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Wyong Hospital Expansion

Waste Management Plan

November 2018

State Significant Development Application No. 9536

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1 Introduction

This Waste Management Plan has been prepared by Great Forest Australia for Colliers International Project Management and Health Infrastructure NSW for the Wyong Hospital Expansion project (SSD 9536) located at 664 Pacific Highway, Hamlyn Terrace, NSW.

It addresses the Planning Secretary's Environmental Requirements (SEARs), Section 18, reissued 25 September 2018, which are reproduced in Section 3 of this report.

This report provides details of predicted general waste and recycling generation during the project's operational phase, along with equipment and storage requirements, recommended resource management systems, staff education programs, and waste contractor standards. Estimates of waste generated by land clearing prior to construction, and from construction activities, are also provided.

The Wyong Hospital Expansion will involve the design, construction, and commissioning of a new and refurbished Clinical Services Building on the existing Wyong Hospital Campus, as detailed in Section 2 below. The waste management and recycling systems described in this report should be implemented in conjunction with a comprehensive staff education program and working closely with the Hospital's facilities management and contractors.

We would like to thank all those whose knowledge and insights contributed towards production of this report.

2 Project Overview

The redevelopment of Wyong Hospital comprises the construction of a new Acute Services Building (ASB), and consists of the following:

- A 6 storey Clinical Services building (1 storey undercroft parking, 1 storey podium, 4 storey tower), including:
- Undercroft parking and plant (Level 1)
- Podium;
  - Level 2 comprises Emergency Department (ED), ED drop off, ambulance parking, medical imaging, Psychiatric Emergency Centre (PECC), and a public link to existing building (Block A);
- Tower;
  - Level 3 comprises Intensive Care Unit (ICU), Paediatrics, and a clinical link to existing building (Block A);
  - Level 4 consists of In Patient Units (IPU);
  - Level 5 consists of shell Inpatient Unit and Acute Medical Unit;
  - Level 6 is plant;
- Minor alterations and additions to existing Block A;
- Formalisation of east-west road connection to Louisiana Road; and
- Associated works including landscaping, earthworks, and servicing upgrades.

3 Secretary's Environmental Assessment Requirements (SEARs)

This report has been prepared to directly respond to the Planning Secretary's Environmental Requirements (SEARs), Section 18, dated 25/09/2018, which require the following to be incorporated into an overarching Environmental Impact Statement (EIS):

Identify, quantify and classify the likely waste streams to be generated during construction and operation and describe the measures to be implemented to manage, reuse, 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.

4 Key Legislation, Standards and Guidelines

This Waste Management Plan has been prepared in accordance with the requirements of the following legislation, standards, and guidelines:

- NSW EPA *Protection of the Environment Operations Act 1997* and *Amendment Act 2011*, and *Protection of the Environment Operations (Waste) Regulation 2014, Part 11*
- NSW Health *Clinical and Related Waste Management for Health Services* Policy, August 2017
- Australian Standards for Clinical Waste Management and Sharps Management (AS3816, AS4031 and AS 4939)
- Waste Management Association of Australia, *Biohazardous Waste Industry Group, Manual for the Management of Biohazardous Waste*, 7th edition, 2014

5 Waste Generated Prior to Construction

As there are no structures on the site requiring demolition, waste material generated during the pre-construction phase will consist of existing bushland and vegetation currently covering an area of around 7,335 m^2.

The Tree Assessment Report prepared by Travers Bushfire & Ecology recorded 533 trees on the site, of which 53.8% or 287 trees are to be removed. Assuming a volume of 40 cubic metres per tree, there will be **11,480 cubic metres** of vegetation to be removed.

Since all of this material will be organic, it is recommended that it is mulched on site for re-use in landscaping for the project, assuming there are no materials present that require specialised treatment.

If this is not feasible, the recommended option is to take the material to the Awaba Waste Management Facility, a distance of around 25 km, which has a green waste processing facility with the capacity to process large volumes of organic waste into compost.

Please note that identification of actual vegetation types, and other issues relating to land clearing activities, are outside the scope of the present report; these are covered in the Tree Assessment Report prepared by Travers Bushfire & Ecology.

6 Waste Generated from Construction

Table 1 lists expected materials types, estimated volumes, and recommended treatment processes. The nominated construction contractor will be responsible for keeping detailed records of materials disposed of, recycled, or reused. For convenience and space saving, materials may be combined in a single skip and sent to a recycling facility for sorting and subsequent recycling, reuse, or disposal, depending on the material type.

More detailed estimates of materials generated will be developed closer to commencement of the construction phase once the details of the fit-out are known. Disposal locations and processing facilities used can be specified once the lead contractor has been appointed.

Table 1: Expected Construction Waste Volumes

Material Type	Est. m^3	Treatment			Treatment Method
		Reuse	Recycle	Disposal	
Excavation Material	50		✓	✓	Excess material taken by contractor to nominated waste transfer/recycle centre
Used Pallets	15		✓		Recycled by sub-contractor
Concrete	10		✓	✓	Excess material taken by contractor to nominated waste transfer/recycle centre
Timber	10	✓	✓		Reuse for formwork on site; excess material taken by contractor to nominated recycle centre
Glass	10		✓	✓	Excess material taken by contractor to nominated waste transfer/recycle centre
Metals	10	✓	✓		Excess material taken by contractor to nominated recycle centre
Plasterboard (Excess, Offcuts)	10	✓	✓		Return excess items to supplier; remove offcuts for recycling off-site
Floor Coverings	10		✓	✓	Return excess items to supplier; remove offcuts for recycling off-site
Cardboard Packaging	10	✓	✓		Reused on site; remainder recycled off-site
Other Packaging	5		✓		Recycled by sub-contractor
General Waste	5			✓	Landfill disposal
TOTAL					

7 Waste Generated from Operations

The following resource streams are expected in the project's operational phase:

Table 2: Estimated Operational Waste Volumes & Bin Requirements

Waste Stream	Total Daily m^3	Additional Bins	Spatial Requirement*
Clinical Wastes	1.03	5 x 240-litre	2.8 m^2
Recycling (Various)	1.20	5 x 240-litre	6.7 m^2
General Waste	3.11	3 x 1100-litre	2.8 m^2
TOTAL	**5.33**	**11**	**12.2 m^2**

* Estimated volumes include a 30% allowance for space between bins for access and movement within the storage area

The additional bins will be situated in the central bin storage and collection area located in Ground Level of the main Hospital. Cleaning staff will transport the materials from the Hospital expansion to this area as detailed in Section 6.

The equipment requirements detailed above are based on the assumption that all existing Hospital bins are being fully utilised; however, some of these additional waste and recycling volumes may, in actual operations, be able to be accommodated in existing bins if this is not the case. Regardless, an additional area of 12-15 square metres should be allocated for waste storage for the Hospital expansion.

Section 6 provides descriptions of management processes to be used for all expected clinical waste, general waste, and recycling streams.

8 Recycling & Waste Management

8.1 Clinical Wastes (including Sharps)

Due to the risks involved with the generation and handling of these wastes, extreme care must be taken when handling, packaging, transporting and disposing of these materials. Consequently, there are strict requirements for all generators, transporters and disposal site operators to ensure that there is protection to the community and the environment.

All clinical and related wastes must be:

- Handled by staff with access to appropriate Personal Protective Equipment
- Packaged so that there is no risk of wastes escaping
- Transported and disposed of in accordance with EPA NSW legislation and guidelines and relevant Codes of Practice

Clinical waste must be stored in uniquely identified receptacles located in separate rooms from all other wastes and recyclables, as per the colour-coding outlined in Appendix 2 and disposed of according to designated Clinical and Hazardous Waste Procedures.

Clinical wastes may include:

- **Anatomical Waste –** includes limbs, organs, placenta, pathological specimens, biopsy specimens and body tissue taken during laboratory testing, or surgery and/or resulting from investigation or treatment of a patient.
- **Laboratory Waste –** includes specimens or cultures discarded in the course of medical practice or research. It is handled according to the Clinical and Hazardous Waste Procedure (Appendix 2).
- **Sharps Waste –** includes objects or devices having sharp points or cutting edges that are capable of causing a penetrating injury and is handled according to the Sharps Waste Procedure.

These wastes must be managed according to the following protocols:

1. Clinical waste must be segregated and contained at the source of generation using appropriately colour coded and labelled containers.
2. Where bin liners are used, they should be sealed when 3/4 full so that no contents can escape.
3. Place sealed bags in yellow 240-litre mobile bins.
4. All non-sharp clinical waste is to be deposited into a yellow waste container that has been specifically labelled with the words “Clinical Waste” and the “Biohazard Symbol”.
5. Bin lids must be kept closed at all times other than when depositing materials in them.
6. The clinical waste bin when full (no more than 3/4) will be collected and transported by cleaning staff to the dedicated storage room.
7. Once deposited into a bin, no bin liner is to be removed.
8. The Specialised Waste Contractor will collect bins from the dedicated storage room as required. Full bins will be replaced with clean and disinfected empty bins.
9. The site’s Cleaning Supervisor or shall be responsible for inspecting all exchanged MGBs to ensure that they meet the contractual standard.
10. It is the specialised Waste Contractor’s responsibility to ensure that all clinical waste is treated via a technology licensed for that particular material stream.

8.2 Cardboard & Paper Recycling

Most cardboard packaging will originate from deliveries of supplies and stationery. Paper materials such as non-confidential office paper, newspapers, magazines, etc. will be generated from offices, reception areas, and waiting rooms, and managed as follows:

1. Hospital staff will dispose of paper into correct bin within bin hubs
2. Hospital staff will flatten cardboard boxes and leave in designated area for collection
3. Cleaners will collect materials and transfer to the bins within storage room
4. Recycling contractor will collect from here according to designated schedule

8.3 Secure Document Destruction

These materials will be placed in 240-litre bins located in each office area and collected on an as-required basis by a specialist contractor. To avoid contractors using lifts for transporting these materials during busy times, the following system is recommended:

1. Hospital staff will dispose of secure documents into designated bin(s)
2. Hospital will arrange for cleaning contractor to collect bins and take to storage room
3. Secure document contractor will collect from here according to designated schedule

8.4 Commingled Recycling

Commingled recycling consists of all (non-hazardous) mixed plastic bottles and containers, glass bottles, and steel and aluminium cans. This material will have the following separation and collection processes:

1. Hospital staff will dispose of materials into correct bin within bin hubs
2. Cleaners will collect materials and transfer to the designated bins in storage room
3. Recycling contractor will collect from here according to designated schedule

8.5 Organic Recycling

Opportunities for recycling food organics may be limited, as there are no cooking facilities in the Hospital expansion. However, the Hospital may wish to implement a food waste recycling program for leftover food from staff meals, using the following process:

1. Hospital staff will dispose of materials into small bins for collection by cleaners
2. Cleaners take separated materials to organics bins in main Hospital bin storage area
3. Recycling contractor will collect from here according to designated schedule

8.6 Polystyrene Recycling

Variable quantities of polystyrene packaging will be generated from deliveries of medical supplies. An 1100-litre bin located in the main Hospital storage area will be used for these materials and collections will be done as required by the Hospital's recycling contractor.

1. Hospital staff will leave polystyrene boxes in designated area for collection
2. Cleaners will collect materials and transfer to the designated bin within storage room
3. Recycling contractor will collect from here as required

8.7 Specialised Recycling (E-Waste, Printer Cartridges, Lamps, Batteries)

Variable quantities of e-waste (discarded electrical and electronic items) will be generated from office areas and general hospital operations. Either a 660-litre or 1100-litre bin is recommended for storage of these materials in the main Hospital bin area.

Used printer cartridges will be generated from office areas. The usual recycling system consists of a cardboard box supplied by the service provider (e.g. Planet Ark) that is located next to print facilities. The system will be managed by Facilities Maintenance staff, who will organize transfer of the full boxes to the main storage room.

Maintenance staff and electrical contractors are generally required to remove all lamps and globes generated through their activities for correct disposal offsite. Alternatively, a dedicated recycling box can be left in the main storage room for this purpose. The full box would be collected by a specialist contractor on request by the Hospital.

Used batteries would be stored and collected separately, or combined with the e-waste materials, depending on contract arrangements.

8.8 General Waste

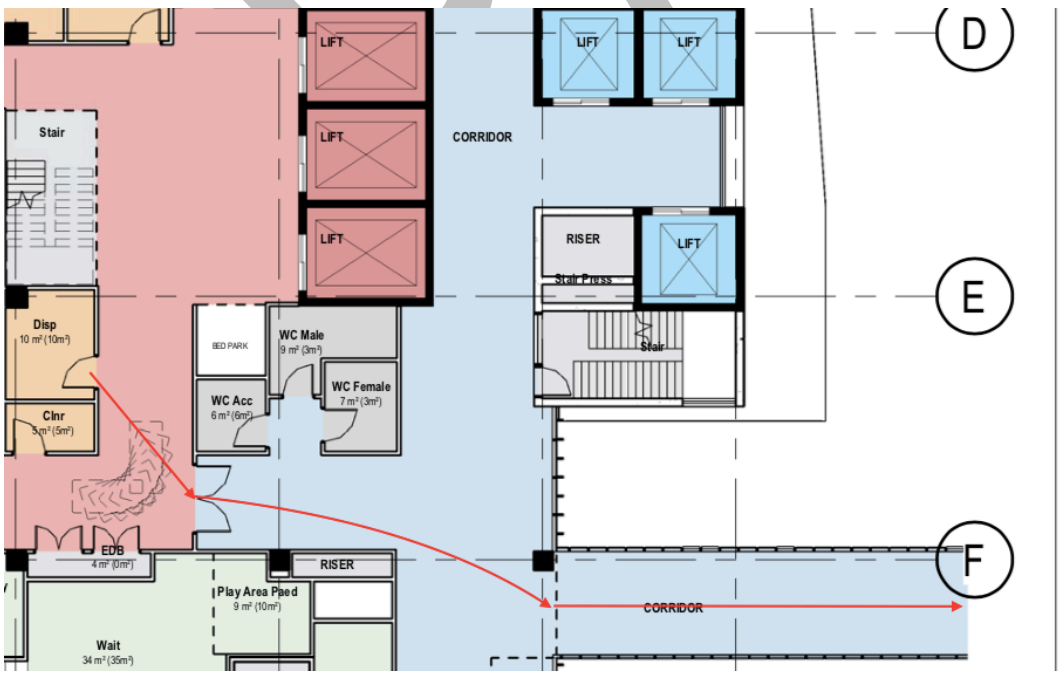
All materials other than those discussed above will be classified as (non-hazardous) general waste, and disposed of and collected accordingly as follows:

1. Hospital staff will dispose of materials into correct bin within bin hubs (refer Section 6)
2. Cleaners will collect materials and transfer to the designated bins in storage room
3. Waste/recycling contractor will collect from here according to designated schedule

8.9 Movement Pathways

The diagram below shows the movement pathways (red arrows) for all operational waste and recycling streams expected to be generated by the Hospital expansion.

Cleaning staff will bring clinical, general, and recyclable wastes from all levels to the Level 2 Disposal Room daily. From here, they will transport the materials in sealed containers or service trolleys to the main Hospital waste storage area, once daily or more frequently if required, using the airbridge linking the two buildings, then take them via service lift to the main Ground Level waste storage area.



9 Waste & Recycling Contractor Requirements

9.1 Servicing & Access

As the expected systems will be integrated with the existing Hospital's programs, there should be no changes to current collection vehicle servicing and access requirements, as all collections will take place from the main Hospital's waste storage dock.

It is possible that differently sized collection vehicles may be used for collection of some additional streams; if so, the waste contractor will be responsible for notifying the Hospital in advance of any vehicles entering the site, to ensure specifications (heights and turning circles in particular) are consistent with access and clearance requirements,

9.2 General

To maintain best practice, the Hospital's waste and recycling contractor(s) will be required to demonstrate high service standards and comply with the following requirements:

- Reliable and efficient servicing, and meeting all agreed schedules
- Having collection vehicles fitted with suitable weighing technology
- Working with the Hospital to achieve improved resource recovery
- Maintaining accurate and comprehensive tracking systems for all materials collected, including hazardous and prescribed wastes
- Providing detailed monthly and annual reports on diversion and financial outcomes
- Maintaining current details of processing facilities used, and providing information on these if requested by the Hospital

10 General Waste & Recycling Bins

All office areas will be equipped with 3-stream bin hubs for:

1. Paper & Cardboard Recycling
2. Commingled Recycling
3. General Waste

Bins should be situated in areas which effectively service a group of workstations and offices, with no bins under desks; this improves cleaner efficiencies by reducing the number of bins that require collection, and also reduces the number of bin liners required.

The photos below show examples of bins commonly used in office applications. Differently colored bin liners (general waste-black; paper-clear; commingled-blue) are recommended to assist cleaning staff to distinguish the 3 streams and enable them to identify contamination, prior to final disposal in the bins in the central storage room.

The Hospital may wish to consider installing additional infrastructure for collection of refundable NSW CDS (Container Deposit Scheme) containers.

For areas requiring bins to be kept within housings or pull-out drawers, care should be taken to ensure these systems are well designed to foster proper separation. An example of best practice drawer design is shown below which provides for two or three streams (paper, commingled, and general waste in this case), clearly distinguished from each other by colour and shape of lid opening.

11 Education

All building users (Hospital staff, facilities team, and cleaning contractors) should be provided with detailed information on recycling and waste management, as part of general building induction and orientation; this should be updated on at least an annual basis.

The following should be elements of any education program developed for the Hospital:

- Waste management hierarchy and principles
- Importance of sound waste management and effective waste segregation
- Brief overview of legislation pertaining to clinical waste management
- Overview of all Hospital waste types, issues, and potential risks
- Management accountabilities
- Handling, packaging, and disposal routes for waste and recycling
- Competency assessment

The Hospital's Facilities Management will be responsible for delivering this program.

Appendix 1: Glossary

Abbreviation/Term	Definition
Anatomical Waste	Limbs, organs, placenta, pathological specimens, biopsy specimens and body tissue taken during laboratory testing, surgery or autopsy and/or resulting from investigation or treatment of a patient.
Chemical Waste	Chemical waste generated by the use of chemicals in medical, veterinary and laboratory procedures.
Clinical Waste	(a) Human tissue waste (b) Discarded sharps (c) Laboratory waste (d) Animal waste
Commingled Recycling	Refers to a mixed container recycling stream. Typically this would include glass containers, aluminium cans, milk cartons, tins, and plastic containers. This stream does not strictly include any paper or cardboard materials however small portions of these materials are acceptable. Drinking glasses, ceramic mugs or plates, coffee cups or plastic bin liners are considered contaminants.
Contamination	Any item not designated under the contract as a recyclable.
Cytotoxic Waste	Material, which is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of cytotoxic therapy.
General Waste	Assorted waste materials put into the recycling stream, usually characterised by being contained in plastic "garbage" bags. There may or may not be recyclable materials in the bag.
Hazardous Waste	Component of the waste stream which poses a danger to humans, the environment, equipment and physical structures.
Landfill	Land used for the burial of waste
Material Recovery Facility (MRF)	Plant and equipment for sorting and pre-processing materials from the waste stream for resource recovery.
MGB	Mobile Garbage Bin
Organic Waste	Component of the waste stream derived from living organisms.
Plastics:	
PET	Polyethylene Terephthalate. Clear, tough material that may come in different colours: used in soft drink bottles, as filling for pillows and sleeping bags and other textile fibres.
HDPE	High Density Polyethylene. Very common plastic usually white or coloured, used for milk and cream bottles, shampoo and cleaners, freezer bags and milk crates.
LDPE	A plastic material – Low Density Polyethylene, a soft flexible plastic that is made into the lids of icecream containers, garbage bags, garbage bins and black plastic sheet material.
PVC, UPVC, PPVC	Plastic materials in the polyvinyl chloride class. 1. UPVC is Unplasticised Polyvinyl Chloride which is usually made into clear cordial and juice bottles, blister packs and plumbing pipes and fittings. 2. PPVC is Plasticised Polyvinyl Chloride and is usually made up into items such as garden hose, shoe soles and blood bags and tubing.
PP	Polypropylene, a hard but flexible plastic that has many uses. Examples of uses are ice cream containers, potato crisp bags, drinking straws and hinged lunch boxes.
PS & EPS	Polystyrene 1. PS is a rigid brittle plastic that may appear clear and glassy. It is used for yoghurt containers, plastic cutlery and imitation "crystal" glassware. 2. EPS – expanded polystyrene is the white material that is made into hot drink cups, food containers, meat trays and fruit boxes.
Other Plastic	There is another category of plastic – Category 7 which includes all other plastics including acrylic and nylon.

Abbreviation/Term	Definition
Pharmaceutical Waste	Consists of pharmaceutical (drug, remedy/medicinal substance) or other chemical substance specified in the Poisons. Pharmaceutical waste, excluding cytotoxics, may arise from expired or discarded pharmaceuticals, those no longer required by patients, and waste materials/substances generated during the manufacture and administration of pharmaceuticals.
Recycled Materials	Materials recovered and manufactured into new products of the same general type (which may be manufactured from virgin recycled materials).
Recycling	Set of processes (including biological) for converting recovered materials that would otherwise be disposed of as wastes, into useful materials and or products.
Resource Recovery	Process that extracts material or energy for a useful purpose
Sharps Waste	Means any waste resulting from medical, nursing, dental, veterinary, pharmaceutical, skin penetration or other related clinical activity, and that contains instruments or devices: (a) That have sharp points or edges capable of cutting, piercing or penetrating the skin (e.g. needles, syringes with needles or surgical instruments), and (b)that are designed for such a purpose, and (c) that have the potential to cause injury or infection.
Waste	Materials and energy which have no further use and are released to the environment as a means of disposal.
Waste Generator	Any person or organisation that consumes goods and services resulting in addition to the waste stream.
Waste Management	Entire process of monitoring process of monitoring, collecting, sorting, storing and transporting for processing and reclamation of materials and energy resources and disposal of waste.

Appendix 2: Clinical Waste Stream Management

The following tables are taken from the NSW Health *Clinical and Related Waste Management for Health Services* Policy and details procedures for management of waste and recycling streams that may be generated by the development's tenants during the operational phase.

Waste Stream	Anatomical Waste	Clinical Sharps Waste	Clinical Waste (Including Pathological Waste)
Definition	Identifiable human body parts such as limbs, organs, placenta and recognisable or large pathological specimens resulting from investigation or treatment of a patient It does not include deceased bodies	Any clinical object capable of inflicting a penetrating injury which may or may not be contaminated with blood and or body substance. This includes needles, ampoules and any other sharp objects or instruments designed to perform penetrating procedures May contain clinical material or Genetically Modified Organism (GMO) waste	Clinical waste with the potential to cause injury, infection or offence: • Unrecognisable human tissue (excluding hair, teeth, nails and anatomical waste) • Bulk blood or other body fluids (or body substances) • Material and equipment visibly stained by blood or body fluids (includes incontinence pads and disposable nappies from an infectious patient) • Lab specimens, cultures or other waste from lab investigations • Waste from medical or veterinary research • Genetically Modified Organisms (GMOs)
Bin Colour	Yellow	Yellow	Yellow
Bin Lid Colour	Orange	Yellow	Yellow
Bin Liner	Orange	N/A	Yellow
Symbol			
Label (if GMOs present)		Contains GMOs	Contains GMOs
Specific Requirements	For incineration only	For incineration or autoclaving and shredding Sharps containers must be rigid-walled and meet the requirements specified in AS/NZS 4031 and AS/NZS 4261[4,5] Autoclave tape and bag indicators must be used to show autoclaving has been completed	For incineration or autoclaving [6] and shredding. Autoclave tape and bag indicators must be used to show autoclaving has been completed. Fluid may be able to be discharged into sewer depending on Liquid Trade Agreement between the health service and water utility All clinical waste once treated by a process acceptable to NSW Health[7] may be reclassified in accordance with the Waste Classification Guidelines[8] before recycling or disposal There are special precautions regarding disposal of waste related to cases of viral haemorrhagic fever

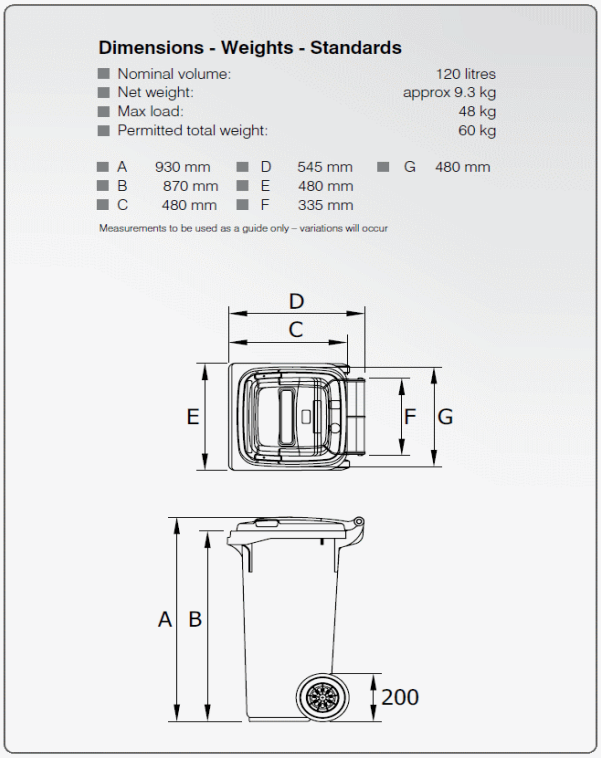
Waste Stream	Anatomical Waste	Clinical Sharps Waste	Clinical Waste (Including Pathological Waste)
Relevant Act/ Regulation /Australian Standard	AS/NZS 3816:1998 Management of clinical and related waste AS/NZS 4123:2008 Mobile Waste Containers	AS/NZS 3816:1998 Management of clinical and related waste AS/NZS 4123:2008 Mobile Waste Containers *Protection of the Environment Operations Act 1997* *Protection of the Environment Operations (Waste) Regulation 2014*	AS/NZS 3816:1998 Management of clinical and related waste AS/NZS 4123:2008 Mobile Waste Containers *Protection of the Environment Operations Act 1997* *Protection of the Environment Operations (Waste) Regulation 2014*
EPA licence requirements	No	No	No

Waste Stream	Cytotoxic Waste	Pharmaceutical Waste	Radioactive Waste
Definition	Material contaminated with residues or preparations containing materials toxic or otherwise harmful to cells. This includes any residual cytotoxic drug or laboratory chemical and any discarded material or clinical waste associated with the preparation or administration or excretion of cytotoxic drugs May include Genetically Modified Organisms (GMOs) or tissues containing GMOs	Pharmaceuticals or other chemical substances specified as regulated goods in the Poisons and Therapeutic Goods Act 2008. Includes any substance specified in a Schedule of the Poisons List under the Act, as well as any therapeutic good which is unscheduled Includes expired or discarded pharmaceuticals, filters or other material contaminated by pharmaceutical products	Waste material, including sharps and clinical waste contaminated with a radioisotope which arises from the medical or research use of radionuclides, e.g. during nuclear medicine, radioimmunoassay and bacteriological procedures, and may be in solid, liquid or gaseous form, and which emits a level of radiation above the level set by regulatory authorities
Bin Colour	Purple	Red	Red
Bin Lid Colour	Purple	Red	Red
Bin Liner	Purple	N/A	Red
Labelling of Bins	Cytotoxic waste	Pharmaceutical waste	Radioactive waste plus specific requirements below
Symbol		None	
Label (if GMOs present)	Contains GMOs		

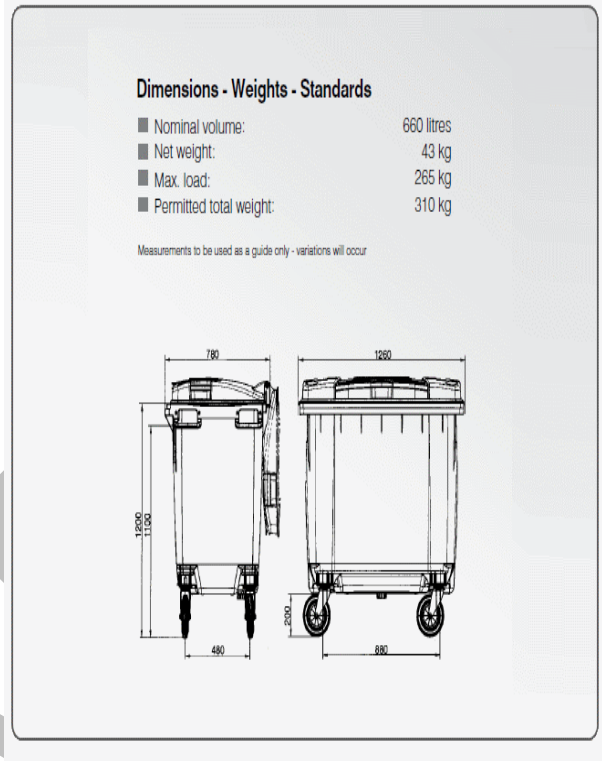
Waste Stream	Cytotoxic Waste	Pharmaceutical Waste	Radioactive Waste
Specific Requirements	For incineration only Collection, transport and handling only by licensed and registered waste management companies	Storage, destruction and disposal methods must comply with PD2013_043 Medication Handling in NSW Public Health Facilities Pharmaceutical waste must be incinerated at a licensed controlled waste facility. Certain pharmaceuticals may only be destroyed by authorised persons under the *Poisons and Therapeutic Goods Act 1966* Pharmaceutical waste bins must be lockable	Radioactive material to be stored on-site in appropriate storage area until it decays to below the thresholds of a "radioactive substance" as defined under the Radiation Control Act and Regulation Waste is to be classified with reference to the Safety Guide for the Classification of Radioactive Waste[4] and in accordance with the EPA Waste Classification Guidelines[5] Radioactive waste must be labelled with the substance, activity level and the date at which it is measured Handling and storage to comply with a Radiation Management Plan in accordance with the Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation (ARPANSA 2008) Radioactive sharps When radioactive waste is to be transported, health services must comply with the Code of Practice for the Safe Transport of Radioactive Material (ARPANSA 2014)
Relevant Act & Regulation	AS/NZS 4123:2008 Mobile Waste Containers *Protection of the Environment Operations Act 1997* *Protection of the Environment Operations (Waste) Regulation 2014*	*Poisons and Therapeutic Goods Act 1966* *Poisons and Therapeutic Goods Regulation 2008*	AS/NZS 4123:2008 Mobile Waste Containers *Radiation Control Act 1990* *Radiation Control Regulation 2013*
EPA Licence Requirements	No	No	Yes - Waste Classification Guidelines Part 3: Waste containing radioactive material (EPA, 2014)

Appendix 3: Bin Specifications

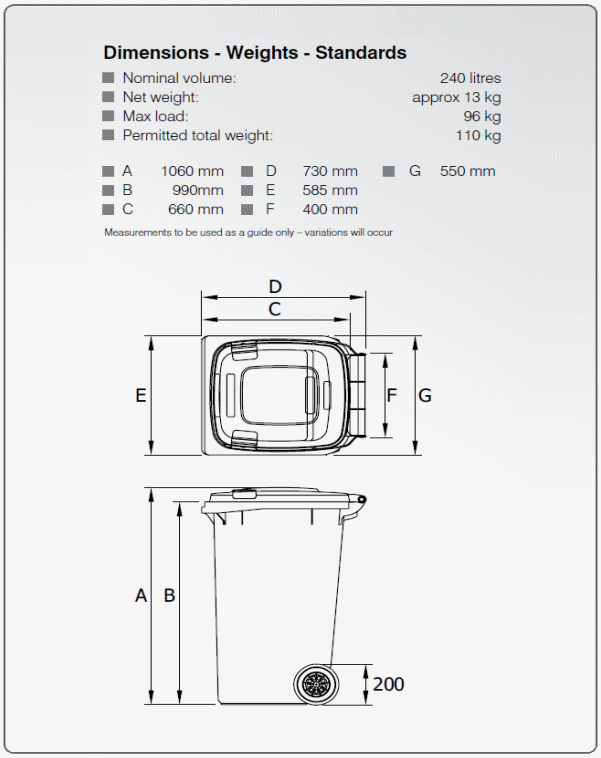
120-litre MGB



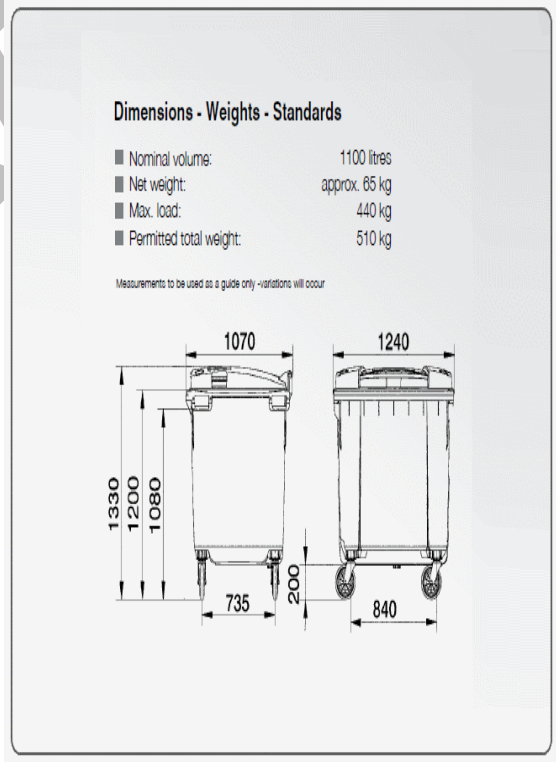
660-litre MGB



240-litre MGB



1100-litre MGB



Appendix 4: Signage Examples - Hazardous Waste

Appendix 5: Signage Examples - Non-Hazardous Waste