

Request Form for Clinical Waste Trip Tickets

Please fax the following documents to any ONE of Customer Service Counters of Environmental Protection Department (EPD):

1. This form, fully completed; and
2. Copy of your Premises Code card

Please RETAIN this Request Form after facsimile to EPD and bring it along to collect trip tickets.

To: EPD Customer Service Counter (Tick the one for collection of your trip tickets)

<input type="checkbox"/> Head Office, EPD 33/F., Revenue Tower, 5 Gloucester Road, Wanchai, Hong Kong (Tel: 2824 3773 Fax: 2827 8040)	<input type="checkbox"/> Regional Office (East), EPD 5th floor, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon (Tel: 2755 5518 Fax: 2756 8588)	<input type="checkbox"/> Regional Office (East), EPD 8th floor, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon (Tel: 2402 5200 Fax: 2402 8272)
<input type="checkbox"/> Regional Office (South), EPD 2nd floor, Chinachem Exchange Square, 1 Hoi Wan Street, Quarry Bay, Hong Kong (Tel: 2516 1718 Fax: 2960 1760)	<input type="checkbox"/> Regional Office (West), EPD 8th floor, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, New Territories (Tel: 2417 6116 Fax: 2411 3073)	<input type="checkbox"/> Regional Office (North), EPD 10th floor, Shatin Government Offices, No.1 Sheung Wo Che Road, Sha Tin, New Territories (Tel: 2158 5757 Fax: 2685 1133)

1 Name of Clinical Waste Producer _____

2 Premises Code (14 digits) _____

3 Healthcare Professional delivering waste (*Choose one)
 Medical Practitioner / Registered Nurse / Enrolled Nurse
 / Dentist / Veterinary Surgeon / Registered or Listed
 Chinese Medicine Practitioner* _____

4 Contact (Telephone Number) _____

5 Preferred date and time for collection of blank trip tickets (minimum
 3 working days after written request) _____

6 Name of person to pick up the blank trip tickets _____

 (Signature of Person-in-Charge with Company Chop)

 (Name of Person-in-Charge)

Note:

1. Normally **10 sets** of blank trip tickets will be issued for one request.
2. The preferred date and time for collection of trip tickets will be for admin reference only and will carry no implications nor commitment to distribute. EPD will verify the request and contact the Clinical Waste Producer as soon as possible.

Official Use

Staff in charge Name _____ Post (_____)

Contact tel. _____

Status of the request _____
 Accept / Reject / Refer to TCO (Choose one)

Actual number of trip tickets to be issued (where appropriate) _____