**Skip Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requesting Faculty/ PSU/ Contractor Name:** |  | | |
| **Designated contact name:** |  | **Tel:** |  |
| **Email:** |  | | |

**NEW SKIP REQUEST**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date skip(s) required** (min 7 working days in advance): | |  | | **Length of time required:** | | |  |
| **Skip location:** | |  | | **HD number (Uni only):** | | |  |
| **Details of all waste to be disposed of:** (give approximate quantities, if possible, of specific items) | | | | | | | |
| **NON-RECYCLABLE WASTE:** |  | | | | | | |
| **RECYCLABLE WASTE:** |  | | | | | | |
| **HAZARDOUS WASTE:** |  | | | | | | |
| **Does the waste include any re-usable furniture/ equipment?** | | Yes | | | No | | |
| **Any reusable furniture should be offered for reuse via the Sustainability reuse scheme** | | | | | |
| **Designated key holder name:** | |  | | | **Tel:** | |  |
| **Proposed location of skip:** | |  | | | | | |
| **Distance from building (m):** | |  | | | | | |
| **Will the skip be placed in a car parking space?**  **Will the skip be placed on a grassed area?**  **Will the skip obstruct**   * access to premises * vehicle movement * walkways * escape routes * fire and rescue access routes * access to fire hydrants * access to manholes or other functions * prevent water drainage | | | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | | |  | |

**Skip Exchange/Collection**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Collection request date** (min 5 working days in advance): | |  | | **Exchange required:** | | | Yes  No |
| **Skip location:** | |  | | **HD number (Uni only):** | | |  |
| **Details of waste to be disposed if exchange request:** (give approximate quantities, if possible, of specific items) | | | | | | | |
| **NON-RECYCLABLE WASTE:** |  | | | | | | |
| **RECYCLABLE WASTE:** |  | | | | | | |
| **HAZARDOUS WASTE:** |  | | | | | | |
| **Designated key holder name:** | |  | | **Tel:** |  | | |
| **Proposed location of skip:** | |  | | | | | |
| **Distance from building (m):** | |  | | | | | |
| **Will the skip be placed in a car parking space?**  **Will the skip be placed on a grassed area?**  **Will the skip obstruct**   * access to premises * vehicle movement * walkways * escape routes * fire and rescue access routes * access to fire hydrants * access to manholes or other functions * prevent water drainage | | | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | | |  | |

**To be completed by Sustainability team:**

|  |  |
| --- | --- |
| **Skip location approved:** | **Yes □ No □**  **Comments:** |
| **Skip type & waste stream approved:** |  |
| **Date passed to University Veolia Waste Operative:** |  |