NSW CONTAINER DEPOSIT SCHEME
Information for AUditors Form

|  |  |
| --- | --- |
| Facility name |  |
| MRF operator name |  |
| MRF operator ABN |  |
| Facility street address |  |
| Contact name |  |
| Contact number |  |
| Contact email |  |

# PUrpose of this form

The purpose of this form is to provide sampling auditors with the information they need so that when they visit your facility, the collection, sorting and counting of samples is safe, efficient, and minimises the impact on the operation of the facility.

# Facility information

## Operating hours

|  |  |
| --- | --- |
| Facility opening days |  |
| Facility opening time |  |
| Facility closing time |  |
| Processing start time |  |
| Processing end time |  |
| Scheduled breaks |  |
| Scheduled plant stoppages/maintenance |  |

## PPE requirements

Please list any site-specific PPE requirements below:

Click or tap here to enter text.

## Induction requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Induction requirement | To be completed by (e.g. audit team supervisor, all staff etc) | Estimated time to complete | Frequency (e.g. one off, yearly etc) |
|  |  |  |  |
|   |  |  |  |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Site contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Role | Contact name  | Position | Email | Mobile number |
| Front office |  |  |  |  |
| Manager |  |  |  |  |
| Operations |  |  |  |  |

## Other requirements of auditors

Please list anything else you require from auditors (e.g. safe work method statements, insurances etc.)

|  |  |  |
| --- | --- | --- |
| Requirement | Yes/No  | Comment |
| SWMS | Choose an item. |  |
| Insurances | Choose an item. |  |
| Other | Choose an item. |  |

# Nominated audit area

|  |  |
| --- | --- |
|  | You must provide auditors with a nominated audit area to sort samples. It must be undercover and be at least 10mx10m. |

Do you currently have a nominated audit area available? Yes [ ]  No [ ]

Can you make a suitable area available? Yes [ ]  No [ ]

# Plant and equipment

Please advise which of the following are available at your facility:

|  |  |  |
| --- | --- | --- |
| Plant and equipment | Availability (yes/no) | Quantity available |
| Weighbridge | Choose an item. |  |
| Scales | Choose an item. |  |
| Sort tables | Choose an item. |  |
| Wheelie bins | Choose an item. |  |
| Forklift | Choose an item. |  |

Please list the type of processing equipment used at your facility:

Click or tap here to enter text.

# Submission and approval

This form must be signed and approved by a person with authority to act on behalf of the MRF operator and must be submitted by email to MRF.Protocol@epa.nsw.gov.au.

|  |  |
| --- | --- |
|  | It is an offence to provide false or misleading information  |

Approved by:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Signature  |  |  |  | Date |  |