

DUBBO HEALTH SERVICE REDEVELOPMENT STAGES 3 & 4 WASTE MANAGEMENT PLAN

9 DECEMBER 2016 | REVISION 04



DOCUMENT ADMINISTRATION

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Document Control

Prepared by: Winsome Fox Date: 9 12 2016
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1.0 Introduction

1.1 Dubbo Health Service Redevelopment – Stage 3 & 4

The Dubbo Health Service (DHS) Redevelopment Stages 3&4 will provide a combination of new build and refurbished facilities for the highest priority clinical services, Stage 4 works comprise of:

- Site preparation works
 - Demolition of George Hatch and Existing Nurses Administration
 - Demolition of existing Surgical Ward ('S Block)
 - New Construction – Temporary Corridor Bypass Link
 - New Construction – 1 x permanent corridor bypass link south

- A new 3-storey clinical building comprising:
 - Ground Level
 - Medical Imaging
 - Emergency Department, including Short Stay Unit
 - A refurbished and expanded Main Entry

 - Level 1
 - Renal Dialysis Unit
 - Ambulatory Care Services

 - Level 2
 - 20 bed CCU/ Cardiovascular/ Stroke Unit
 - 12 bed ICU
 - Cardiovascular Suite

 - Level 3 – Plant Area

- Other associated works
 - Expansion of on grade car parking facilities and improved access and wayfinding.
 - Dedicated ambulance access off Myall Street
 - Amendments to the Cobbora Road roundabout to facilitate entry to the Hospital
 - Demolition of Playmates/Doctors Accommodation
 - Demolition of external component of existing Ambulatory Care Unit
 - Landscaping including tree removal and other public domain works
 - Upgrades of related engineering services infrastructure supporting Stages 4.
 - Refurbishment of the two ICU ensuites within the medical inpatient ward (G-ward).



Figure 1 Aerial photo – Dubbo Hospital campus (November 2015)

1.2 Secretary's Environmental Assessment Requirements (SEAR's)

The Environmental Impact Statement (EIS) must be prepared in accordance with and meet the minimum Requirements of clauses 6 and 7 of Schedule 2 *Environmental Planning and Assessment Regulation 2000*

Section 17 of the SEAR's outlines the requirement for the EIS to address the Waste:

- *Identify, quantify and classify the likely waste streams to be generated during demolition (e.g. asbestos), construction and operation and describe the measure to be implemented to manage, re-use, recycle and safely dispose of this waste.*
- *Identify appropriate servicing arrangements (including but not limited to, waste management, loading zones, mechanical plant) for the site.*

1.3 Purpose of this Report

The purpose of this report is to address the SEAR's as follows:

- Details of waste generated during ongoing operation; and expected increase of waste once the project is completed.
- A description of measures to be implemented to handle waste during ongoing use.
- Preliminary Construction Waste Management procedures and assessment

2.0 Waste Generated During Operation

2.1 Waste Estimation

Table 1 below shows the number of new beds and treatment spaces planned in the Dubbo Health Service Redevelopment Stages 3 and 4, which was developed using the Project 'Bed Table Summary'. Refer **Appendix A**.

Category	Bed Numbers/ Treatment Spaces		
	Current	Proposed	Variance
Overnight	156	200	44 (+22%)
Day Only	15	21	6 (+28%)
Ambulatory	43	68	25 (+36%)
Other (Emergency, Medical Imaging, Transit Lounge)	22	34	12 (+35%)
Total	236	323	87 (+ 27%)

Table 1 – Number of New Beds and Treatment Spaces proposed in Redevelopment

The activities to be undertaken in the new development are similar to those already undertaken within other parts of the hospital and the types of waste produced by the new development are expected to be similar to existing waste.

2.2 Current Waste Quantities - Total

The amount of waste currently generated by the hospital has been estimated, based on information provided by the Hospital and referencing previous Waste Management Plans developed as part of Stages 1 and 2 works. Based on these figures, the increase in number of beds/treatment spaces has been calculated and can be added to the 'current waste quantities' to produce an estimate of the extra waste to be generated by the redevelopment.

Table 2 below shows the approximate amount of general waste currently generated weekly at the DHS. Refer to **Appendix B**.

Type of Waste Origin	Total Waste per week (Avg)
Cytotoxic/Clinical	775
General	6,328
Recyclable	835
Total	7,938

Table 2 – Average Current General Waste Quantities

2.3 Projected Waste Quantities

Table 3 shows the volumes of general waste, recyclable waste and clinical waste currently generated by Dubbo Health Service (DHS). The table also identifies estimates of additional waste of each type to be generated by the Redevelopment, based on the number of new beds / treatment spaces identified in Table 1.

The estimates for additional waste were generated by calculating the per bed/ treatment space waste currently produced by DHS and multiplying this figure by the number of additional beds/ treatment spaces provided in the Redevelopment.

Waste Type	Total Waste Per Week (kg)		
	Current	Increased Bed/Treatment Space 27%	Estimated Total
General Waste	6,328	1708	8,036
Recyclable Waste	835	225	1,060
Clinical/Cytotoxic Waste	775	209	984
Total	7,938	2,143	10,081

Table 3 – Estimated Projected Waste Quantities

3.0 Proposed Waste Handling Methods

3.1 Current Waste Handling Methods

DHS's current Waste Management Strategy is governed by the Waste Management for Health Care Facilities policy, WN_PD2016_017. This document is in turn based on the *Waste Management Guidelines for Health Care Facilities* (document ref. PD2005_132).

The current location of waste storage points is shown in **Appendix C**. There are two waste storage areas on site where waste is transported to for pick-up by the appropriate contractor, as well as a green waste storage area. All waste handling procedures conform to the relevant Infection Control Standard, National Code of Practice or Occupational Exposure Management Standard.

Waste Management is a standing agenda item on the Work Health and Safety Meeting held monthly at Dubbo Hospital which includes manual handling and transportation of waste reporting. Regular auditing of waste management procedures is carried out in order to confirm that approved waste handling methods are used and that waste is being correctly classified and segregated. The existing waste facilities are shown in Appendix 1.

3.2 General Waste

General waste collection occurs daily Monday to Friday. Waste is collected throughout the facility by support services staff and deposited at the central collection point in the lockable waste compound. The facility has a general rubbish skip which is used for larger items and emptied as requested.

Confidential paper bins for document shredding are provided by a contracted secure waste service. These bins are collected by the confidential paper shredding service contractor and shredding occurs off-site. These bins are located in each individual area so as to ensure confidentiality of contents.

The general waste storage area is located behind the stores building, in the same location as the clinical waste storage area. Figure 2 and 3 below depict the general waste storage area.



Figure 2 and 3 – General Waste Storage Area

3.3 Recyclable Waste

Although recycling at Dubbo Hospital has tripled since 2012, there is still the ability for significant improvements. Future planning will include the provision of recycling bins and disposal rooms to facilitate waste segregation on-site at the point of receipt, for example inpatient units, critical care sites and centrally for collection by contractors, Council and others. Figure 4 identifies the recycling waste storage point.



Figure 4 – Recyclable Waste Storage Point

3.4 Clinical Waste

Clinical waste is stored in a secure area compliant with Australian Standards. The bins are proprietary and are locked by support services staff for collection and total system management by the contractor.

The clinical waste storage point is currently located behind the stores building with the general waste storage point. There is a refrigerated shipping container which is used to store human tissue.

The clinical waste secure storage container is depicted in figure 5 and 6 below:



Figure 5 and 6 – Clinical Waste Storage Container – refrigerated compartment

3.5 Existing Hospital Builders' Waste

Existing Hospital Builders' waste is stored on site as illustrated in *Figure 4 and 5*. Scrap metal is stored next to a large bin for general builders' waste. The asbestos bin is secured with a lockable lid located in the lockable Waste compound. *Refer Figure 7*

All asbestos removal work should be carried out in accordance with the following requirements:

- WorkCover NSW and the National Occupational Health and Safety Commission (NOHSC) Code of Practice for the Safe Removal of Asbestos 2nd Edition [NOHSC:2002(2005)]
- Code of Practice for Asbestos Work (Excluding Removal)
- Australian Standards
 - AS1716, AS1715 Respirators for Asbestos Work
 - AS1319 Safety Signs for the Occupational Environment
 - AS3544 Industrial Vacuum Cleaners for Particulates Hazardous to Health
 - AS 1324 High Efficiency Particulate Air (HEPA)

< Figure 7 and 8 >

Builders' Waste Storage Point



Figure 9 - Asbestos Waste Storage Point >



3.6 Green Waste

Green waste is currently stored in the gardener's area, which is identified in Appendix 1. Figure 7 below shows the gardener's area where green waste is stored. Composting of green waste is undertaken on site in the area depicted by Figure 5.

It is anticipated that the Redevelopment will not significantly impact on the level of green waste produced on site. The current green waste management strategy will be adequate for the hospital's future requirements.



Figure 10 – Green Waste Storage Area

4.0 Preliminary Construction Waste Management Plan

4.1 Waste Management Principles

The Waste Avoidance and Resource Recovery Act 2001 (WARR Act) establishes the waste hierarchy and requires that resource management options are considered against the following priorities:

1. Avoidance – actions to reduce the amount of waste generated and undertaking activities.
2. Resource Recovery – including reuse, reprocessing, recycling and energy recovery, consistent with the most efficient use of the recovered resources.
3. Disposal – an ‘end of pipe’ option that must be undertaken carefully to minimise any negative environmental outcomes.

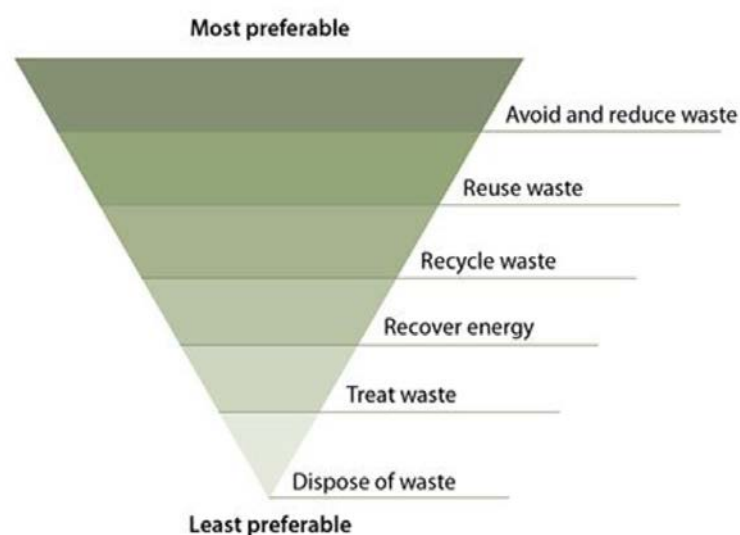


Figure 11 Waste Hierarchy (NSW. EPA 2015)

In accordance with the WARR Act, Waste Management Principles will be incorporated into a detailed construction waste management plan provided by the head contractor.

These include:

1) Waste Avoidance and Reduction

The preferred option in the waste hierarchy is to avoid the generation of waste, or reduce the amount or volume that is produced. Waste avoidance will be facilitated through:

- Careful project planning to minimise the amount of material brought to site. Waste will be avoided by specifying the exact project requirements.
- Good housekeeping practices including material acquisition and inventory control to avoid waste resulting from out-of-date, off specification or excess to project needs
- Appropriate Storage and Management of materials onsite to limit the potential for damage from weather or plant which will eliminate the need for purchase of replacement products and waste generation.

2) Waste Reuse/Recycling

Re-use and recycling of waste will be encouraged where the generation of waste cannot be avoided. Recycling of waste will be achieved through implementation of the following measures:

- Evaluating waste production processes and identifying potentially recyclable materials
- Identifying and recycling products that can be reintroduced into the construction and operation processes.
- Investigating and auditing external markets for recycling by other operations located in the neighbourhood or region of the site.
- Waste segregation on site – dedicated bins or areas for collection by a licenced waste contractor.
 - General Waste – Glass, Paper & Cardboard and Aluminium
 - Concrete from excavation to be sent to a recycling facilities
 - Natural material will be classified as VENM for offsite reuse.

3) Waste handling and Storage

Storage and segregation of waste and waste servicing arrangements will be carefully planned as the public will still be accessing the Hospital during the works. Planning for waste storage areas will be considered throughout the project as there are a changing locations of construction areas during the various project phases.

The following measures will be required to apply where onsite waste handling and storage is required:

- Provision of clear signage to mark the location and storage of different types of waste
- Stockpile Management within Compounds A and B (refer to figure XX)
 - Within designated areas away from drainage lines
 - Limited to 2m height
 - Covered stockpiles
 - Storage on Hard Stand or Plastic sheeting
 - Stockpile concrete, bricks and scrap metal separately
- Clearly marked waste containers with information such as name of waste, composition (solid/liquid), restricted properties of the waste (corrosive, ignitable) and date of the first waste deposited into the container.
- All servicing arrangements will need to consider the safety of site users.

4) Waste Tracking and Disposal

Waste generated by the project that cannot be either recycle or reused onsite will be disposed of by a licenced waste contractor to an appropriately licenced landfill or recycling facility. All vehicles conveying waste soils will have covered loads when leaving site.

Prior to disposal, waste will be classified in accordance with the requirements of the NSW EPA Waste Classification Guidelines.

A waste inventory will be maintained.

A tracking system will be used to track the waste quantities and types disposed. Documentation will track wastes, including the handling steps and servicing arrangements followed to manage the wastes from the point of generation through to collection, storage, treatment and final disposal.

On and Offsite waste tracking will record for each waste generated:

- Waste generator facility and address
- Type and identity of transport vehicles associated with the collection and final disposal of waste
- Date for recycling, treatment and disposal
- Type of Waste
- Quantity of waste
- Method of recycle, treatment or disposal.
- Description of waste, including restricted characteristics (i.e. what makes it a restricted or non-restricted waste).

Waste tracking forms will be used for all wastes moved off-site. The tracking form will record appropriate information about each waste stream and enable control of the waste disposition by confirming receipt by the designated recipient.

4.2 Potential Waste Impacts and Management

Potential impacts associated with poor or inadequate management of wastes generated during the construction and operation of DHS are outlined in the table 4 below:

Table 4: Summary of aspects of waste management and potential impacts

Aspect of waste management	Potential impacts
Generation of waste (usage of resources)	<ul style="list-style-type: none"> • Extraction of resources. • Energy and water consumption associated with processing.
On-site storage of waste in an urban setting	<ul style="list-style-type: none"> • Increased dust. • Visual impact. • Increased littering. • Sediment laden runoff. • Odours. • Increased pest animals. • Restricted space/site access. • Health and safety of site users and workers.
On-site storage and segregation of waste	<ul style="list-style-type: none"> • Reduction in reuse of materials. • Cross-contamination of waste. • Contamination of recycling centres.
On-site storage of liquid and/or contaminated waste	<ul style="list-style-type: none"> • Contamination of surface soils, groundwater, and surface waters.

	<ul style="list-style-type: none"> • Odours.
Hazardous materials such as clinical waste	<ul style="list-style-type: none"> • Risk to human health.
Waste transportation	<ul style="list-style-type: none"> • Noise and dust impacts to surrounding sensitive receptors. • Odours. • Mud tracking on roads during construction.
Non-classified or incorrectly classified waste disposal/transport	<ul style="list-style-type: none"> • Regulatory non-compliance and associated penalties. • Contamination of landfill/recycling centres.
Unlicensed waste transporters removing waste off-site	<ul style="list-style-type: none"> • Regulatory non-compliance and associated penalties. • Illegal dumping of waste.

4.3 Waste Management Methods - Construction

A detailed construction waste management plan will be developed by the Contractor as part of the Construction Environmental Management Plan. The plan will provide further details of the management required for the waste types generated under the works associated with the Dubbo Health Service Redevelopment Stages 3 and 4. As the design progresses, accurate estimates of quantities of building materials prior to construction will ensure that a minimum of waste is generated. Records of waste and recycling collected and disposed of will be collated throughout the construction phase by the Contractor. Un-used materials in a good condition will often be collected by suppliers, facilitating the reduction of the amount of material sent to recyclers or landfill.

A summary of likely waste streams to be generated through construction are identified in table 5 below, a proposed method for handling, storage and reuse/disposal of each type of waste are also presented.

Table 5: Waste Streams and Management during construction

Activity	Waste stream	Management
Construction of a New Building	Structural steel	<ul style="list-style-type: none"> • Segregation on site (Compound A or B) • Transport or collection to a recycling facility.
	Steel reinforcement	<ul style="list-style-type: none"> • Segregation on site. (Compound A or B) • Transport or collection to a recycling facility.
	Concrete	<ul style="list-style-type: none"> • Segregation on-site. (Compound A or B) • Transport to a recycler or use on-site/off-site in road making activities, building, landscaping and construction works in accordance with the requirements of the Recovered Aggregate Resource Recovery Exemption 2014. • Where reuse is not practical concrete has been pre-classified by the EPA as General Solid Waste (non-putrescible) and can be disposed to an appropriately licensed facility by a licensed contractor.
	Plasterboard	<ul style="list-style-type: none"> • Landfill
	Metals	<ul style="list-style-type: none"> • Segregation on-site. (Compound A or B) • Transport or collection to a recycling facility.
	Asphalt (for roads and car parks)	<ul style="list-style-type: none"> • Landfill
	Mechanical - ductwork	<ul style="list-style-type: none"> • Segregation on-site. (Compound A or B) • Transport or collection to a recycling facility.

	Electrical - metal cable trays, electrical cables, fibre optic cables	<ul style="list-style-type: none"> • Segregation on site. (Compound A or B) • Transport or collection to a recycling facility.
	Hydraulics – UPVC Piper, Copper pipe, HDPE pipe	<ul style="list-style-type: none"> • Segregation on site. (Compound A or B) • Transport or collection to a recycling facility
Site Office and Worksites	General Office Waste – paper, printer cartridges	<ul style="list-style-type: none"> • Segregation of recyclable wastes and storage on-site • Collection and transport to a recycler
	Domestic Wastes – food scraps, glass bottles, cans, packaging.	<ul style="list-style-type: none"> • Segregation of recyclable wastes and storage onsite
	Septic and Sanitary systems waste	<ul style="list-style-type: none"> • Sewerage treatment plant
Plant Maintenance and Chemicals Management	Drums and Containers	<ul style="list-style-type: none"> • Segregation of recyclable wastes and storage onsite (Compound A or B) • Collection and transport to a recycling facility
	Waste Oil, great, lubricants, oily rags and filters	<ul style="list-style-type: none"> • Segregation of recyclable wastes and storage onsite (Compound A or B) • Collection and transport to a recycling facility

The storage of waste created by the site through demolition, excavation and general construction works will be specified within the site establishment zones, Compounds A or B. Refer Figure 12 below.



Figure 12 Proposed site establishment zones within the DHS site, compounds A and B

4.3.1 Dubbo Health Service Stage 4 Demolition and Excavation Works

Stage 4 works will see the demolition of a number of existing buildings/departments including the George Hatch Building, existing “S” block (Surgical Ward), Emergency and Medical Imaging Departments. The Cost Manager, MBM, have provided an estimation on the amount of waste to be produced during the demolition of the various departments and buildings. These estimated quantities are summarised in table 6 below:

Table 6: Waste Streams and Management during construction

Demolition / Structural	m2
Existing Surgical IPU (S Block)	1,563
Existing George Hatch	1,882
Existing Imaging and Emergency	1,400
Other (Inc. Playmates, Link Corridor)	704
Total Waste (estimated)	5,549

During the demolition phase it is expected that haulage trucks will use the existing vehicular access point from Cobbora Road and on Myall Street. A cordoned off site (site establishment A or B) will be created and a section of Myall Street may need to be closed off to load the vehicles at times. This will be further detailed by the nominated contractor.

4.3.2 Excavation Works

- A report on Detailed Site (Contamination) Investigation and Remediation Action Plan has been compiled by Douglas Partners (June 2016) in order to determine the chemical constituents of the soil beneath Elsie Hill that will be disturbed during demolition, excavation, and construction.
- Records of waste and recycling collected and disposed of will be collated throughout the demolition phase by the contractor.

5.0 Responsibilities and Training

5.1 Roles and Responsibilities

The Head Contractor will be responsible for developing a detailed waste management plan prior to commencement of the construction works. That plan must be consistent with the approach, principles and management methods outlined in this plan.

The Contractor will also be responsible for:

- Inducting all contractors and visitors about the relevant aspects of this plan.
- Ensuring all waste management contractors have the necessary qualifications and licenses to remove waste from the site.
- Carrying out periodic audits to check compliance with the waste management plan.

5.2 Training and Induction

During construction, all site personnel and subcontractors will be inducted into the requirements of this plan to in accordance to their level of responsibility. As such, the induction is expected to include the following components:

- The waste hierarchy and associated waste management principles (avoid, reuse, and recycle).
- NSW EPA Waste Classification Guidelines.
- Procedures for handling and storage of wastes.
- Location of waste disposal and storage facilities.
- Actions to be undertaken in the event of a hazardous material spill.

Once the hospital is operating, all staff, volunteers and hospital contractors will, as part of their induction, be briefed on the following aspects of waste management:

- The waste hierarchy and associated waste management principles (avoid, reuse, and recycle).
- Location of waste disposal and storage facilities.
- Actions to be undertaken in the event of a hazardous material spill.

Staff and contractors with specific responsibilities for waste management including for the handling and disposal of hazardous waste will be given additional training as required.

6.0 Appendix

6.1 Appendix A: Bed Summary Table

The following bed summary table details the proposed services scope. The colour schedule denoting the 'within project scope', 'completed within stages 1&2' and not in scope.

CLINICAL DESCRIPTION	Current Beds 2015 (incl. Stages 1&2)	DHS CSP Proposed Beds 2026/27	Stages 3&4 Project to be constructed	Total beds on completion of Project ¹
Inpatient Beds				
Medicine	30	37	-	37 ²
ICU/ HDU	9	12	12	12
CCU/ Cardiovascular (Incl. 4 bed stroke unit)	(capacity 12)	20	20	20
EMU – 23hr ward	6 (not operational)	10	10	10
EDSU	15	15	-	15
Obstetrics	17	17	-	17
Special Care Nursery	12	12	-	12
Surgery	24	34	34	34
Paediatrics	15	16	-	15
Mental Health Acute	18	18	-	18
Mental Health Subacute	10	10	-	10
Overnight Beds sub total	156 (includes surge capacity)	201	76	200
Interventional Cardiology Suite incl. Day Only Recovery beds	-	5	6 ³	6
Day Only Surgery	12	12	-	12
Day Only Medical	3	3	-	3
Other Chairs and Trolley Spaces				
Ambulatory Care	8	10	10	10
Specialist Consulting Rooms	15	25	25	25
Chemotherapy	8	15	7	15
Renal Dialysis (incl. home training)	8 + 1 ⁴	14+2	14+2	14+2
Ambulatory-Antenatal/ postnatal	4	4	-	4
Ambulatory-Paediatric	-	2	-	-
Dental Chair	-	1	-	-
Transit Lounge	6 chairs+2 beds	10+2	10+2	10+2
Emergency Treatment Spaces	15	24	24	24
Emergency Paediatric Treatment Spaces	1	2	2	2
MRI	-	1	shell	-
CT scanner	1	1	1	1
Ultrasound (incl. Interventional), General X-ray and Fluoroscopy	5	7	7	7
Operating Theatre/ Procedure Room	6+1	6+1	-	6+1
Recovery Bays	18	18	-	18
CSSD	☒	☒	-	☒
Birth Suite	4	4	-	4
Other (Directly/ indirectly impacted by above)				
Women's & Children's Community Health	☒	☒	☒	☒
Main Entry/ Front of House	☒	☒	☒	☒
Medical Records	☒	☒	☒	☒
Staff and Carer Overnight Accommodation	48	n/a	TBC ⁵	TBC

	Completed within Stages 1&2
	Project Scope
	Not in scope

¹ There is no change to the *Total beds on completion of Project* as a result of the Concept Design changes approved at the May 2016 ESC meeting.

² The expansion of Medical IPU by 7 beds is achieved by the freeing up of the existing ICU

³ Mar-16 PDC endorsed provision of 6 bays in line with AHFGs.

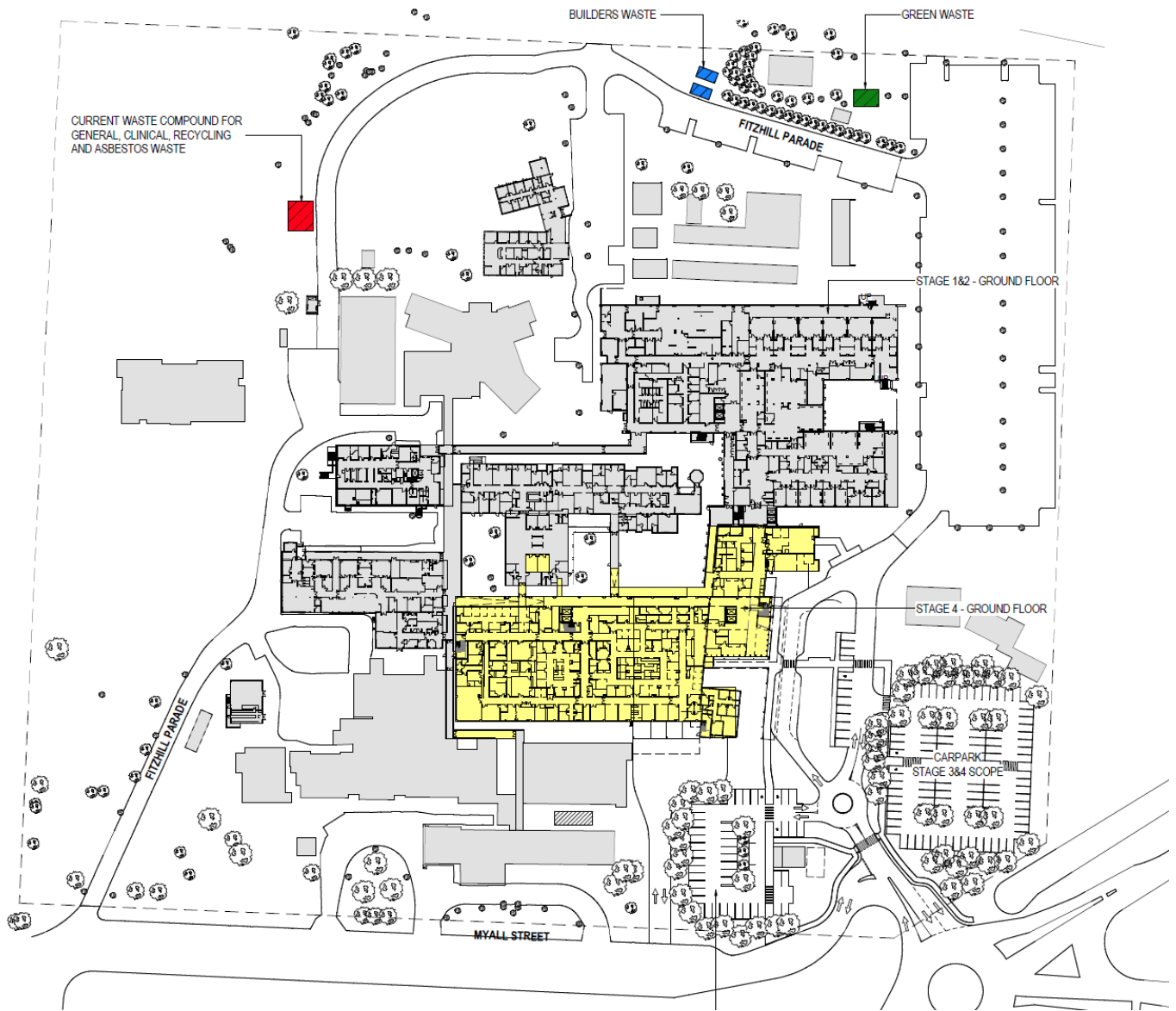
⁴ Renal was originally funded under Stages 1&2 and the construction is being integrated into Stages 3&4

⁵ A recurrent cost solution is being developed.

6.2 Appendix B: Location of Existing Waste Facilities – Dubbo Health Service

LEGEND

- CURRENT WASTE COMPOUND FOR GENERAL, CLINICAL, RECYCLING AND ASBESTOS WASTE
- BUILDERS WASTE
- GREEN WASTE



6.3 Appendix C: Clinical, General and Recyclable Waste Weight Report July – September 2016

STERIHEALTH Clinical Waste Weights					
Inv number	Date	Facility	Waste (Kg)		
			Clinical (Kgs)	Sharps (Kg)	Total (Kg)
1488649	Jul-16	Dubbo Health Service	2684.7	266.2	2950.9
1495974	Aug-16	Dubbo Health Service	1707.0	1649.0	3356.0
1503376	Sep-16	Dubbo Health Service	1752.0	1247.0	2999.0
				TOTAL	9306
			AVG Clinical Waste per Week		775

Waste Weight Report Template		
Facility:	Dubbo Base HS	
Quarter Ending:	September	2016
Type of Waste	Total Waste Volume (kgs)	
General Waste	75,944	For total 12 weeks (Jul-Aug-Sept)
Recyclables Commingled 240 ltr = 28 kg per bin (full) 120 ltr = 14 kg per bin (full)	10,025	For total 12weeks (Jul-Aug-Sept)
Total Volume	85969 KG	
<p>NB: Entries must be in kilograms IN DIGITS ONLY, using specified average weight when no weight given on invoice from supplier. PLEASE FILL IN ALL YELLOW SHADED AREAS - DO NOT LEAVE A CELL BLANK USE THE DIGIT '0' TO INDICATE NIL.</p>		
<p>Reports are due by the 20 Feb (for Dec Qtr); 20 May (for Mar Qtr); 20 Aug (for Jun Qtr); 20 Nov (for Sep Qtr) and are to be forwarded VIA EMAIL to Sharla Seckold, WKHD District Environmental Services Coordinator.</p>		
WASTE MANAGEMENT REPORT CALCULATION'S		
	(KG)s	Calculation:
General Waste Per Week	6,328.67	Total of 75944 divided by 12 weeks
Recyclables per Week	835.42	Total of 10025 divided by 12 weeks