

# Customer Audit Form



Customer

Ref No

Date   /   /

## Contact Details

Telephone

Fax

Mobile

Email

Business Activity

On-Site Contact

Title

Contact Address

Site Address

## Waste Type Details

| Waste Type  | Yes/No<br>(tick ✓) | Quantity<br>Tonnes/Month | Hazardous?<br>(tick ✓) | Liquid/Sludges?<br>(tick ✓) |
|---|--------------------|--------------------------|------------------------|-----------------------------|
| Mixed Municipal Wastes<br>(ref: 20-02-01)           |                    |                          |                        |                             |
| Bulky Waste<br>(ref: 20-02-07)                      |                    |                          |                        |                             |
| Construction & Demolition Wastes<br>(ref: 17-09-04) |                    |                          |                        |                             |
| Other Wastes  |                    |                          |                        |                             |

Description of Waste or production process

## Waste Access Details

| Day of Week | Time of Day | Entrance Located | Gate Size | Overhead Power Cables | Location of Bins |
|-------------|-------------|------------------|-----------|-----------------------|------------------|
|             |             |                  |           | Y / N                 |                  |

## Waste Disposal Assessment

| Waste Acceptable | Details |
|------------------|---------|
| Y / N            |         |

## Further Comments / Notes

Customer Name

Agent Name

Signed \_\_\_\_\_

Signed \_\_\_\_\_