

Please return this form to Grundon Waste Management Ltd
Sales Department by email: sales.banbury@grundon.com

1.	Customer Name:				
2.	Type of Premises: (e.g., office, school, care home)				
3.	Site Address:				
4.	Location of container on site? (ideally including what3words)				
5.	If the containers do not belong to Grundon, whose are they?				
6.	What are your opening hours for waste collection?	From:		To:	
7.	Are there any time restrictions for accessing the collection point? <i>If YES, please state below.</i>	YES	☐	NO	☐
8.	Do we need to be provided with a key or a code to access the site? <i>If YES, please state below.</i>	YES	☐	NO	☐
9.	Will an induction be required for our driver on the site?	YES	☐	NO	☐
10.	Is there a Banksman or Traffic Marshall on site that will direct our vehicle?	YES	☐	NO	☐
11.	Is there suitable access to your premises for standard lorry (similar to a fire engine), including parking and manoeuvring?	YES	☐	NO	☐
12.	In order to access the site, collect the waste and leave the site, will the Grundon vehicle need to carry out reversing manoeuvres? <i>If YES, please state below.</i>	YES	☐	NO	☐
13.	Are there any overhead obstructions on site that the driver needs to be aware of, such as canopies, cables, pipework, or bridges? <i>If YES, please state below.</i>	YES	☐	NO	☐
14.	While our vehicle is on site will they be in close proximity to any pedestrians? <i>If Yes, please provide details:</i>	YES	☐	NO	☐
15.	Will the route between the lorry and the waste be even and clear of any obstructions and slip/trip hazards?	YES	☐	NO	☐
<i>If you have answered NO, please mark "X" in any of the boxes below if they may be a potential hazard:</i>					
☐ Sloping ground		☐ Potholes			
☐ Uneven/loose material – i.e., gravel		☐ Raised obstructions, i.e., kerbs or steps			
☐ Other (please specify)					

Assessment Completed By: (Please print name)		Date:	
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TRANSPORT OFFICE REVIEW:				
Are boxes 9-15 marked as YES or UNSURE?	Yes	☐	No	☐
	<i>If YES, please pass to manager for further review</i>			Date Passed:
Reviewed by: (Please print name)				Date: