# HOSPITALS

## 1. BUSINESS DETAILS

Trading Name: ________________________________________________________________

Location: __________________________________________________________________

Type of Activity: _____________________________________________________________

List any separate businesses located on site (e.g. Cafes, pathology, x-ray, specialist rooms)
___________________________________________________________________________

Separate permits required for above businesses?  
Yes ☐ No ☐

## 2. HOSPITAL FACILITIES

Total Number of Beds: ____________________________  
Average Occupancy: ____________________________  
Bed/Days ☐ ☐

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
  ________________________________

Chemotherapy  
Yes ☐ No ☐

Radiology  
Yes (see below) No ☐

  Number of wet x-ray processing units
  ________________________________ units

  Average hours machines used per day
  ________________________________ hours

  Number of days per week machines are used
  ________________________________ days

**Office Use Only**

Standard number of days a year = _______________ processing units x average hours

Per day each x number days per week x 52 ÷ 9 = _______________ days 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 ☐
### 3. BEDPAN MACERATORS

Do you intend to install bedpan disposal macerators?  
- Yes [ ]  
- No [ ]

If Yes:  
- What type [ ]

How many? [ ]  
- Macerator(s) [ ]

### 4. DENTAL FACILITIES

- Amalgam Trap  
- Yes [ ]  
- No [ ]

### 5. KITCHEN

Does the hospital operate a kitchen on site?  
- Yes [ ]  
- No [ ]

(see below)  

The kitchen prepares meals from raw materials [ ]

The kitchen heats pre-prepared meals only [ ]

Number of **patient beds** the kitchen caters for [ ] people

Number of additional meals a day for **hospital personnel** [ ] meals

Does the kitchen prepare meals for external facilities (e.g. Aged care, meals on wheels)?  
- Yes [ ]  
- No [ ]

(see below)  

Type of facility [ ]

No. of external meals prepared by the hospital each day [ ] meals

Does the kitchen have a grease trap?  
- Yes [ ]  
- No [ ]

If Yes, what size [ ] litres

**Office Use Only**

Patient Beds (Q3.4) [ ] + Personnel Meals (Q3.5) [ ] ÷ 3 + External Meals (Q3.6) [ ] ÷ 3 = Total [ ]

Equivalent Beds catered for by the kitchen = [ ] TEB

### 6. CAFETERIA

Does the hospital operate a Cafeteria?  
- Yes [ ]  
- No [ ]

(see below)  

Some meals are prepared from raw materials [ ]

How many meals prepared per day [ ] meals

OR

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

Does the kitchen have a grease trap?  
- Yes [ ]  
- No [ ]

If Yes, what size [ ] litres

### 7. LAUNDRY FACILITIES

Does the hospital operate a Laundry?  
- Yes [ ]  
- No [ ]

(see below)  

Number of hospital beds the laundry serves [ ] beds

Does the hospital laundry service any external facilities (e.g. Aged care facilities)?  
- Yes [ ]  
- No [ ]

Type of facility [ ]

Number of external beds the laundry processes per day [ ] beds
8. BOILER

Does the hospital operate a boiler?  Yes [ ]  No [ ] (Go to Q9)

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

If the following information is readily available, please complete:

Boiler bleed rate  ___________ litres/sec  Volume of annual dumps  ___________ m³/yr

OR

Total estimated annual discharge  ___________ m³/yr

9. AIR CONDITIONING

Does cooling tower or other air conditioning wastewater discharge to sewer?  Yes [ ]  No [ ] (Go to Q10)

If the following information is readily available, please complete:

Total bleed rate  ___________ L/sec
Volume of annual dumps  ___________ m³/yr
Total estimated annual discharge  ___________ m³/yr

10. GLUTARALDEHYDE USAGE

Does the hospital use any chemicals that contain glutaraldehyde?  Yes [ ]  No [ ] (Go to Q11)

Examples of chemicals containing glutaraldehyde include Aidal Plus (21g/L glutaraldehyde), Cidex (2% glutaraldehyde) and Medizyme (2% glutaraldehyde). Information for this section is generally obtained from the store or similar.

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Glutaraldehyde proportion</th>
<th>Average Volume used per year (litres)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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11. EXTERNAL USERS OF HOSPITAL FACILITIES

Do any external people (e.g. Undertaker, mobile x-ray) use the Hospital facilities?  Yes [ ]  No [ ] (Go to Q12)

Type of Service  __________________________
Type of Waste  __________________________
Estimated discharge volume per year  __________________________
### 12. 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 1 m³ a week to sewer.

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

### 13. 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: ___________________________

*Please remember to attach this supplement to your trade waste application*