Incineration Questionnaire Form

Top of Form

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Company Name: |  |
| Address: |  |
| City: |  |
| Telephone: |  |
| Fax: |  |
| Mobile: |  |
| Email: |  |
| Plant to be located at: |  |
| Power Supply available: | 240V-50Hz Single Phase  415-50Hz Three Phase |
| Preferred hours of burning per day: | 6  8  12  24 |
| Fuel type: | LPG Natural Gas  Diesel Other: |
| Use for heat recovery from Incineration process: | Hot Water  Steam  Other: |
| Off gas emissions regulations applicable: | Local International Standards (EPA) Other: |
| Preferred loading method: | Automatic Loading   Manual Loading |
| BIOMEDICAL WASTE DATA (FOR HOSPITAL WASTE) | |
| Type of waste: |  |
| Amount of biomedical waste: | … Kg per day |
| Amount of Cyto-toxic waste: | … Kg per day |
| Method of collection of waste: | Mobile bins:  240L  660L   Plastics Bags |
| HAZARDOUS INDUSTRIAL WASTE DATA (FOR INDUSTRIAL WASTE) | |
| Type of Waste: |  |
| Amount of Waste: | … tonnes per day |
| Method of Collection of Waste: | Mobile bins Compactor Loose load  Other: |

Bottom of Form