Incineration Questionnaire Form

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|  |  |
| --- | --- |
| 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 [ ]  DieselOther:   |
| 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:  |

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