Burnley Borough Council
Streetscene
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Burnley, Lancashire BB11 2BY
Tel: 01282 425011
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Clinical Questionnaire

Please note nappies/incontinence Pads can be placed in your refuse bin.

Name of person(s) requiring Clinical waste collection:		
Telephone Number:		
Address Details including Postcode:		
Is the person being treated at home by a community nurse or a member of the NHS profession, eg, NHS Trust or a Primary Care Trust (PCT)?	**Yes**	**No**
Do the doctors or nurses advise that the waste is hazardous, infectious and/or communicable to others?	**Yes**	**No**
Is the waste drug related, eg, drug vials, needles and syringes?	**Yes**	**No**
Does the waste include bandages and dressings?	**Yes**	**No**
Please list any other waste, which you include in your clinical/medical waste collection. Please be specific. Continue overleaf if necessary. **How often do you require a collection? Weekly** ☐ **Sharps Box are only collected - Monthly (first Thursday in month)** ☐ **Do you require any equipment to be delivered? Yellow sacks** ☐ **Sharps box** ☐		

SIGNATURE: _____ **DATE:** _____

The information we are collecting will be kept in the strictest confidence and used solely for this purpose in accordance with the Data Protection Act 1998. Please inform us if there are any changes to this information in future.