NORTHUMBERLAND, TYNE AND WEAR LOC

Clinical Waste Agreement 2021

Contractor name: ........................................................................................................

Contact name at practice: ..........................................................................................

Practice name: ...............................................................................................................

Practice address: ..................................................................................................................................................................

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....................................................................................... Postcode: .........................................................

Practice contact email address: ...............................................................................................................

**⃝ please tick [ ] insert number required**

**⃝** I do not require a waste bin exchange at present

⃝ I require **[ ]** exchange(s) of pharmaceutical waste bins

⃝ I require **[ ]** exchange (s) of hazardous (purple lid) waste bins

Signed: ............................................................................... Date: ...........................................

Please scan and send forms to ntwlocwaste@gmail.com or send by post to:

Claudia McTaggart, NTWLOC, McGregor Opticians, 12 Laburnum Terrace, Ashington, NE63 0XX.