

Supplement 7 – Hospitals



This is an attachment to the Trade Waste Application. Please provide the following information about your business operations (or intended operations.) This will help us verify appropriate waste treatment and charging.

Business trading name _____

1. Business Details

Total No. Beds _____ beds

Average Occupancy _____ beds

List any separate businesses located on site (eg. cafes, pathology, x-ray, specialist rooms)

Office Use Only	
Separate permits required for above businesses? Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Hospital Facilities

Which of the following departments/facilities exist on site?

Theatre Yes No

Anaesthesia Yes No

Endoscopy Yes No

Central Sterilising Yes No

Hydrotherapy Pool Yes No

Bin Wash to sewer Yes No

Mortuary Yes (see below) No

Number of autopsies performed per year _____

Renal Dialysis Yes (see below) No

Number of dialysis machines at the hospital _____ machines

Average hours machines used per day _____ hours per day

Number of days per week machines are used _____ days

Laboratory? Yes (see below) No (Go to Q3)

No. of laboratories _____

Types of labs: Microbiology Pathology Biochemistry Haematology

Other (Please specify) _____

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3. Bedpan Macerators

Do you intend to install bedpan disposal macerators? Yes No

If yes, what type? _____

How many? _____ macerator(s)

4. Kitchen

4.1 Does the hospital operate a kitchen on site? Yes (see below) No (Go to Q5)

4.2 The kitchen prepares meals from raw materials. Yes No

4.3 The kitchen heats pre-prepared meals only. Yes No

4.4 Number of patient beds the kitchen caters for _____ people

4.5 Number of additional meals a day for hospital personnel _____ meals

4.6 Does the kitchen prepare meals for external facilities (eg. aged care, meals on wheels)?

Yes (see below) No

Type of facility _____

No of external meals prepared by the hospital each day _____ meals

Office Use Only

Patient Beds (Q4.4)_____ + Personnel Meals (Q4.5)___ ÷ 3 + External Meals (Q4.6)_____ ÷ 3 = Total
Equivalent Beds catered for by the kitchen = _____ TEB

5. Cafeteria

Does the hospital operate a Cafeteria? Yes (see below) No (Go to Q6)

Some meals are prepared from raw materials Yes (see below)

How many meals prepared per day _____ meals

OR

The cafeteria serves light snacks and/or heats pre-prepared meals only Yes

6. Laundry Facilities

Does the hospital operate a laundry? Yes (see below) No (Go to Q7)

Number of hospital beds the laundry serves _____ beds

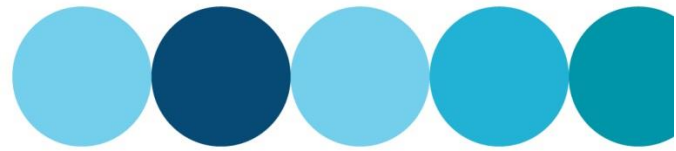
Does the hospital laundry service any external facilities (eg. aged care facilities)?

Yes No

Type of facility _____

Number of external beds the laundry processes per day _____ beds

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7. Boiler

Does the hospital operate a boiler? Yes (see below) No (Go to Q8)

Does the blowdown discharge to sewer? Yes (see below) No

If the following information is readily available, please complete:

Boiler bleed rate _____ litres/sec

Volume of annual dumps _____ kl/yr

OR

Total estimated annual discharge _____ kl/yr

8. Air Conditioning

Does cooling tower or other air conditioning wastewater discharge to sewer?

Yes (see below) No (Go to Q9)

If the following information is readily available, please complete:

Total bleed rate _____ L/sec

Volume of annual dumps _____ kl/yr

Total estimated annual discharge _____ kl/yr

9. External Users of Hospital Facilities

Do any external people (eg. undertaker, mobile x-ray) use the hospital facilities?

Yes (see below) No (Go to Q11)

Type of service _____

Type of waste _____

Estimated discharge volume per year _____

10. Other Wastewater Streams

Please detail any wastewater streams on site that are not derived from facilities included in this questionnaire that may discharge more than 1kL a week to sewer.

Please indicate:

- Source of wastewater
- Any potential contaminants in the discharge
- Estimated weekly volume of discharge

11. Declaration

I, the undersigned, declare that all relevant information and data is included in this questionnaire and is true and correct.

Signature _____ Date _____

Name _____ Position / Title _____