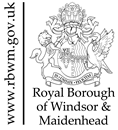
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# Royal Borough of Windsor and Maidenhead: Clinical waste assessment form

Please fill in as much detail as possible and upload this form to your online application form. You can take a photo of this form and upload it as an image if you do not have a printer and/or scanner.

## Part A: HEALTH CARE PROFESSIONAL DETAILS

| Name |  |
| --- | --- |
| Contact address |  |
| Telephone number |  |
| Date |  |

## Part B: Details of resident who requires a clinical collection

| Title |  |
| --- | --- |
| First name |  |
| Last name |  |
| Resident Address |  |
| Resident telephone number |  |

**Categorisation of the waste being produced.**

**Please tick the appropriate box:**

Infectious  Sharps

What is the estimated quantity per week (if infectious was selected above):

Half a bin bag or less  One to two bin bags

Two bin bags or more

Collection point if known (e.g. front doorstep)

|  |
| --- |
|  |