



# **Monitoring Programme for the Health Care Waste Management Pilot Projects at Leratong Hospital and Itireleng Clinic**

**Including Monitoring Forms for institutions, Buhle Waste and DisposeTech**

**February 2003**

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## Sustainable Health Care Waste Management in Gauteng

### Monitoring and Evaluation framework for extracting experience and learning lessons from the pilot projects

#### Inspection Schedule for Component 1

This inspection schedule outlines the timetable of inspections to be carried out during the pilot project test period and must be read in conjunction with the Monitoring and Evaluation Framework. This schedule gives the research tool, frequency, responsibility and the document flow for all inspections to be carried out for component 1 : System and Equipment Performance.

#### Inspection Period

The inspections will cover a period of 20 weeks of the test period from the date when the systems are activated and waste is transported to the treatment plant by the service providers.

The inspections will be continuous with defined evaluation time frames. These are summarised below:

Period / Date	Activity
3 <sup>rd</sup> February – 3 <sup>rd</sup> March	Intensive monitoring of both systems
3 <sup>rd</sup> – 6 <sup>th</sup> March	Evaluation of systems (5 <sup>th</sup> week)
18 <sup>th</sup> March	Feedback to DoH on findings of 5 <sup>th</sup> week
3 <sup>rd</sup> March – 14 <sup>th</sup> April	Less frequent monitoring, external inspections and input from DoH. Focus on the review of costs
14 <sup>th</sup> – 17 <sup>th</sup> April	Evaluation of systems (10 weeks)
24 <sup>th</sup> April	Feedback to DoH on findings of 10 weeks
8 <sup>th</sup> May	Feedback to DoH to inform the tender specifications
21 <sup>st</sup> April – 30 <sup>th</sup> June	Monitoring continues with spot checks, external inspections and input from DoH
9 <sup>th</sup> – 13 <sup>th</sup> June	Final evaluation and conclusions
25 <sup>th</sup> June	Presentation to DoH

#### Monitoring Process:

The monitoring will be conducted at two levels:

- Level 1 – Unit Managers, HOD's Assistant WMO and
- Level 2 – Senior management WMO, consultants and other external persons.

#### Level 1:

During the first four weeks, the hospital/clinic staff, WMO and consultants and service providers will carry out intensive monitoring, with an evaluation period during the 5<sup>th</sup> week. Thereafter the monitoring will be at less frequent intervals.

#### Level 2

The WMO, Occupational Health and Safety Officer, consultants and other external persons identified will carry out unannounced inspections of selected areas. The samples taken will be selected randomly and will include an equal number of areas for both systems, the transporters and the treatment sites.

## Inspection detail and responsibilities - Component 1: System and Equipment Performance

### Level 1

#### *Wards and Units*

<b>No.</b>	<b>Research Tool</b>	<b>Frequency</b>	<b>Responsibility</b>	<b>Document Flow</b>
P1 and P2	Performance inspection checklist (wards)	1 <sup>st</sup> week - daily 2 – 5 weeks – weekly Thereafter - monthly	Unit Managers	To Assistant WMO (wards)
E1 and E2	Equipment checklist (wards)	1 – 5 weeks – fortnightly Thereafter – monthly	Unit Managers	To Assistant WMO (wards)
	Inspection Report	1 – 5 weeks – fortnightly Thereafter – monthly	Unit Managers	To WMO
B1 and W1	Internal collection record (B1 or W1)	Daily at collection of waste from units	Transport General Assistants Checked and signed by Unit Managers	Transport General Assistant and Assistant WMO
D1	Consumption Tally form	Fortnightly when ordering equipment	Unit Managers	Placed on file for review during inspections
D2	Non-coded order forms	When ordering additional reusable equipment	Unit Managers	Inventory Department
D3	Inventory of reusable equipment	When receiving additional reusable equipment	Unit Managers	On file for review during inspections
VA2	VA2 Ordering form	Fortnightly when ordering consumable items	Unit Managers	Stores Dept and on file for review
I1	Unsafe incident report form	When an unsafe incident is reported	Unit Managers	OH & S Committee and H & S Representatives
I2	Accident Report Form	When injury accident occurs	Unit Managers	OH & S Committee and H & S Representatives
S1	Anatomical Waste Collection Record	When taking anatomical waste to the mortuary	Unit Managers of Casualty and Labour Wards	Transport General Assistant Mortuary HOD
T1	Record of training completed	When completing training sessions	Unit Managers	Infection Control and Training Department

#### *Internal Transportation*

<b>No.</b>	<b>Research Tool</b>	<b>Frequency</b>	<b>Responsibility</b>	<b>Document Flow</b>
P3	Performance checklist – Internal Transport	1-5 weeks - fortnightly Thereafter monthly	Assistant Waste Management Officer	WMO
E3	Equipment checklist – Internal Transport	1-5 weeks – fortnightly Thereafter monthly	Assistant Waste Management Officer	WMO
	Inspection Reports	Monthly	Assistant Waste Management Officer	WMO

*External Transportation*

<b>No.</b>	<b>Research Tool</b>	<b>Frequency</b>	<b>Responsibility</b>	<b>Document Flow</b>
P4	Performance checklist – External Transport	1-5 weeks - fortnightly Thereafter monthly	Representative from Buhle Consultants	WMO
	Inspection Reports	Monthly	Representative from Buhle	WMO

*Treatment Plant*

<b>No.</b>	<b>Research Tool</b>	<b>Frequency</b>	<b>Responsibility</b>	<b>Document Flow</b>
P5	Performance checklist – Treatment Facility	1-5 weeks fortnightly Thereafter monthly	Representative from EnviroServ Consultants	WMO/Consultants
	Inspection Reports	Monthly	Representative from EnviroServ	WMO/Consultants

*Weighing and Recording of Waste:*

<b>No.</b>	<b>Research Tool</b>	<b>Frequency</b>	<b>Responsibility</b>	<b>Document Flow</b>
<b>B1</b>	Internal collection record – reusable boxes	Daily - when collecting waste from the units	Transport General Assistant	Unit Managers and Cleaning Dept. Assistant WMO
<b>W1</b>	Internal collection record – wheelie bins	Daily - when collecting waste from the units	Transport General Assistant	Unit Managers and Cleaning Dept. Assistant WMO
<b>B2</b>	Despatch Record – reusable boxes	Daily - when weighing the waste	Transport General Assistant	Cleaning Dept. Assistant WMO, Buhle and EnviroServe Finance Dept.
<b>W2</b>	Despatch Record – wheelie bins	Daily - when weighing the waste	Transport General Assistant	Cleaning Dept. Assistant WMO, Buhle and EnviroServe Finance Dept
<b>S</b>	Specicans for anatomical waste	Daily or as required - when waste is collected by Buhle	Transport General Assistant: signed by Buhle Waste	Cleaning Dept. Assistant WMO, Buhle and EnviroServe
<b>R</b>	Equipment Returned Record	Daily - when clean boxes and bins are returned	Transport General Assistant: signed by Buhle Waste	Cleaning Dept. Assistant WMO, Buhle and EnviroServe
<b>G</b>	Glass vials weighting record	Weekly – before collection by Service Provider	Transport General Assistant: signed by Service Provider	Cleaning Dept. Assistant WMO and service provider

Cleaning of reusable boxes and wheelie bins  
 Still to be added -

	Swab Tests			
<b>P6</b>	Performance Inspection Check list			

**Inspection detail and responsibilities - Component 1: System and Equipment Performance**

**Level 2**

**Occupational Health and Safety Committee, Waste Management Officer, Consultants**

<b>No.</b>	<b>Research Tool</b>	<b>Sample selection</b>	<b>Frequency</b>	<b>No of areas</b>	<b>Responsibility</b>
P1 P2 E1 E2	Performance and equipment inspection checklists (wards)	2 randomly selected samples from each system that includes night shift	Fortnightly	8 areas monthly by each responsibility	OH & S Committee Waste Management Officer Consultants
P3 E3	Performance and equipment inspection checklists – Internal transport	Selected shifts as determined by the responsible person	Monthly	3 shifts and 6 persons doing the transportation	OH & S Committee Waste Management Officer Consultants
I1 I2	Analysis of incident reporting	All incidents reported	Monthly	All areas	OH & S Committee Consultants
P4	Performance checklist – external transport	2 randomly selected days	Monthly		Consultants WMO
P5	Performance checklist – Treatment Facility	2 randomly selected days	Monthly	Whole Area	Consultants WMO

### External Persons/Inspectors

In order to obtain objective results, it is recommended that external inspectors/persons be requested to conduct inspections of the pilot test. The suggested research tools are indicated should the identified person not have an inspection checklist of their own.

Identified Possible External Inspectors	Area/ Facility	Suggested Research Tool	Suggested area / sample selection	Frequency
Dr. Rama Mr. V. Khoza Mr. A Marumo Ms. M Steyn Regional representation EHO's Dacel Representatives Representatives from other provincial institutions Treatment Engineers	Wards, Internal Transportation, External Transportation Treatment facility	Performance and equipment inspection checklists P1, P2, P3, P4, P5, E1, E2, E3 Inspection Report submitted from each identified person	2 randomly selected wards from each system Transportation routines Weighing Loading of vehicle Receiving and treatment of waste at treatment	Monthly

Leratong Hospital  
**Waste Management**

**Performance Inspection Check List**

Stackable Box System

Department: .....  
 .....

Date:

Supervisor/WMO: ..... Frequency: **Weekly**

Item	Always	Some- times	Never	Comments
<b>Sharps Containers</b>				
Are the sharps containers correctly used?				
Are the sharps containers properly placed into a bracket?				
Are the sharps containers correctly assembled?				
Are the lids properly sealed when full?				
Are the glass vials and bottles correctly segregated?				
Are sharps containers clean?				
<b>NT Box in holder</b>				
Is the liner correctly placed?				
Is the correct size liner used?				
Is the box correctly placed in the bracket?				
Is the waste correctly segregated?				
<b>Anatomical Waste</b>				
Are the placentas placed into the correct speci cans?				
Are the specicans correctly sealed				
Are the specicans clean?				
Is the anatomical waste signed for when collected?				
Are the amputations correctly bagged and handled?				

Item	Always	Sometimes	Never	Comments
<b>110 l box</b>				
Are the containers correctly placed?				
Are the correct size liners used inside?				
Are the liners correctly placed inside the containers?				
Is the waste correctly segregated into the containers?				
Are the containers clean?				
Are the containers overfilled?				
Are the containers properly sealed?				
<b>Other containers: 30 l and 50 l box, kick about trolleys, pedal bins</b>				
Are the containers correctly placed?				
Are the correct size liners used inside?				
Are the liners correctly placed inside the containers?				
Is the waste correctly segregated into the containers?				
Are the containers clean?				
Are the containers overfilled?				
Are the containers properly sealed?				
<b>Intermediate Storage Areas (110 l box)</b>				
Are the boxes correctly placed?				
Is the storage area kept clean?				
<b>Collecting and Transporting</b>				
Are the smaller liners securely closed before disposal?				
Are the liners properly closed before closing the box?				
Are the liners overfilled?				
Is the waste collected at the correct time?				



Item	Always	Sometimes	Never	Comments
Are the trolleys correctly loaded?				
Is the general waste correctly collected and transported?				
Are the boxes and bins correctly carried when full?				
Is the expired medication taken to the pharmacy?				
Is the anatomical waste correctly transported to the Mortuary?				
Is the correct number of boxes returned?				
<b>Provision of Equipment</b>				
Are the correct numbers of liners ordered?				
Is correct number of sharps ordered?				
Is the ordering procedure properly carried out – signatures, authorisation etc?				
Is the equipment ordered at the correct time?				
Are the correct numbers of liners and sharps received?				
<b>Issue and Use of Protective Equipment</b>				
Is protective equipment available?				
Are gloves worn when handling waste?				
Is the issue of protective clothing documented?				
Is the correct protective clothing worn?				
<b>Emergency procedures &amp; reporting</b>				
Has there been a spill of body fluid, mercury, gluteraldehyde, formalin sharps or infectious waste?				
Was it correctly reported as an unsafe incident?				

Item	Always	Some-times	Never	Comments
Were the procedures for safe cleaning of the spills carried out?				
Has a needlestick injury occurred?				
Were the procedures for reporting of needle stick injuries carried out correctly?				
<b>Action taken on issues raised:</b>				

Form No. P2

# Leratong Hospital

## Waste Management

### Performance Inspection Check List

#### Wheelie Bin – Liner System

Department: .....  
.....

Date:

Supervisor/WMO: ..... Frequency: Weekly

Item	Always	Sometimes	Never	Comments
<b>Sharps Containers</b>				
Are the sharps containers correctly used?				
Are the sharps containers properly placed into a bracket?				
Are the sharps containers correctly assembled?				
Are the lids properly sealed when full?				
Are the glass vials and bottles correctly segregated?				
Are the sharps containers clean?				
<b>NT Basket</b>				
Is the liner correctly placed?				
Is the correct size liner used?				
Is the basket correctly placed?				
Is the waste correctly segregated?				
<b>Anatomical Waste</b>				
Are the placentas placed into the correct specicans?				
Are the specicans correctly sealed				
Are the specicans clean?				
Is the anatomical waste signed for when collected?				

Are the amputations correctly bagged and handled?				
<b>Other Containers: 30 I wall basket, kickabout trolleys, pedal bins,</b>				
Are the containers correctly placed?				
Are the correct size liners used inside?				
Are the liners correctly placed inside the containers?				
Is the waste correctly segregated into the liners?				
Are the containers clean?				
Are the liners overfilled?				
Are the liners properly sealed?				
<b>Intermediate Storage Areas</b>				
Are the stands and liners correctly used?				
Are the small liners properly closed before disposal into larger bag?				
Are the liners correctly closed?				
Are the stands clean?				
Is the storage area kept clean?				
<b>Collecting and Transporting</b>				
Are the liners overfilled?				
Are the liners properly closed before placing inside the wheelie bin?				
Is the waste collected at the correct time?				
Are the wheelie bins correctly used?				
Is the general waste correctly collected and transported?				
Are the liners correctly carried when full?				
Is the expired medication taken to the pharmacy?				
Is the anatomical waste correctly transported to the Mortuary?				

<b>Provision of Equipment</b>				
Are the correct numbers of liners ordered?				
Is correct number of sharps ordered?				
Is the ordering procedure properly carried out – signatures, authorisation etc?				
Is the equipment ordered at the correct time?				
Are the correct numbers of liners and sharps received?				
<b>Issue and Use of Protective Equipment</b>				
Is protective equipment available?				
Are gloves worn when handling waste?				
Is the issue of protective clothing documented?				
Is the correct protective clothing worn?				
<b>Emergency Procedures and reporting</b>				
Has there been a spill of body fluid, mercury, gluteraldehyde, formalin, sharps or infectious waste?				
Was it correctly reported as an unsafe incident?				
Were the procedures for safe cleaning of the spills carried out?				
Has a needlestick injury occurred?				
Were the procedures for reporting of needle stick injuries carried out correctly?				
<b>Action taken on issues raised:</b>				

Form No. E1

**Leratong Hospital**  
**Waste Management**  
**Equipment Check List**  
**Stackable Box System**

Department.....

Date: .....

WMO/OH&S Representative: ..... Frequency - weekly

Item	<1 day	>1 day	>week	Comments
<b>Assessment of sizes</b>				
How quickly is the sharps container filled?				
How quickly are the glass vial containers filled?				
How quickly are the pedal bins filled?				
How quickly is the small wall mounted holder filled?				
How quickly is the 50 litre box filled?				
How quickly is the 100 litre box filled?				
How quickly are the anatomical speci-cans filled?				
<b>Sharps</b>	<b>Always</b>	<b>Some-times</b>	<b>Never</b>	
Do any sharps protrude out of the container?				
Are there items that do not fit into the sharps containers?				
Does the sharps container lid close properly and safely?				
Are the sharps containers split or damaged when delivered?				
Does the top of the container fit properly?				
Are the sharps containers easy to use?				
Do the sharps containers fit into the bracket safely?				
Is the bracket easy and safe to use?				
<b>Speci-cans for anatomical waste</b>				
Do the lids seal properly?				
Are the buckets the right size?				
Are the speci-cans damaged, split or cracked				

<b>Wall mounted 30 litre Addis Box</b>	<b>Always</b>	<b>Some-times</b>	<b>Never</b>	
Are the boxes easy to access?				
Are the boxes safely mounted?				
Are the boxes easy to clean?				
Are the boxes damaged, split or cracked?				
<b>All sizes of Liners:</b>				
Do the liners fit properly into the correct size of box?				
Do the liners leak or split?				
Do the liners rip or tear at the seams?				
Are the liner sizes correct for the type of waste and container?				
<b>Liner Closing device</b>				
Are the elastic bands readily available?				
Are the elastic bands easy to use?				
Do the liners stay securely closed?				
Are the rubber bands the right size?				
<b>100 litre box</b>				
Is the box the correct size?				
Are the boxes damaged, split or cracked?				
Do the lids fit properly?				
Do the boxes stack safely?				
<b>50 litre box</b>				
Is the box the correct size?				
Are the boxes damaged, split or cracked?				
Do the lids fit properly?				
Do the boxes stack safely?				

<b>Action Taken on issues raised:</b>

Form No. E2

**Leratong Hospital**  
**Waste Management**  
**Equipment Check List**  
**Wheelie Bin – Liner System**

Department.....

Date: .....

WMO/ OH& S Representative: ..... Frequency - weekly

Item	<1 day	>1 day	>week	Comments
<b>Assessment of sizes</b>				
How quickly is the sharps container filled?				
How quickly are the glass vial containers filled?				
How quickly are the pedal bins filled?				
How quickly is the small wall mounted holder filled?				
How quickly is the NT basket filled?				
How quickly is the large stand filled?				
How quickly are the anatomical speci-cans filled?				
<b>Sharps</b>	<b>Always</b>	<b>Some-times</b>	<b>Never</b>	
Do any sharps protrude out of the container?				
Are there items that do not fit into the sharps containers?				
Does the sharps container lid close properly and safely?				
Are the sharps containers split or damaged when delivered?				
Does the top of the container fit properly?				
Are the sharps containers easy to use?				
Do the sharps containers fit into the bracket safely?				
Is the bracket easy and safe to use?				
<b>Speci-cans for anatomical waste</b>				
Do the lids seal properly?				
Are the buckets the right size?				
Are the speci-cans damaged, split or cracked				



<b>Wall mounted 30 litre basket</b>	<b>Always</b>	<b>Some-times</b>	<b>Never</b>	
Are the baskets easy to access?				
Are the baskets securely and safely mounted?				
Are the baskets mounted at the correct height?				
Are there any sharp edges on the baskets?				
Are the baskets damaged?				
<b>Nursing Trolley Basket</b>				
Are the baskets easy to access?				
Are the baskets securely and safely mounted?				
Are there any sharp edges on the baskets?				
Are the baskets damaged?				
<b>All sizes of Liners:</b>				
Do the liners fit properly into the correct size of stand or basket?				
Do the liners leak or split?				
Do the liners rip or tear at the seams?				
Are the liners easy to take out of the stand or basket?				
Are the liner sizes correct for the type of waste and container?				
<b>Liner Closing device</b>				
Are the elastic bands readily available?				
Are the elastic bands easy to use?				
Do the liners stay securely closed?				
Are the rubber bands the right size?				
<b>Large 100 litre stand</b>				
Is the stand the correct size?				
Are the stands damaged?				
Are the stands stable?				
Are the stands correctly placed?				
<b>Action Taken on issues raised:</b>				

Form No. E3

# Leratong Hospital

## Waste Management

### Equipment Check List - Internal Transportation

#### Ease of Use and functionality

Responsibility:.....

Date: .....

WMO / Occupational Health and Safety Rep. ....

Frequency – weekly

Using the 770 Wheelie Bins	Poor	Av.	Good	V Good	Comments
How easily do the wheelie bins turn and move?					
What is the condition of the bins inspected?					
How well does the lid operate?					
How easy is to secure the bin lid?					
How easy is it to push up the ramp?					
How easy is it to read the trolley number?					
How easy is it to load the wheelie bins?					
How easy is to load the transport vehicle?					
<b>Additional comments:</b>					
Using the Nestable Box Trolleys	Poor	Av.	Good	V Good	Comments
How easy is it to assemble the trolley?					
How easy is it to turn the trolley?					
How easy is it to push the trolley up the ramp?					
How well do the boxes fit?					
How easy is to secure is the trolley?					
How easy is it to read the trolley number?					
How easy is it to read the box numbers?					
How easy is to load the trolley?					
How easy is to load the transport vehicle?					
<b>Additional comments:</b>					



<b>Cleaning Routines on Trolleys</b>	<b>Poor</b>	<b>Av.</b>	<b>Good</b>	<b>V.Good</b>	
How well are the trolleys and wheelie bins cleaned when they are returned?					
How easy is it to obtain the trolley or wheelie bin when needed?					
How well are the trolleys and wheelie bins maintained?					
How easy is it to get the clean stackable boxes when required?					
<b>Additional comments:</b>					

<b>Using the Scale</b>	<b>Poor</b>	<b>Av.</b>	<b>Good</b>	<b>V.Good</b>	
How easy is it to wheel the bins onto the scale?					
How easy is it to wheel the trolley onto the scale?					
How easy is it to read the weight?					
What is the general condition of the scale?					
<b>Additional comments:</b>					

<b>Weighing and Recording Routines</b>	<b>Poor</b>	<b>Av.</b>	<b>Good</b>	<b>V.Good</b>	
How easy is it to record and calculate the weight?					
How accurately are the weights recorded and calculated?					
<b>Additional comments:</b>					

<b>Transporting the anatomical waste</b>					
How easy is it to collect the anatomical waste from Mortuary?					
What is the condition of the speci-can?					
How well are the larger pieces of anatomical waste packaged?					
How well is the documentation for anatomical waste filled in?					
<b>Additional comments:</b>					
<b>General Comments on the 770 Wheelie Bins:</b>					
<b>Areas for improvement:</b>					
<b>General Comments on the Stackable Box System:</b>					
<b>Areas for improvement:</b>					

# Form No. P3

## Leratong Hospital

### Waste Management

#### Performance Check List - Internal Transportation

##### Stackable box and wheelie bin systems

Responsibility:.....

Date: .....

WMO / Occupational Health and Safety Rep. ....

Frequency – weekly

Item	Always	Sometimes	Never	Comments
<b>Sharps Containers</b>				
Are the sharps containers placed inside the box or wheelie bin?				
Are the sharps containers acceptably clean?				
Are the lids of the sharps containers properly sealed?				
<b>Anatomical Waste</b>				
Are the speci cans correctly sealed				
Are specicans taken to the mortuary to await collection by the service provider?				
Are the specicans acceptably clean?				
Is the anatomical waste signed for when collected by the service provider?				
<b>Collecting and Transporting</b>				
Are all inner liners securely closed (In stackable boxes the inner liner inside the box)				
Are the boxes overfilled?				
Are the boxes heavy?				
Are the boxes acceptably clean?				
Are the cage trolleys acceptably clean				

Item	Always	Some-times	Never	Comments
Are the cage trolleys correctly used				
Are the boxes stacked correctly inside the cage trolley				
Is the correct number of boxes returned to the units?				
Are the wheelie bins clean?				
Are the liners overfilled?				
Are the liners heavy?				
Do the liners split or tear?				
Are the liners securely closed?				
Is the waste collected at the correct time?				
<b>Central Storage Area</b>				
Is the Storage Area acceptably clean?				
Is there sufficient space for storage of both full and empty boxes and wheelie bins?				
Is the area vermin free?				
<b>Collection, Weighing and Recording</b>				
Is weighing and record-keeping correct?				
Are all the signatures obtained and copies given to the service provider?				
Is collection by Service Provider on time?				
Is the area secured and locked?				
Are installations working intact (Lights, scale, locks, etc.)				
Are the access ways unobstructed and with good pavement?				
Is the anatomical waste signed for when collected by the service provider?				

Item	Always	Sometimes	Never	Comments
<b>Loading</b>				
Is the loading of the large truck carried out safely?				
Is access onto the truck safe?				
<b>Issue and Use of Protective Equipment</b>				
Is protective equipment available?				
Are gloves worn when handling waste?				
Is the issue of protective clothing documented?				
Is the correct protective clothing worn?				
<b>Emergency Procedures and reporting</b>				
Has there been a spill of sharps containers, boxes or split bags?				
Was it correctly reported as an unsafe incident?				
Were the procedures for safe cleaning of the spills carried out?				
Has a needlestick injury occurred?				
Were the procedures for reporting of needle stick injuries carried out correctly?				
<b>Action taken on issues raised:</b>				



# Form P4

Buhle Waste cc (Leratong/Itireleng)

## HCW External Transportation Performance Inspection Check List

Unit Supervisors

Stackable Box System/Wheelie Bin System

Department: .....  
.....

Date:

Supervisor/WMO: ..... Frequency: Weekly

Item	Always	Some-times	Never	Comments
<b>Loading of Vehicle</b>				
Is the extent of manual handling and lifting minimised acceptably?				
Are ramps and the lifting tail gate being used as intended?				
Are staff trained and aware of what they are doing?				
Does collection take place at the correct/usual/agreed time?				
Is loading too time consuming?				
Is staff lifting and handling containers correctly?				
<b>Securing of vehicles</b>				
Are the doors locked when in transit?				
Are relevant spill kits and emergency procedures available?				
<b>Off-loading of cleaned containers from vehicle</b>				
Is the extent of manual handling and lifting minimised acceptably?				

Item	Always	Some-times	Never	Comments
Are ramps and the lifting tail gate being used as intended?				
Are staff trained and aware of what they are doing?				
Is off-loading too time consuming?				
Is staff lifting and handling containers correctly?				
<b>When vehicle is in Transit to Treatment Plant</b>				
Is the vehicle following agreed routes?				
Does the driver have a cell phone or other means of communicating?				
<b>Off-loading at Treatment Plant</b>				
Is there waiting time at plant before off-loading is possible?				
Is there sufficient space for placing off-loaded containers?				
Is there adequate directions for where to off-load and where to place containers?				
<b>Loading cleaned/sanitised containers</b>				
Are the cleaned containers available for immediate loading onto the vehicle?				
Are the cleaned containers acceptably clean and dry?				
Is there sufficient space on the vehicle for the cleaned containers?				
Can distribution of cleaned containers be done in the same transport as collection of full containers?				

**Form No. P5**

**DisposeTech (Enviroserv)**

**HCW Treatment Facility**

**Performance Inspection Check List  
Stackable Box System/Wheelie Bin System**

**Inspector::** ..... **Date** .....

**Frequency: Monthly**

Item	Always	Some-times	Never	Comments
<b>Receiving of Containers</b>				
Is the extent of manual handling and lifting minimised acceptably?				
Is lifting tail gate being used as intended?				
Is the record keeping system working as intended (container numbers, mass of containers, etc.)				
Is the quality of the containers acceptable (are containers intact)?				
Are staff trained and aware of what they are doing?				
<b>Placing of containers before feeding</b>				
Is there sufficient space available for storage?				
Are containers with Anatomical Waste treated first?				
<b>Feeding of waste to the incinerator</b>				
Is the particular incinerator always available?				
Is the bin lifter working properly?				
Are cage trolleys used as intended?				
Is the loading too time consuming?				

Item	Always	Sometimes	Never	Comments
Is staff lifting and handling containers correctly?				
<b>Internal transport of containers and cleaning and sanitizing</b>				
Is the internal routing consistent and efficient?				
Are containers cleaned same day?				
Are containers cleaned acceptably?				
Is there sufficient space for storing cleaned containers before dispatch?				
<b>Loading of cleaned containers for dispatch</b>				
Has containers been damaged?				
Are containers dry and clean?				
Are sufficient containers available for loading?				
Is the record system being used correctly?				

**Form : General Report**

**Leratong Hospital**

**Health Care Waste Management Project**

**Inspection Report**

**Unit Supervisors and Waste Management Officers**

Department: .....  
.....

Date:

Supervisor/WMO .....

Frequency: Fortnightly

<b>Waste Segregation</b>
<b>Equipment: Nursing Trolley Basket or Box</b>
<b>Equipment – Sharps Containers</b>

<b>Equipment: Other containers and Bag Holders</b>
<b>Liners:</b>
<b>Storage Areas</b>
<b>Closing mechanisms</b>
<b>Transportation Equipment</b>

**Ordering of Equipment:**


**Return and recording of boxes**


**Time schedules:**


**Problems and Comments:**






# Form No. D2

## Leratong Hospital

### Health Care Waste Management Project

### Non-Coded Order Form for Reusable Equipment

Section/Unit:	
Unit of Issue:	Single items as described
Date of Order:	
Order Number	

Supervisor/Unit HOD	
Inventory Number	
Date of Issue:	

Item No.	Description of Equipment	Quantity Ordered	Amount Issued	Value

Motivation:.....

\_\_\_\_\_  
Signature of User

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Authoriser

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Stores Official

\_\_\_\_\_  
Date of Issue



# CATASTROPHIC, MAJOR AND SERIOUS ACCIDENT REPORT FORM

## (Annexure 2)

Occupational Health and Safety Act, 1993

(Act No. 85 of 1993)

REGULATION 8 OF THE GENERAL ADMINISTRATIVE REGULATIONS.

### A RECORDING OF ACCIDENT

1.	Name of Employer:			
2.	Name of affected Person:			
3.	Date of Accident:		4. Time of Accident:	

*Make a cross in the appropriate square*

5. Part of Body Affected:	Head/Neck	Eye	Trunk	Finger	Hand
	Arm	Foot	Leg	Internal	Multiple
6. Effect on person*	Sprains/ strains	Contusions/Wounds	Fractures	Burns	Amputation
	Electric Shock	Asphyxiation	Un-consciousness	Poisoning	Occupational Disease
7. Expected period of disablement	0-13 days	2-4 weeks	>4-16 weeks	>16 – 52 weeks	>52 weeks or permanent disablement
					Killed

8. Description of Occupational Disease **	
9. Machine / process involved / type of work performed / exposure	

\*\* In case of hazardous chemical substance indicate substance exposed to

10	Was the accident reported to the Compensation Commissioner?	Yes	No
----	---	-----	----

**B INVESTIGATION OF THE ABOVE Accident BY A PERSON DESIGNATED THERETO**

- |  |                           |
|--|---------------------------|
| 1. Name of Investigator::                    | 2. Date of Investigation: |
| _____  | _____                     |
| _____  |                           |
| 2. Designation of Investigator:              |                           |
| _____  |                           |
| 4. Short description of Incident             |                           |
| _____  |                           |
| 5. Suspected Cause of Incident               |                           |
| _____  |                           |
| 6. Recommended steps to prevent a recurrence |                           |
| _____  |                           |

Signature of Investigator:		Date:	
----------------------------	--	-------	--

**C ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR ACCIDENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Investigator:		Date:	
----------------------------	--	-------	--

**D REMARKS BY HEALTH AND SAFETY COMMITTEE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Chairman of Health and Safety Committee		Date:	
--	--	-------	--

# Leratong Hospital

## Health Care Waste Management Project

### Agreed Collection and Transportation Timetable

**No. of Transporters:** 6  
**Shifts:** Fortnightly changed on a Thursday  
**Allocation of duty:** 2 day duty and 2 on night duty  
**Hours of Work** 7h00 – 15h30 (7 day week):

#### Names of General Assistants doing Transporting duties:

Leonox Mqakanya  
 Obed Radibetla

Daniel Phefo  
 Ignatius Mangadi

Patrik Kubheka  
 Thuso Muso

	23 <sup>rd</sup> January – 5 <sup>th</sup> February		6 <sup>th</sup> – 19 <sup>th</sup> February		20 <sup>th</sup> February – 5 <sup>th</sup> March		6 <sup>th</sup> March – 20 <sup>th</sup> March	
	Weeks 1 & 2		Week 3-4		Week 5-6		Week 7-8	
System Time	Stackable Boxes	Cardboard Box	Stackable Box	Cardboard Box	Stackable Box	Wheelie Bin	Stackable Box	Wheelie Bin
7h00-9h00								
10h00-12h00	General Waste Collection							
13h00-15h00								

### Two System Division of Hospital

Stackable Boxes System	Wheelie Bin System
Ward 1, 2, 3, 5, 6, 7, Wards 10, 11, 12, 16 Adult ICU Casualty & Foyer Out Patient Pharmacy Physiotherapy Kit Room Poly Clinic	Wards 15,17, 19, 20,21,22,23,24,25 Wards 4 Operating Theatre CSSD – Theatre CSSD Ward Paeds ICU Renal X-Ray Occupational Therapy Mortuary

# HEALTH-CARE RISK WASTE COLLECTION RECORD

SHEET No. **W1/**

FROM: **Wards and Units**

SYSTEM: **WHEELIE BINS**

DATE: **/ / 2003**

NAME OF TRANSPORTER \_\_\_\_\_

**h**  
(from Central Store)

WHEELIE-BIN SERIAL NUMBER: WB

Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____

Completed Time  
**h**  
(Back at Central Store)

# HEALTH-CARE RISK WASTE INTERNAL COLLECTION RECORD

SHEET No. **B1/**

FROM: **WARDS AND UNITS**

SYSTEM: **RE-USABLE BOXES**

DATE: **/ / 2003**

NAME OF TRANSPORTER \_\_\_\_\_

Start Time  
**h**  
*(from Central Store)*

CAGE TROLLEY SERIAL NUMBER: CT

<b>Ward No./Unit</b>	<input style="width: 50px;" type="text"/>		
100-litre boxes <b>collected</b> : Serial numbers: <b>L</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
50-litre boxes <b>collected</b> : Serial numbers: <b>S</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
100-litre boxes <b>returned</b> : Serial numbers: <b>L</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
50-litre boxes <b>returned</b> : Serial numbers: <b>S</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
<b>Collected by:</b> _____		Time: _____	
<i>Signature of Transporter</i>			
<b>Accepted by:</b> _____		Time: _____	
<i>Signature of Supervisor or Unit Head</i>			

  

<b>Ward No./Unit</b>	<input style="width: 50px;" type="text"/>		
100-litre boxes <b>collected</b> : Serial numbers: <b>L</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
50-litre boxes <b>collected</b> : Serial numbers: <b>S</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
100-litre boxes <b>returned</b> : Serial numbers: <b>L</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
50-litre boxes <b>returned</b> : Serial numbers: <b>S</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
<b>Collected by:</b> _____		Time: _____	
<i>Signature of Transporter</i>			
<b>Accepted by:</b> _____		Time: _____	
<i>Signature of Supervisor or Unit Head</i>			

  

<b>Ward No./Unit</b>	<input style="width: 50px;" type="text"/>		
100-litre boxes <b>collected</b> : Serial numbers: <b>L</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
50-litre boxes <b>collected</b> : Serial numbers: <b>S</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
100-litre boxes <b>returned</b> : Serial numbers: <b>L</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
50-litre boxes <b>returned</b> : Serial numbers: <b>S</b>	<input type="text"/>	<input type="text"/>	Total <input type="text"/>
<b>Collected by:</b> _____		Time: _____	
<i>Signature of Transporter</i>			
<b>Accepted by:</b> _____		Time: _____	
<i>Signature of Supervisor or Unit Head</i>			

**Completed Time**  
**h**

# HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. **W2**

FROM: **LERATONG HOSPITAL**

SYSTEM: **WHEELIE BINS**

DATE: / / 2003

WHEELIE-BIN SERIAL NUMBER: WB  SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) =  kg (A)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (B)

WASTE MASS IN WHEELIE BIN = (A) - (B) =  kg (P)

WHEELIE-BIN SERIAL NUMBER: WB  SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) =  kg (C)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (D)

WASTE MASS IN WHEELIE BIN = (C) - (D) =  kg (Q)

WHEELIE-BIN SERIAL NUMBER: WB  SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) =  kg (E)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (F)

WASTE MASS IN WHEELIE BIN = (E) - (F) =  kg (R)

WHEELIE-BIN SERIAL NUMBER: WB  SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) =  kg (G)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (H)

WASTE MASS IN WHEELIE BIN = (G) - (H) =  kg (S)

WHEELIE-BIN SERIAL NUMBER: WB  SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) =  kg (I)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (J)

WASTE MASS IN WHEELIE BIN = (I) - (J) =  kg (T)

TOTAL WASTE MASS THIS SHEET = (P) + (Q) + (R) + (S) + (T) =  kg

**PREPARED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ *on behalf of Leratong Hospital*

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ *on behalf of Buhle Waste*

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ *on behalf of Enviroserv*



# HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. **B2**

FROM: **LERATONG HOSPITAL**

SYSTEM: **RE-USABLE BOXES**

DATE: / / 2003

CAGE TROLLEY SERIAL NUMBER: CT  SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) =  kg (A)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS:  boxes X 6.5 kg =  kg (B)

MASS OF EMPTY 50-Litre BOXES + LIDS:  boxes X 3.5 kg =  kg

TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) =  kg (W)

CAGE TROLLEY SERIAL NUMBER: CT  SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) =  kg (C)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS:  boxes X 6.5 kg =  kg (D)

MASS OF EMPTY 50-Litre BOXES + LIDS:  boxes X 3.5 kg =  kg

TOTAL WASTE MASS IN THIS TROLLEY = (C) - (D) =  kg (X)

CAGE TROLLEY SERIAL NUMBER: CT  SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) =  kg (E)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS:  boxes X 6.5 kg =  kg (F)

MASS OF EMPTY 50-Litre BOXES + LIDS:  boxes X 3.5 kg =  kg

TOTAL WASTE MASS IN THIS TROLLEY = (E) - (F) =  kg (Y)

CAGE TROLLEY SERIAL NUMBER: CT  SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) =  kg (G)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS:  boxes X 6.5 kg =  kg (H)

MASS OF EMPTY 50-Litre BOXES + LIDS:  boxes X 3.5 kg =  kg

TOTAL WASTE MASS IN THIS TROLLEY = (G) - (H) =  kg (Z)

TOTAL WASTE MASS THIS SHEET = (W) + (X) + (Y) + (Z) =  kg

PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ on behalf of Leratong Hospital

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ on behalf of Buhle Waste

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ on behalf of Enviroserv

# EQUIPMENT RETURNED RECORD

SHEET No. **R**

RETURNED TO:  
**LERATONG and ITIRELENG**

DATE:  
 / / 2003

										Totals
<b>CAGE TROLLEYS RETURNED:</b>										
SERIAL NUMBERS: CT										<input type="text"/>
<b>RE-USABLE BOXES RETURNED:</b>										
100-litre boxes: Serial numbers: L										<input type="text"/>
										<input type="text"/>
										<input type="text"/>
100-litre lids returned:	(total only)									<input type="text"/>
50-litre boxes: Serial numbers: S										<input type="text"/>
										<input type="text"/>
										<input type="text"/>
50-litre lids returned:	(total only)									<input type="text"/>
<b>WHEELIE-BINS RETURNED:</b>										
SERIAL NUMBERS: WB										<input type="text"/>

**PREPARED BY:** \_\_\_\_\_ *on behalf of Enviroserv*  
NAME DATE TIME SIGNATURE

**RECEIVED BY:** \_\_\_\_\_ *on behalf of Buhle Waste*  
NAME DATE TIME SIGNATURE

**RECEIVED BY:** \_\_\_\_\_ *on behalf of Leratong Hospital*  
NAME DATE TIME SIGNATURE

# HEALTH-CARE RISK WASTE COLLECTION OF SPECICANS

SHEET No.

S1/

FROM:

WARDS

TO:

MORTUARY

DATE:

/ / 2003

TIME OF COLLECTION:

h

Ward No.

\_\_\_\_\_

NO OF 15 LITRE SPECICANS DELIVERED FROM WARD

OTHER ITEMS OF ANATOMICAL WASTE

PREPARED BY:

NAME

SIGNATURE

DATE

on behalf of Leratong Hospital

ACCEPTED BY:

NAME

SIGNATURE

DATE

on behalf of Mortuary

# HEALTH-CARE RISK WASTE DESPATCH SPECICANS

SHEET No.

**S2/**

FROM:

**LERATONG and ITIRELENG**

TO:

**TRANSPORTER**

DATE:

**/ / 2003**

TIME OF COLLECTION:

**h**

Driver: \_\_\_\_\_

Other : \_\_\_\_\_

CT

WB

NO OF 10 LITRE SPECICANS FROM MORTUARY	<input type="text"/>			
MASS OF SPECICANS (as weighed on scale)	<input type="text"/>	} kg (G) kg (G)+(H) kg (H)	}	
NO OF OTHER ITEMS FROM MOTURARY	<input type="text"/>			
MASS OF OTHER ITEMS (as weighed on scale)	<input type="text"/>			
MASS OF EMPTY CAGE TROLLEY (if used)	<input type="text"/>			kg (I)
TOTAL MASS OF ANATOMICAL WASTE REMOVED =(G) + (H) - (I) =				<input style="border: 2px solid black; border-radius: 50%; width: 50px; height: 20px;" type="text"/>

**PREPARED BY:** \_\_\_\_\_ *NAME*      \_\_\_\_\_ *SIGNATURE*      \_\_\_\_\_ *DATE*      *on behalf of Leratong Hospital*

**ACCEPTED BY:** \_\_\_\_\_ *NAME*      \_\_\_\_\_ *SIGNATURE*      \_\_\_\_\_ *DATE*      *on behalf of Buhle Waste*

**RECEIVED BY:** \_\_\_\_\_ *NAME*      \_\_\_\_\_ *SIGNATURE*      \_\_\_\_\_ *DATE*      *on behalf of EnviroServ*

# HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. **B2**

FROM:

**LERATONG HOSPITAL**

SYSTEM:

**RE-USABLE BOXES**

DATE:

/ / 2003

**CAGE TROLLEY SERIAL NUMBER: CT**

100-litre boxes: Serial numbers: **L**

--	--	--	--	--	--	--	--

50-litre boxes: Serial numbers: **S**

--	--	--	--	--	--	--	--

**MASS OF CAGE TROLLEY + BOXES (as weighed on scale) =**  kg (A)

**MASS OF EMPTY CAGE TROLLEY =**

**MASS OF EMPTY 100-Litre BOXES + LIDS:**  boxes X 6.5 kg =  kg (B)

**MASS OF EMPTY 50-Litre BOXES + LIDS:**  boxes X 3.5 kg =

**TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) =**  kg (X)

**CAGE TROLLEY SERIAL NUMBER: CT**

100-litre boxes: Serial numbers: **L**

--	--	--	--	--	--	--	--

50-litre boxes: Serial numbers: **S**

--	--	--	--	--	--	--	--

**MASS OF CAGE TROLLEY + BOXES (as weighed on scale) =**  kg (C)

**MASS OF EMPTY CAGE TROLLEY =**

**MASS OF EMPTY 100-Litre BOXES + LIDS:**  boxes X 6.5 kg =  kg (D)

**MASS OF EMPTY 50-Litre BOXES + LIDS:**  boxes X 3.5 kg =

**TOTAL WASTE MASS IN THIS TROLLEY = (C) - (D) =**  kg (X)

**CAGE TROLLEY SERIAL NUMBER: CT**

100-litre boxes: Serial numbers: **L**

--	--	--	--	--	--	--	--

50-litre boxes: Serial numbers: **S**

--	--	--	--	--	--	--	--

**MASS OF CAGE TROLLEY + BOXES (as weighed on scale) =**  kg (E)

**MASS OF EMPTY CAGE TROLLEY =**

**MASS OF EMPTY 100-Litre BOXES + LIDS:**  boxes X 6.5 kg =  kg (F)

**MASS OF EMPTY 50-Litre BOXES + LIDS:**  boxes X 3.5 kg =

**TOTAL WASTE MASS IN THIS TROLLEY = (E) - (F) =**  kg (Z)

**TOTAL WASTE MASS THIS SHEET = (X) + (Y) + (Z) =**  kg

**PREPARED**

**BY:** \_\_\_\_\_ *on behalf of Leratong Hospital*  
NAME DATE TIME SIGNATURE

**RECEIVED**

**BY:** \_\_\_\_\_ *on behalf of Buhle Waste*  
NAME DATE TIME SIGNATURE

**RECEIVED**

**BY:** \_\_\_\_\_ *on behalf of Enviroserv*  
NAME DATE TIME SIGNATURE

**PILOT PROJECT - LERATONG HOSPITAL & ITIRELENG CLINIC**

Truck Reg.:

**TRANSPORT LOG SHEET: BUHLE WASTE**

Crew size: Driver +

SEQUENCE (1, 2, 3, 4, 5, 6)	ACTIVITY	DATE	TIME	QUANTITIES					Reference Document(s)	Waybill Number(s)	Recorder's name	COMMENTS (delays or problems experienced; part-loads due to truck being full, etc.)
				Cage Trolleys	Wheeled Bins	Cardboard Boxes	Specimens					
○	Arrive at Enviroserv											
	Unload HCRW containers							W/2	B/2			
	Load clean equipment							R	R			
	Leave Enviroserv											
○	Arrive at Itireleng Clinic											
	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Itireleng Clinic											
○	Arrive at Leratong Hosp.											
	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Leratong Hospital											
○	Arrive at Enviroserv											
	Unload HCRW containers							W/2	B/2			
	Load clean equipment							R	R			
	Leave Enviroserv											
○	Arrive at Itireleng Clinic											
	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Itireleng Clinic											
○	Arrive at Leratong Hosp.											
	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Leratong Hospital											

# HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. (Clinic) **B2**

FROM: **ITIRELENG CLINIC**

SYSTEM: **RE-USABLE BOXES**

DATE: / / 2003

**CAGE TROLLEY SERIAL NUMBER: CT**

100-litre boxes: Serial numbers: **L**

No.									Total
Kgs									kgs (a)

50-litre boxes: Serial numbers: **S**

No.									Total
Kgs									kgs. (b)
No.									Total
Kgs									kgs. (c)

**TOTAL MASS OF BOXES IN CAGE TROLLEY (as weighed on scale) (a) + (b) + (c) =**  **kg (A)**

MASS OF EMPTY 100-Litre BOXES + LIDS:  boxes X 6.5 kg =  kg (B)

MASS OF EMPTY 50-Litre BOXES + LIDS:  boxes X 3.5 kg =  kg (B)

**TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) =**  **kg (X)**

**CAGE TROLLEY SERIAL NUMBER: CT**

100-litre boxes: Serial numbers: **L**

No.									Total
Kgs									kgs (a)

50-litre boxes: Serial numbers: **S**

No.									Total
Kgs									kgs. (b)
No.									Total
Kgs									kgs. (c)

**TOTAL MASS OF BOXES IN CAGE TROLLEY (as weighed on scale) (a) + (b) + (c) =**  **kg (A)**

MASS OF EMPTY 100-Litre BOXES + LIDS:  boxes X 6.5 kg =  kg (B)

MASS OF EMPTY 50-Litre BOXES + LIDS:  boxes X 3.5 kg =  kg (B)

**TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) =**  **kg (Y)**

**TOTAL WASTE MASS THIS SHEET = (X) + (Y) =**  **kg**

**PREPARED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ on behalf of Leratong Hospital

**RECEIVED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ on behalf of Buhle Waste

**RECEIVED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ on behalf of Enviroserv

