Please complete (in CAPITALS) and sign all relevant sections Account number *(office use only)*

**Section A – Description of the waste**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Brief description, quantity and physical form of the material   **Please select one waste type only - a separate Duty of Care is required for each waste type** | DONATED HOUSEHOLD WASTE (tick one box only and send a separate Duty of Care for each waste type)  General / Non-recyclable waste (20 03 01) **(This waste type is shredded at sites then transported by train to an Energy Recovery Facility in Runcorn where it is burnt to make electricity for renewable energy)**  Paper and cardboard (20 01 01) \*  Small electrical equipment (20 01 36) \*  Wood (20 01 38) \*  Metals (20 01 40) \*  DOMESTIC SEATING THAT MAY CONTAIN POPs  (Please tick for waste that may contains POPs)  **Domestic seating waste containing POPs (20 03 07)** (Waste domestic seating is **any item of upholstered seating** of a household type from households that is waste including sofas, sofa beds, armchairs, kitchen/dining room chairs, stools/foot stools, home office chairs, futons, bean bags, floor/sofa cushions.)  Waste upholstered domestic seating often contains one of the following POPs on the back of the covers and in the foam - decabromodiphenyl ether (DecaBDE), hexabromocyclododecane (HBCDD), pentabromodiphenyl ether (PentaBDE), tetrabromodiphenyl ether (TetraBDE). These chemicals may also contaminate lining and wadding in contact with foam or covers.  The following hazardous chemicals are also likely to be present - antimony trioxide, medium chain chlorinated paraffins. Other flame retardants, and hazardous components of PVC, may also be present. | | |
| 1. Type of premises | Choose an item. | | |
| 1. How is the waste contained? | OTHER | | |
| OTHER *(Please state)* | LOOSE IN VEHICLE |  |  |
| Vehicle type | Choose an item. | | |
| 1. Consignment type | YEARLY | | |

**Section B – Producer/ Holder**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a producer/ holder of the waste? | | Yes | |
| The material in section A has been collected from: | | | |
| 1. Producer/ Holder | | Click or tap here to enter text. | |
| 1. Address | | Click or tap here to enter text. | |
| Contact Tel No. | | Click or tap here to enter text. | |
| I certify that the information given in **Section A and B** is correct and that I have checked that the person I have selected to take the waste is properly authorised as detailed in **Section C** | | | |
| Declaration | | I confirm the hierarchy from reg. 12/11 has been applied | |
| SIC CODE | | 46.15 | |
| Signed (electronic / typed signature) | |  | |
| Print Name (electronic / typed signature) | |  | |
| Position | | Click or tap here to enter text. | |
| On behalf of | | Click or tap here to enter text. | |
| Date | Click or tap to enter a date. | Time | Click or tap here to enter text. |

**Section C – Carrier**

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that I collected the consignment(s) of waste and that the information given in Section A and B is correct and I have produced the credentials detailed below to prove that I am properly authorised to accept and carry waste | | | |
| Declaration | | I confirm the hierarchy from reg. 12/11 has been applied | |
| SIC CODE | | 46.15 | |
| Signed (electronic / typed signature) | |  | |
| Print Name (electronic / typed signature) | |  | |
| On behalf of | | Click or tap here to enter text. | |
| Position | | Click or tap here to enter text. | |
| Date | Click or tap to enter a date. | Time | Click or tap here to enter text. |
| Address | | Click or tap here to enter text. | |
| Tel No. | | Click or tap here to enter text. | |
| Vehicle registration numbers | | VARIOUS (vehicles reg nos not required) | |
| Waste carriers licence number (Issued by Environment Agency, usually prefixed CBD) | | Click or tap here to enter text. | |

**Section D - Disposer**

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that waste disposal licence number issued by  ENVIRONMENT AGENCY authorises the treatment/disposal at this facility of waste described in Section A and that the carrier details in Section C are correct. | | | |
| Declaration | | I confirm the hierarchy from reg. 12/11 has been applied | |
| Date |  | Time |  |
| Yearly agreement transfer date | | | |
| From | |  | Name and address of facility |
| To | |  |
| Signed | |  |
| Print Name | |  |
| On behalf of | |  |

**What to do with this Duty of Care Note**

Complete Section A, B and C and sign section B and C

**In section A: Donated Household Waste –** **please tick one box only and send a separate Duty of Care note for each waste type from each shop/premises**

Email a copy for EACH WASTE TYPE as a **‘Word’** document to GMCA – [GMWaste@greatermanchester-ca.gov.uk](mailto:GMWaste@greatermanchester-ca.gov.uk)

GMCA will get your Duty of Care note signed off by Suez at the waste facility who will then forward back to GMCA

**Once GMCA has received this, we will issue your permit and return your completed Duty of Care note/notes to you for your records**

Please keep a copy/copies of this at the charity premises and a copy/copies in the vehicle used to carry your waste