

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 (Mandatory fields)

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)

Email Address

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

<p>Type I:</p> <p><input type="checkbox"/></p> <p>New Request</p> <p><input type="checkbox"/></p> <p>Loss of Premises Code</p>	<p>a. Address of Premises (ENG) _____</p> <p>b. Type of Business: (Tick ONE only)</p> <p> <input type="checkbox"/> Private Hospital <input type="checkbox"/> Private Clinic <input type="checkbox"/> Chinese Medicine Practitioner <input type="checkbox"/> Private Dental Clinic <input type="checkbox"/> Veterinary Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Medical Beauty Centre <input type="checkbox"/> Private Medical Testing Laboratory <input type="checkbox"/> Pharmacological/ Medical Research Laboratory <input type="checkbox"/> Public Hospital <input type="checkbox"/> Public Clinic <input type="checkbox"/> Public Dental Clinic <input type="checkbox"/> Government's Laboratory <input type="checkbox"/> Mortuary <input type="checkbox"/> Other Gov Dept <input type="checkbox"/> Others, please specify: _____ </p>
<p>Type II:</p> <p><input type="checkbox"/></p> <p>Change in Particulars</p>	<p>a. Change Details: (Can choose more than ONE option)</p> <p><input type="checkbox"/> New Address of Premises (ENG) _____</p> <p><input type="checkbox"/> New Business/Producer Name _____</p> <p>b. A new Premises Code will be issued when the address of premises or producer name is changed. Your current Premises Code# will be cancelled accordingly.</p> <p>Cancel Current Premises Code PC ___ / R ___ / _____ Cancellation effective date: _____</p> <p>Address of Current Premises Code (ENG): _____</p>
<p>Type III:</p> <p><input type="checkbox"/></p> <p>Cancel Premises Code</p>	<p>a. Cancellation of Premises Code#</p> <p>PC ___ / R ___ / _____ Cancellation effective date: _____</p> <p>b. Reason for cancellation of Premises Code</p> <p> <input type="checkbox"/> Ceased business <input type="checkbox"/> No longer generate clinical waste <input type="checkbox"/> Others, please specify: _____ </p>

#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. For those who receive a new Premises Code, a smart card for the "Clinical Waste Electronic Consignment System" will be issued separately.

Type I: If the company requests a new Premises Code or loses Premises Code, you should fill in "address of premises" and "type of business".

Type II: If the company moves to a new address or changes the producer name, you should cancel the current Premises Code and a new Premises Code will be issued. If you wish to change the phone no., fax no. or contact person, please contact relevant EPD Regional Office directly.

Type III: If the company cancels the Premises Code directly, please state the Premises Code and reason for cancellation for record purpose.

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 <https://www.epd.gov.hk/epd/clinicalwaste/en/index.html> 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)

Rm2215, 22/F, Tower 2, Grand Central Plaza, 138 Shatin Rural Committee Road, Shatin, New Territories

For details, please call EPD hotline at 2838 3111.