



DUTY of CARE: Controlled Waste Transfer Note

EVERGREEN PEST PREVENTION SERVICES LTD
Saturn Court, Spring Road, Ettingshall, Wolverhampton WV4 6JX

Section A: Description of waste.
.....
Total quantity (e.g. number of sacks, weight)

Section B: Current Holder of the Waste. (Transferor)

Name.....
Company Name.....
Address.....
.....
Address of collection.....

Section C: Person Collecting the Waste (Transferee)

Name.....
Name and Address... Evergreen Pest Prevention Services Ltd
Saturn Court, Spring Road, Ettingshall, Wolverhampton, WV4 6JX
Registered waste carrier Licence No. BUT/772982
Issued by: Midland region – Upper Trent

Section D: Dates of Transfer and Signatures.

Address of place of transfer: Newcross Hospital Wolverhampton - Incinerator

Dates of transfer:.....	Time of transfer:.....
On behalf of Newcross Hospital W-ton	On behalf of Evergreen Pest Prevention Services Ltd
Name.....	Name.....
Signature.....	Signature.....