Infectious Waste		Sharps		
Incontinence pads		Wound dr	ressings		Syringes		
Empty Stoma bags		Swabs		Needles			
Disposable bed pans/ Liners		Bandages contaminated With blood or other bodily Fluid/secretion		Cartridges			
Empty urine containers Re		Renal dialysis waste		Catheters			
Other waste (please state below what this is)			Hazardous Waste - Cytotoxic/Cytostatic				
*			Sharps Patches Gloves, gowns,	aprons, v	wipes		

**Please note: Dudley Council does NOT offer a disposal service for unused pharmaceutical products/medicines relating to cytotoxic or cytostatic treatments. These items should be taken back to the pharmacy.