

APPENDIX NO. 15

VETERINARY WASTE DISPOSAL CONTRACT

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Service Agreement

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



Medical

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

Annual service / Job Number: _____

Date: 14/12/12

Customer Premises Details

Duty of Care Risk Assessment



Medical

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

Initial

SERVICE DETAILS

The Producer (Customer Office)		Customer Premises	
Company Name: <u>Eoin O'Brien</u>	Contact Name: <u>Eoin O'Brien</u>		
<u>Ballinabbar, Carraghobill</u>	<u>Annistown, Wogeely</u> str		
<u>Co. Cork.</u>	<u>Moorepark, Kilworth</u>	Additional Premises Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postcode:	Postcode:		
Tel: <u>021-4883134</u>	Tel: <u>021-4883134</u>		
Fax or Email:	Fax or Email:		

Service Description and Unit Type	EWC 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>Bi-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/DL

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

Invoicing Details: As Producer <input type="checkbox"/> LTD. Co: Yes / No	<input type="checkbox"/> Annual Service <input type="checkbox"/> JOB	Invoice Frequency: (Please tick)
<u>as above</u>	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Annual Invoicing will be free.
Postcode: _____ Tel. No: _____	Order Number: _____	<input type="checkbox"/> Monthly will attract admin fee.
		<input type="checkbox"/> 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 RENTOICL INITIAL UK LTD.
Print Name: _____	Print Name: _____
Position: _____	Position: _____

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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: Are there any obstructions?		
Floor Surfaces: Are they uneven, gradient or drops (include car park).		
Lighting: Are any areas poorly lit? (Stairs etc.)		
Staircases / Lifts: How many flights? Can we use a lift?		
Parking: Are there any instructions the driver should know? (e.g. Park only on the main road etc.)		
Contamination Risks: Note if the driver is likely to come into contact with any, e.g. Chemicals		
Other Identified Risks: Is: Lack of Fire Fighting Equipment, First Aid facilities etc.		
Personal Protective Equipment: Note if standard PPE is adequate or if additional equipment is needed.	Standard Safety boots Gloves (Turdskin) Disposable apron Uniform (as issued) Safety Goggles Yes / No	Additional
Site Specific Instruction: Any details specific to this site?		
Customer Signature	Assessor Signature	Date

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