

Controlled ACM Disposal Note	<>
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Description of ACM Waste

Description of ACM Waste	Quantity:

Location of ACM Waste

Name of Premises:	
Address of Premises:	
<Town>	<Post Code>
Internal Room Description:	

Details of Disposal

Due Date of Collection:	
Name of Proposed Location of Disposal Site:	
Address:	
<Town>	

Controls

1. Is the ACM Waste Collector the same person as the one who collected the waste?	
2. If Yes , was a Permit issued and signed?	
3. Has Asbestos Waste been double bagged?	
4. Has Asbestos Waste been labelled with the word Asbestos before transport?	
5. If answers 3 to 5 are negative please ensure that the waste is double bagged and labelled prior to disposal.	

Name of Company Employee:	
Signature:	
Date:	