

Environmental Check List

WASTE MANAGEMENT

BBA-CKL-1000-1400-014A

Revision	Date	Revision Description	Prepared	Reviewed	Approved
A0	27 April 2007	Draft for BBA review	IW		
A1	9 May 2007	Draft for DTAE review	IW		
B0	31 Oct 2007	Issued for DTAE approval	IW	JD	JC

Operational Control Tables

Table OCO 14.1 Waste Management

Location (Chainage/ Description):		Date of checklist report:	
<i>Check daily, record any non-conformance by date, report weekly</i>			Date
Controls		Non-conformance details	
1. Work site clean and tidy, no litter			
2. Designated clearly identified areas for separate storage of various waste types, used accordingly.			
3. Recycling bins clearly labelled in accessible areas			
4. Waste Register maintained			
5. Portable toilet facilities present			
6. Sewage and putrescible waste collected by licensed waste contractor			
7. Hazardous waste managed by a licensed contractor			
8. Non-recyclable/non-reuseable construction waste disposed of to pulp mill's dedicated construction waste landfill cell			
Verification (Audit):		Comments (each location):	
Frequency – For construction periods less than 1 month inspect weekly For construction periods between 1 and 3 months inspect fortnightly			

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For construction periods greater than 3 months inspect monthly		
1. Site inspection confirms presence of clearly identified recycling bins.		
2. All employees completed induction, quiz 20% of employees on knowledge pertaining to waste management.		
3. Check licences of sewage, putrescible and hazardous waste collection services - currency		
4. Check waste recycling records		
Verification (Environmental Outcomes):		
Comments (each location):		
A. Application of waste hierarchy		
B. Contaminated waste appropriately managed		
C. Hazardous waste to appropriately licensed landfill		
D. Unreusable/unrecyclable inert construction waste to purpose-built onsite landfill cell		
E. Putrescible waste to municipal landfill		
Continuous Improvement:		
Assessed by:		
Non-Conformance Raised by:	Name:	
Issue:		
Date:	Date:	
Corrective Action:	Action:	
Improvement Opportunity Raised by:		
Issue:		
Date:	Report to:	
Improvement:		

If insufficient space, use number reference and add comment to back of form.