

MOGEELY PIG FARM

APPENDIX 14

CONTRACT FOR DISPOSAL OF  
VETERINARY WASTE

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Consent of copyright owner required for any other use.*

# Service Agreement

(Incorporating Initial Medical Services (Ireland) Limited Terms & Conditions as currently published)

Annual service / Job Number: \_\_\_\_\_

Date: 14/12/12



Medical

Hazel House,  
Millennium Park  
Naas,  
Co Kildare  
Registered Number: 286823

# Customer Premises Details

Duty of Care Risk Assessment



Medical

Hazel House,  
Millennium Park  
Naas,  
Co Kildare  
Registered Number: 286823

Initial

SERVICE DETAILS	
<b>The Producer (Customer Office)</b>	<b>Customer Premises</b>
Company Name: <u>Eoin O'Brien</u>	Contact Name: <u>Eoin O'Brien</u>
<u>Ballyntubber, Carrigrohilly</u>	<u>Annistown, Wiggally</u> STC
<u>Co. Cork.</u>	<u>Moore park, Kilworth</u>
Postcode:	Postcode:
Tel: <u>021-4883134</u>	Tel: <u>021-4883134</u>
Fax or Email:	Fax or Email:

Service Description and Unit Type	EWG Code	Size	Containers / Packaging	Maximum Quantity	Special / Hazardous Waste	Price	Service Frequency
<u>Sharps</u>	<u>180103</u>	<u>2ltr</u>				<u>€25 per Unit</u>	<u>B1-Annual</u>
<u>WTP - (legal document)</u>						<u>€10.00</u>	

The Contractor - Initial Medical Services (Ireland) Limited, whose office is at Hazel House, Millennium Park, Naas, Co. Kildare. Permitted under Waste Collection Permit registered number WCP/KK/09/507/01.

### CONTRACT AGREEMENT - At the Service Address(es) above/attached

Invoicing Details: As Producer  LTD. Co: Yes / No  Annual Service  JOB  Invoice Frequency: (Please tick)

as above.

Direct Debit  Annual Invoicing will be free.

Order Number: \_\_\_\_\_  Monthly will attract admin fee.

Postcode: \_\_\_\_\_ Tel. No: \_\_\_\_\_  Quarterly will attract admin fee.

"Annual Services" means the provision of the regular services identified above for a minimum period of three years. "Job" means the carrying out of the particular job or jobs identified above. The Services will be provided/Job will be undertaken at the service address above/attached.

The Customer agrees to pay £ \_\_\_\_\_ + VAT (per annum/for the Job). Unless the Customer is paying by direct debit all payments are to be made to Initial Medical Services (Ireland) Limited, Hazel House, Millennium Park, Naas, Co Kildare

SIGNED FOR CUSTOMER: \_\_\_\_\_ SIGNED FOR RENTOICIL INITIAL UK LTD. \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

### FOR OFFICE USE ONLY

Account Number:	Processed Date:	Existing: Yes / No	Consultant Number:
Processed by:	Commencement Date:	Re-sign: Yes / No	Customer Type:
Customer:			Visit Code:

CUSTOMER PREMISES	SERVICE INSTRUCTIONS
Contact Name:	Service Instructions:
Address:	Access Times:
Postcode:	Products Installed: Yes / No
Telephone:	
Contract / Job Number:	

### RISK ASSESSMENT

Hazards	Comments/Information on Hazard & Risk Reduction	Risk High Med Low
Access <i>Are there any obstructions?</i>		
Floor Surfaces <i>ie: Uneven, gradients or drops (Include car park).</i>		
Lighting <i>Are any areas poorly lit? (Exits etc.)</i>		
Staircases / Lifts <i>How many flights? Can we use a lift?</i>		
Parking <i>Are there any instructions the driver should know? ie: Park only on the main road etc.</i>		
Contamination Risks <i>Note if the driver is likely to come into contact with any. Eg. Chemicals</i>		
Other Identified Risks <i>ie: Lack of Fire Fighting Equipment, First Aid Facilities etc.</i>		
Personal Protective Equipment <i>Note if standard PPE is adequate or if additional equipment is needed.</i>	Standard <i>Safety boots Gloves (Turtleskin) Disposable apron Uniform (as issued) Safety Goggles Yes / No</i>	Additional
Site Specific Instruction <i>Any details specific to this site?</i>		
Customer Signature	Assessor Signature	Date

### FOR OFFICE USE ONLY

Processed Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

Distribute To: 1st - White to Service 2nd - Pink to Branch 3rd - Yellow to Client