

Clinical Waste Producer Premises Code Request Form

Regional Office East	(Wong Tai Sin, Kwun Tong, Sai Kung & Kowloon City)	Fax: 2756 8588	Tel: 2755 5518
	(Yau Tsim Mong)	Fax: 2402 8272	Tel: 2402 5200
Regional Office South	(Hong Kong Island & Islands District)	Fax: 2960 1760	Tel: 2516 1718
Regional Office West	(North Lantau, Tuen Mun, Tsuen Wan, Kwai Tsing & Sham Shui Po)	Fax: 2411 3073	Tel: 2417 6116
Regional Office North	(Yuen Long, Shatin, Tai Po & North District)	Fax: 2685 1133	Tel: 2158 5757

I. DETAILS OF CLINICAL WASTE PRODUCER

Producer Name

(CHI) _____ (ENG) _____

Contact Person

Position

(CHI) _____ (ENG) _____

Tel No.

Fax No.

BRC No. /HKID No. (For application made by an individual only)

(Please provide copy)

Correspondence Address (ENG)

II. APPLICATION TYPE (Pick 1 application type out of 3) (Put a ✓ in the box where appropriate)

<input type="checkbox"/> New Request / Loss of Premises Code (Delete as appropriate)	a. Address of Premises (ENG) _____
	b. Type of Business: (Tick ONE only) <input type="checkbox"/> Public Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Public Clinic <input type="checkbox"/> Private Clinic <input type="checkbox"/> Public Dental Clinic <input type="checkbox"/> Private Dental Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Private Medical Laboratory <input type="checkbox"/> Chinese Medicine Practitioner <input type="checkbox"/> Pharmacological/ Medical Research Laboratory <input type="checkbox"/> Veterinary Clinic <input type="checkbox"/> Government Laboratory <input type="checkbox"/> Mortuary <input type="checkbox"/> Medical Beauty <input type="checkbox"/> Others, please specify: _____
<input type="checkbox"/> Change in particulars Removal / Change in Producer Name (Delete as appropriate)	a. Current Premises Code: PC___ / R___ / _____ b. Address of current Premises Code (ENG) _____
	Change Details: (Please complete the relevant section and indicate whether to retain current Premises Code) <input type="checkbox"/> Part I : Change in Producer Address New Address of Premises _____ <input type="checkbox"/> Part II: Change in Business/Producer Name New Name _____
	c. Cancel or Retain of current Premises Code#: <input type="checkbox"/> Cancel <input type="checkbox"/> Retain Reason(s) for retaining Premises Code: _____ Cancellation effective date _____
<input type="checkbox"/> Cancel Premises code	a. Cancellation of Premises Code# PC___ / R___ / _____ Cancellation effective date: _____
	b. Reason for cancellation of Premises Code Please specify: _____

Once the Premises Code is cancelled, it cannot be used for the clinical waste disposal arrangement in future.

III. Declaration

I hereby certify that the particulars given above are correct and true to the best of my knowledge and belief.

Signature : _____

Person Signing : _____

Position : _____

Company Chop: _____

Date: _____

Explanatory Note

I. DETAILS OF CLINICAL WASTE PRODUCER

Producer Name

State the name of the premises where the clinical waste is generated, e.g. Dr. ABC Clinic.

Business Registration Number / HKID Number

Provide the 8-digit Business Registration Number and the 3-digit Branch No. if the applicant is a company, e.g. "12345678 – 123".

Provide the full HKID number if the application is made by an individual e.g. "A123456(7)".

Correspondence and Premises Addresses

"Correspondence address" is for contact purpose. "Premises address" is the location where the clinical waste is generated. Address should be filled as: "Flat/Room/Shop No., Floor No., Block No., Building Name, Estate/ Village Name, Street Name, Street No., District, Region"

The submitted BRC/HKID copy and address proof should be endorsed by signature or company chop. Applicants requesting for cancellation should submit the existing Premises Code letter for reference.

II. APPLICATION TYPE

Select only one of the 3 types of requests on the left side of the form. The Premises Code is a unique number that identifies the premises that produces clinical waste based on the name and operating address. If the company moves to a new address or changes the name, you will need a new Premises Code and cancel the code that will no longer be used. After selecting a request, you should fill in the information on the right, e.g. for "new request", fill in "address of premises" and "type of business". For "change in particulars, removal/change in Producer name", fill in the current Premises Code, update information and indicate whether to cancel or to retain that Premises Code. If you wish to inform us of change in phone no., fax no. or contact person, please contact us directly.

Cancellation Effective Date

This will be the day the Premises Code is no longer valid. The proposed date should be within 1 month from the date of submitting the form.

III. Declaration

Where the applicant is an individual (not a company), the proprietor must sign and date the application. For a limited company, the application should be signed by the authorized signatory and completed with a company stamp.

After obtaining a Premises Code, you should engage the service of a licensed clinical waste collector to collect your clinical waste. For further information, please visit <http://www.epd.gov.hk/epd/clinicalwaste> and <http://epic.epd.gov.hk/EPICDI/clinicalwaste/list/>

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) 40/F, Revenue Tower, 5 Gloucester Road, Wanchai, Hong Kong
Tel: 2838 3111 Fax: 2838 3111