

**Duty of Care: Controlled Waste Details****Section A – Current Holder of Waste**

**Full Name:**  
**Contact No:**

**University Department:**  
**Date:**

**Section B – Description of Waste**

1. What is the waste material?      Human       Animal       Other   
    Carcass       Tissue       Blood/Body Fluid       Cell Culture

*Please specify*

2. What is the primary container?

Yellow Bags       Drums       Sharps Containers       Plasticware

*Please specify*

3. What is the secondary container? *Please indicate final quantities transferred.*

Yellow Bags       Drums       Sharps Containers       Not applicable

4. Has the waste been:

Autoclaved       Chemically Disinfected       Not treated

*Please specify*

5. Is there any resultant risk from the waste being consigned for disposal?

No   
Yes

*If Yes, please specify*

**Section C – Person Collecting the Waste**

Name and Address of Carrier: SRCL, Cumbernauld Depot, 4 South Wardpark Court, Cumbernauld, Glasgow G67 3EH

**Section D : Transfer Details**

**Address of Collection Point:**

**Date of Transfer:**