



HEIDELBERGCEMENT Group

## MATERIAL ASSESSMENT QUESTIONNAIRE

Company Name:		Sales Contact:	
Full Address:		Tel:	Fax:
		Technical Contact:	
		Tel:	Fax:
		Transport Contact:	
Description of Material Supplied:		Quantity:	
		Input Unit (Disposal):	
		Output Unit (Toll):	
		Annual Tonnage:	
Component:	Concentration:	Frequency:	
		Physical State:	
		Originating Process:	
		Waste Classification Code:	
		Recycle:	Specification Supplied:
		SLF:	Incineration: Broker:
		Residue Route:	
		HC/EtOH:	Duty Payable/Susp.
		Customs & Excise Licence No.	
		New Customer:	New Stream:
<b>Client's Declaration of Hazardous Constituents</b>			
Active Agrochemicals:		Active Pharmaceuticals:	Nitrogen Compounds:
Biologically Active Materials:		Cyanide Components:	Halogenated Compounds:
Potentially Reactive Materials:		Radioactive Materials:	Phenols/Styrene/Amines:
POPs/PCBs/Dioxins/Furans:		Sulphur Compounds:	Toxic Metals (specify Below):
Silicon Compounds			
Additional Information:			
Specification:			
Company Description/Code:			
Colour:		Current Disposal Route:	
Odour:		Preferred Option:	
Date Received:		Sample Provided:	
Hazard Classification:		MSDS Provided:	
Customer's Signature:		Date:	

\*If New Customer and/or New Stream, Transport Document and Customer Application Form to be completed.