

**Hazardous Waste Classification Worksheet** (Revised 31<sup>st</sup> August 2004)

Box No.	Information Required	Information																								
<i>Company Details</i>																										
A	Company Name																									
	Company Address																									
	Date																									
	IPC or Waste License Number (if applicable)																									
	Contact Person																									
	Waste Description																									
<i>European Waste Catalogue/Hazardous Waste List</i>																										
B	Possible EWC Codes	<table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Asterisk Yes / No <input type="checkbox"/> / <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> / <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> / <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> / <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> / <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> / <input type="checkbox"/></td> </tr> </table>	_____	_____	_____	Asterisk Yes / No <input type="checkbox"/> / <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>
_____	_____	_____	Asterisk Yes / No <input type="checkbox"/> / <input type="checkbox"/>																							
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_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>																							
C	Six-Digit EWC Code	_____	Asterisk Yes / No <input type="checkbox"/> / <input type="checkbox"/>																							
D	EWC Description																									
C1	Mirror Entry Code (if applicable)	_____	Asterisk Yes / No <input type="checkbox"/> / <input type="checkbox"/>																							
D1	Mirror Entry Description (if applicable)																									
E	Is this waste classified as hazardous waste according to HWL?	Mirror Entry	<input type="checkbox"/>																							
		No	<input type="checkbox"/>																							
		Yes	<input type="checkbox"/>																							