

附註 Note:

1. 申領許可證是免費的。
Permit application is free of charge.
2. 除非出示有效的醫療廢物處置許可證，否則將不獲准許運送醫療廢物到堆填區內處置。
Delivery of clinical waste to landfills for disposal would not be allowed unless a valid Clinical Waste Disposal Permit is presented.

填妥表格後交回：
環境保護署總區辦事處
香港灣仔軒尼詩道130號修頓中心25樓
 Return completed form to:
 Territorial Control Office, EPD
 25/F Southorn Centre, 130 Hennessy Road,
 Wanchai, Hong Kong.
 電話/Tel.: 2835 1055

醫療廢物處置許可證申請表**環境保護署****ENVIRONMENTAL PROTECTION DEPARTMENT****APPLICATION FOR CLINICAL WASTE DISPOSAL PERMIT**

請閱附註。Read note on back page.

在適當的格內填上「✓」號。Please tick the appropriate box.

I 申請類別 APPLICATION TYPE

- 新申請 New application
 期滿換領新證, 前次許可證號碼 Renewal, Previous Permit No. : _____

內部使用
Official Use Only

II 申請人 APPLICANT

| | | |
|---|-------------------------------|------------------------------|
| 機構名稱 Name of Establishment | | |
| (中文) _____ (English) _____ | | |
| 地址 Address | | |
| (中文) _____ | | |
| (English) _____ | | |
| 商業登記證號碼 Business Registration Cert. No. _____ | 電話號碼 Tel. No. _____ | 傳真號碼 Fax No. _____ |
| 聯絡人 Contact Person: | 職位 Position: | 電郵 E-mail: |
| (中文) _____ *先生/女士 (English) _____ | _____ | _____ |

III 醫療廢物產生者 CLINICAL WASTE PRODUCER

請填表一。Please fill in table 1.

IV 醫療廢物 CLINICAL WASTE

| | |
|---|--|
| 醫療廢物類別 Clinical Waste Type | 每月總處理量 Total handling quantity/Month : |
| <input type="checkbox"/> 第 1 組：利器 Group 1: Sharps <input type="checkbox"/> 第 2 組：化驗所廢物 Group 2: Laboratory wastes <input type="checkbox"/> 動物組織 Animal tissues | _____ (公噸 tonnes) |
| <input type="checkbox"/> 第 4 組：傳染性物料 Group 4: Infectious materials <input type="checkbox"/> 第 5 組：敷料 Group 5: Dressings | |

V 廢物收集車輛 WASTE COLLECTION VEHICLE(S)

| | | | | | |
|---|--|--|--|--|--|
| 車輛登記號碼 Vehicle Registration No. | | | | | |
| 車輛類別 Vehicle Type | | | | | |
| 首次登記日期 Date of first registration | | | | | |

VI 合資格收集員工 ELIGIBLE WASTE HANDLER(S)

| | | | | | |
|--------------------------------|--|--|--|--|--|
| 中文姓名 Name in Chinese | | | | | |
| 英文姓名 Name in English | | | | | |
| 職位 Position | | | | | |

VII 許可證送達方式 DISPOSAL PERMIT DELIVERY

- 郵寄 Mail 自行領取 Collect in person 其他 Others _____

收集個人資料聲明**收集個人資料的目的**

1. 你在這份表格上提供的資料，環保署將用於下列一項或多項用途：
 - a. 與處理本表格申請事項有關的工作；
 - b. 有關環境法例的執行和執法；
 - c. 污染投訴調查；
 - d. 統計及其他法定用途；以及
 - e. 方便政府跟你聯絡。

2. 是否在本表格上提供個人資料，純屬自願性質。如果你不提供足夠的資料，本署未必可以處理你的申請。

獲轉交個人資料人士的類別

3. 你在本表格上提供的個人資料，本署可向下列人士披露：
 - a. 索取該等資料以作上文第 1 段用途的其他政府決策局及部門；以及
 - b. 按有關法例獲准的其他人士。

查閱個人資料

4. 根據個人資料(私隱)條例第 18 條及第 22 條及附表 1 第 6 原則的規定，你有權查閱和更改個人資料。你查閱個人資料的權利，包括取得在這份表格上提供的個人資料副本。

查詢

5. 如欲查詢經本表格填報的個人資料，包括查閱和更改個人資料，可去信：
 香港灣仔告士打道 5 號稅務大樓 33 樓
 高級環境保護主任(知識管理)
 電話：2838 3111
 傳真：2838 3111

Personal Information Collection Statement**Purpose of Collection**

1. The personal data provided by means of this form will be used by Environmental Protection Department for one or more of the following purposes:
 - a. activities relating to the processing of your submission in this form;
 - b. administration and enforcement of relevant environmental legislation;
 - c. pollution complaint investigations;
 - d. statistical and any other legitimate purposes; and
 - e. to facilitate communications between Government and yourself.
2. The provision of personal data by means of this form is voluntary. If you do not provide sufficient information, we may not be able to process your application.

Classes of Transferees

3. The personal data you provided by means of this form may be disclosed to:
 - a. other government bureaux and departments, and any other organisations for the purposes mentioned in paragraph 1 above, and
 - b. other persons as permitted by the relevant legislation.

Access to Personal Data

4. You have a right of access and correction with respect to personal data as provided for in section 18 and 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.

Enquiries

5. Enquiries concerning the personal data collected by means of this form, including the making of access and corrections, should be addressed to:
 Senior Environmental Protection Officer (Knowledge Management)
 33/F, Revenue Tower,
 5 Gloucester Road,
 Wanchai, Hong Kong
 Tel: 2838 3111
 Fax: 2838 3111

 ()
 授權簽署及姓名 Authorized Signature and Name 職位 Position 公司印鑑 Company Chop 日期 Date

| 機構分類對照表 Legend for Establishment Category | | 內部使用 Official Use Only |
|---|---|------------------------|
| 代號 Code | 機構分類 Establishment Category | |
| A | 醫院 Hospitals | |
| B | 醫科/牙科診所(衛生署/醫管局) Medical/dental clinics (DoH/HA) | |
| C | 醫療化驗所 Medical laboratories | |
| D | 私營醫科/牙科診所 Private medical/dental clinics | |
| E | 獸醫診所 Veterinary clinics | |
| F | 護養院(包括洗腎中心) Nursing homes (including dialysis centre) | |
| G | 安老院 Elderly homes | |
| H | 中醫館 Chinese medical clinics | |
| I | 教學機構 Academic institutions | |
| J | 其他 Other (請在格內註明 please state in the box) | |

| 醫療廢物產生者詳情 DETAILS OF CLINICAL WASTE PRODUCER | | | | | 機構分類 (參閱上述「機構分類對照表」填上代號) Establishment Category (Refer to the "Legend for Establishment Category" and fill in the Code) | 醫療廢物類別 Clinical Waste Type 在適當的方格內加上'✓'。 Put a '✓' in the box where appropriate. | | | | | 每月廢物產量 (公斤) Monthly Waste Quantity (kg) |
|---|---------------|-----------------------|----------------|----------------|--|---|---------------------------|------------------------|-------------------------------|-----------------|---|
| 機構名稱 Name of Establishment | 地址 Address | 聯絡人 Contact Person | 電話 Tel. No. | 傳真機 Fax No. | | 利器 Sharps | 化驗所廢物 Laboratory waste | 動物組織 Animal tissues | 傳染性物料 Infectious materials | 敷料 Dressings | |
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如有需要，請自行影印本表格。 Please photocopy this form, if necessary.