

## Code of Practice for HAZARDOUS WASTE

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## 1. Overview

The University is legally required to handle all controlled waste, including hazardous waste, in a safe, secure, and compliant manner under the Hazardous Waste (England and Wales) Regulations 2005 (amended 2016), the Environmental Protection Act 1990, and associated guidance.

Improper disposal can result in criminal prosecution and environmental damage. This CoP outlines roles, responsibilities, classification methods, disposal techniques, documentation, and compliance guidance to protect human health and the environment.

## 2. Purpose

The purpose of this Code of Practice is to ensure that hazardous waste generated by the University of Greenwich is safely and properly managed in accordance with relevant legislation. It provides clear procedures for the classification, storage, handling, and disposal of hazardous waste and defines the responsibilities of individuals and departments involved in waste-producing activities.

This document supports the University's legal obligations under the Hazardous Waste (England and Wales) Regulations 2005 (as amended in 2016), the Environmental Protection Act 1990, the Waste (England and Wales) Regulations 2011, the Control of Substances Hazardous to Health (COSHH) Regulations, and the Waste Electrical and Electronic Equipment (WEEE) Regulations. By setting out practical guidance and reinforcing the University's Duty of Care, the Code aims to prevent harm to human health, reduce environmental risks, and promote best practices in waste management.

## 3. Scope

This Code of Practice applies to all University campuses and covers all staff, students, researchers, contractors, and visitors who may generate, handle, or manage hazardous waste as part of their work or study. It applies to a wide range of settings including laboratories, workshops, teaching and research facilities, maintenance and construction areas, and administrative offices. The procedures outlined in this document govern the safe classification, labelling, storage, and disposal of all forms of hazardous waste generated during University operations, ensuring consistency and compliance across all faculties, directorates, and departments.

## 4. Definitions

**“Controlled Waste”** – Waste subject to regulation under the Environmental Protection Act 1990, including household, commercial, and industrial waste.

**“COSHH”** – Control of Substances Hazardous to Health regulations that require employers to control substances hazardous to health.

**“Duty of Care”** – A legal obligation to ensure waste is handled and managed safely and appropriately.

**“Hazardous Waste”** – Waste that poses substantial or potential threats to public health or the environment due to its toxic, reactive, corrosive, flammable, or infectious properties. This may be identified by the presence of official hazard pictograms, which indicate that a

material poses a risk to human health or the environment. In line with the Great Britain Classification, Labelling and Packaging (GB CLP) Regulation, these symbols are displayed as red and white diamond-shaped pictograms on the product's label.

Older containers may still display orange and black danger symbols from the previous Chemicals Hazard Information and Packaging for Supply Regulations (CHIP) system which was revoked in 2015 and replaced by CLP symbols. Hazard information can be found on the container label (e.g., chemical bottles, aerosol cans) or within the substance's Material Safety Data Sheet (MSDS / SDS).

**“List of Waste (LoW) Codes”** – Commonly known as European Waste Catalogue (EWC) codes, these are six-digit numerical codes used to classify different types of waste under the Waste (England and Wales) Regulations 2011. A LoW code with an asterisk (\*) indicates that the waste is hazardous. The appropriate code must be determined based on the waste's origin, composition, and properties, with reference to WM3 guidance. European Waste Catalogue code used to identify and classify waste types. Hazardous waste is indicated with an asterisk (\*).

**“WEEE”**– Waste Electrical and Electronic Equipment, classified as hazardous under specific regulations.

## 5. Roles and Responsibilities

### 5.1. Senior leadership

They are responsible for ensuring that their areas of responsibility have effective systems in place for the safe handling, storage, and disposal of hazardous waste. They must ensure that risk assessments account for the generation and disposal of hazardous substances, that appropriate individuals are appointed to oversee hazardous waste management, and that adequate resources are allocated to maintain legal compliance. Senior leaders are also responsible for ensuring local procedures are reviewed, compliance is monitored, and action is taken in the event of any non-conformance or incident involving hazardous waste.

### 5.2. Faculty Operating Officer (FOO) / Directors of Service (DoS)

In addition to the general senior leadership responsibilities above, FOO's / DoS are directly responsible for appointing competent staff to oversee local hazardous waste management, and that these individuals are provided with sufficient information, instruction, and support to fulfil their roles effectively.

In doing so, FOO's / DoS will ensure that any hazardous waste arising from teaching, research, or operational activities is correctly classified, securely stored, and transferred for disposal through approved University procedures and not disposed of via general waste streams. FOO's / DoS must also ensure that accurate records are maintained in accordance with the University's duty of care and regulatory requirements.

### 5.3. Health and Safety Managers (HSMs)

HSMs support Faculties and Directorates with the implementation and monitoring of safe hazardous waste practices. They provide competent advice on classification, storage, and regulatory compliance, and assist in the investigation of incidents related to hazardous

waste. They also work closely with the central Health and Safety Services team to ensure that University-wide procedures are consistently implemented.

#### **5.4. Health and Safety Local Officers (HaSLOs)**

They support the practical implementation of hazardous waste management at a local level, including within academic and operational departments. They assist with day-to-day monitoring, help coordinate local storage arrangements, promote awareness of procedures among staff and students, and act as a point of contact for escalating concerns to HSMs or Facilities Management. HaSLOs also support internal checks, signage updates, and local compliance with hazardous waste storage and labelling requirements.

#### **5.5. Integrated Facilities Management (IFM) Provider**

The campus IFM teams play a central role in the coordination and safe transfer of hazardous waste from storage areas to licensed waste contractors. They are responsible for verifying that contractors are registered with the Environment Agency and hold valid waste carrier licenses.

They also coordinate the scheduling of collections, manage hazardous waste storage points, maintain documentation including consignment notes, and ensure that quarterly consignee returns are received and recorded in line with University policy and the Estates Management Record (EMR) requirements.

#### **5.6. All staff**

All Staff who generate hazardous waste in the course of their work must ensure it is correctly identified, safely stored in appropriate containers, clearly labelled, and reported for collection in accordance with this Code of Practice. Staff must complete any required training and must not dispose of hazardous waste via general bins, skips, or drains. It is also their responsibility to report unsafe practices or incidents relating to hazardous waste management.

#### **5.7. Students**

Students who carry out activities involving hazardous materials (e.g. within laboratories, workshops, or studios) must follow all instructions provided by academic staff and supervisors, including those related to classification, storage, and disposal of hazardous waste. Students are expected to comply with the University's health and safety guidance at all times and report any unsafe conditions or practices to their tutor, supervisor, or local Health and Safety representative.

#### **5.8. Contractors**

Contractors working on University premises must comply fully with the University's hazardous waste procedures. They must not generate or dispose of hazardous waste without prior agreement and instruction from their University / IFM contact. Contractors involved in waste handling must hold a valid Environment Agency waste carrier.

#### **5.9. Visitors**

Visitors, including research collaborators and guests engaging in practical activities, must be made aware of any hazardous materials they may encounter and follow instructions

provided by their host. Visitors must not handle or dispose of hazardous waste unless specifically authorised and trained to do so.

## 6. Procedure

All hazardous waste must be accurately identified, classified, labelled, stored, and disposed of in full accordance with this Code of Practice and applicable legislation. Waste producers are required to consult relevant information sources, including Safety Data Sheets (SDS), COSHH assessments, and the WM3 Technical Guidance to determine the waste's classification, hazard properties, and the appropriate disposal route.

Hazardous waste must never be disposed of via general waste streams or poured down sinks or drains. University drainage systems may discharge directly into local watercourses, and unauthorised disposal constitutes a criminal offence under environmental law, carrying the risk of prosecution and significant financial penalties.

### 6.1. Duty of Care

All producers of hazardous waste at the University of Greenwich have a legal Duty of Care under Section 34 of the Environmental Protection Act 1990 to ensure that such waste is handled, stored and transported safely, and in full compliance with relevant legislation. This duty includes taking all reasonable steps to:

- Minimise the production of hazardous waste wherever practicable.
- Decontaminate containers where appropriate, (e.g. by rinsing, venting in a fume cupboard, or autoclaving), following approved procedures.
- Store hazardous waste in secure, leak-proof containers that are correctly and clearly labelled with the substance name(s), appropriate hazard pictograms (as per the Regulation), waste type (e.g., halogenated, aqueous) and the appropriate List of Waste (LoW) code.
- Ensure accurate documentation is maintained, including Safety Data Sheets (SDS), COSHH assessments, supporting labelling forms (e.g. Waste Chemical Form, Halogenated Waste Label) and the correct List of Waste (LoW) code.
- Transfer waste only to approved hazardous waste storage areas and arrange collection through a licensed waste contractor registered with the Environment Agency. This must be verified via the public register.
- Prevent the mixing of hazardous waste with general waste or other incompatible material or substances.
- Never dispose of hazardous waste into general bins, external skips, or down drains, unless specifically authorised under a Trade Effluent Discharge Consent.

### 6.2. Documentation (Consignment Notes)

All hazardous waste transfers must be accompanied by a valid Waste Consignment Note. NOTE: Non-hazardous waste must be accompanied by a Waste Transfer Note. Most waste contractors will prepare the note, but the University remains responsible for ensuring the information on the note is correct.

Where prepared on-site, consignment codes must follow this format:

**UNI-[Campus Code]-[5-digit identifier]**

(e.g. UNI-MED-00001)

Each consignment note must detail:

- The correct waste classification (LoW / EWC) code
- The SIC 2007 code, indicating the type of premises / business producing the waste
- The physical and chemical characteristics of the waste
- The process by which the waste was generated
- Any specific handling instructions or risks

A copy of every consignment or transfer note must be retained for a minimum of three years by the Faculty, Directorate, or staff member responsible for the waste. These must be stored on-site and be readily available for inspection by:

- The Environment Agency
- Auditors
- Emergency services (if required)

The waste recipient (consignee) is legally required to issue a quarterly return to the original waste producer. These must be retained with the consignment records and forwarded to the local IFM team for inclusion in the Estates Management Record (EMR) required by HESA.

In cases involving multiple carriers or where a waste load is rejected, a carrier schedule must also be prepared and kept with the consignment records. [Further information on Hazardous Waste and Consignment Notes](#).

Failure to comply with these requirements may result in legal prosecution of the University or the individual responsible and may lead to significant health, safety, or environmental consequences.

### **6.3. Waste Types and Specific Disposal Procedures**

#### **6.3.1. Aerosols**

Aerosol containers often retain residues of hazardous substances and are therefore classified as hazardous waste under the Hazardous Waste Regulations.

#### **Storage, Handling and Disposal Guidance:**

- Aerosol bins are not routinely available across campuses but may be provided where large volumes are generated. Contact your local Facilities Management (FM) team to discuss options. For occasional use, store aerosols securely and notify FM for safe collection.
- Ensure the aerosol is completely empty before disposal.
- Do not pierce, crush, or flatten aerosol cans.
- Do not dispose of aerosols in general waste bins.

### 6.3.2. Asbestos

All asbestos-containing materials (ACMs) are considered hazardous waste and require strict controls. See also [Asbestos Code of Practice](#)

#### **Storage, Handling and Disposal Guidance:**

- Any suspected or confirmed asbestos waste must be reported immediately to the University Asbestos Manager or Health and Safety Services.
- A licensed contractor must be appointed to handle identification, packing, labelling, and disposal.
- Asbestos waste must not be moved, disturbed, or disposed of by untrained staff.

### 6.3.3. Batteries

Batteries pose a fire risk and must never be disposed of in general waste.

#### **Dry-cell Batteries (e.g., Nickel Cadmium, Alkaline, Lithium):**

- Use the pink battery bins available across campus or deliver to your local FM office.
- Tape exposed terminals.
- Leaking or damaged batteries must be sealed in clear plastic bags before storage.

#### **Wet-cell Batteries (e.g., Lead Acid):**

- Store in a well-ventilated, secure location.
- Contact your FM team to arrange safe disposal via an approved hazardous waste contractor.

### 6.3.4. Clinical Waste

Clinical waste includes materials contaminated with human or animal tissue, blood, bodily fluids, excretions, pharmaceuticals, or other biological agents. This waste poses significant infection risk and must be handled with strict controls.

#### **Storage, Handling and Disposal Guidance:**

- Clinical waste must be placed in yellow clinical waste sacks or bins immediately after use. These containers must be securely sealed and stored in a designated clinical waste area away from general waste.
- Waste must be collected by an approved contractor and disposed of via high-temperature incineration.
- The originating Faculty or Directorate is responsible for notifying the IFM provider when waste is ready for collection and ensuring correct labelling and containment.

### 6.3.5 Fluorescent Tubes

Fluorescent tubes and lamps contain hazardous materials (such as mercury) and must not be placed in general waste or skips.

#### **Storage, Handling and Disposal Guidance:**

- Fluorescent waste is centrally managed by the IFM teams.
- Damaged tubes should be handled carefully to avoid breakage and stored in secure, designated containers. Do not dispose of fluorescent tubes in skips or standard bins under any circumstances.



- Report any incorrect disposal or damaged lamps to your local IFM team.

### 6.3.6 Laboratory Waste – Chemicals and Solvents

Chemical and solvent waste from laboratories requires careful classification and segregation to prevent hazardous reactions.

#### Storage, Handling and Disposal Guidance:

- Aqueous waste must be stored in sealed, screw-top Winchester bottles, clearly labelled with contents and hazards.
- Organic solvents must be segregated into halogenated and non-halogenated streams and stored in compatible, labelled containers.
- Never mix different solvents unless authorised by the University's approved contractor.

### 6.3.7 Laboratory Waste – Lab Smalls

"Lab smalls" refer to small containers (e.g. vials, ampoules) of hazardous chemicals, commonly used in experimental work.

#### Storage, Handling and Disposal Guidance:

- Liquids should be placed in a metal container with absorbent granules and sealed or packed in sturdy cardboard boxes with padding (e.g. bubble wrap, vermiculite).
- Solids must be placed in clearly labelled plastic or cardboard containers.
- All contents must be identified and labelled with hazard information.
- Where possible, group similar materials

### 6.3.8 Low Hazard Aqueous Waste

This category includes waste liquids of low chemical risk, such as diluted buffer solutions or rinses.

#### Storage, Handling and Disposal Guidance:

- Store in recycled plastic bottles or Winchesters and vent in a fume cupboard if necessary.
- Label all containers with contents and hazard status.
- Use a "cleaned for return" label if rinsed and ready for recycling. NOTE: Only Fisher and Merck branded plastic bottles and glass Winchesters may be recycled after cleaning; other brands may be reused as containers for liquid waste or disposed of if cleaned and there is no environmental risk. If a risk to the environment remains after cleaning, or the container has not been cleaned, the container must be disposed of as hazardous waste.
- Do not dispose of to drain unless authorised under a Trade Effluent Discharge Consent. Refer to the [HSE The Trade Effluents \(Prescribed Processes and Substances\) Regulations 1989](#) for the list of prohibited substances.

### 6.3.9 Oils

Oil waste is environmentally harmful and requires specialist handling.

#### Storage, Handling and Disposal Guidance:



- Store used oils in secure containers (e.g. 25-litre drums or Winchesters) and clearly label with type and source.
- Oil-soaked materials such as rags or absorbents must be stored separately in sealed containers.
- Do not dispose of oil or oil-contaminated items in general waste.

#### **6.3.10 Paint**

Many paints (especially solvent-based) are hazardous and must be disposed of carefully.

##### **Storage, Handling and Disposal Guidance:**

- Where paint waste is generated in large volumes, dedicated paint bins can be arranged through IFM.
- Ensure tins are sealed and labelled appropriately.
- Only paint that is fully cured or empty may be considered for general disposal.
- Secure lids before storage or disposal.

#### **6.3.11 Radioactive Waste**

Radioactive waste poses significant risks and is governed by specific legislation and University protocols.

##### **Storage, Handling and Disposal Guidance:**

- Do not handle or store without training.
- All radioactive waste must be managed under the supervision of the University Radiation Waste Adviser (RWA).
- Contact the RWA through the Health & Safety Services at [safetyunit@gre.ac.uk](mailto:safetyunit@gre.ac.uk) for guidance on classification, storage, and disposal.
- Only licensed contractors may collect radioactive waste.

#### **6.3.12 Sharps**

Sharps include items that can puncture or cut, such as needles, blades, or broken glass.

##### **Storage, Handling and Disposal Guidance:**

- Dispose of sharps in yellow, BS7320-compliant sharps bins.
- Do not overfill or attempt to compact contents.
- Never dispose of sharps in general waste or clinical bags.
- Arrange collection through your local IFM team.

#### **6.3.13 Used Spill Absorbents**

Used absorbents (e.g. pads, granules, rags) that have soaked up hazardous substances must be disposed of based on the contaminant involved.

##### **Storage, Handling and Disposal Guidance:**

- Place in sealed, clearly labelled containers specifying the absorbed substance.
- Prevent cross-contamination by storing separately from other waste types.

#### **6.3.14 Waste Electrical and Electronic Equipment (WEEE)**

All electrical and IT equipment is considered hazardous under WEEE regulations.

## Storage, Handling and Disposal Guidance:

- Secure items (e.g. laptops, printers, wires) in a designated holding area.
- Do not obstruct corridors or leave items in open access areas.
- WEEE items that do not have data attached are dealt with via the IFM provider - collection requests should be submitted via the [Facilities Helpdesk](#). You will need to provide general details of the equipment you are disposing of, e.g. what it is, approximate size and weight, quantities, present location.
- Items that contain data must be returned to the ILS team for data shredding / recycling as appropriate.
- Notify your Faculty/Department's Asset Officer of disposals, for asset register updates.
- For further details, refer to the University's [Waste Electrical & Electronic Equipment \(WEEE\) Guidelines](#) and the [Policy for IT Asset Management and Disposal Process](#).

## 7. Further Guidance

### 7.3. Related Legislation:

In addition to the general duties contained in the Health and Safety at Work etc Act 1974, further guidance on Hazardous Waste legislative requirements can be found on HSE web pages; <https://www.hse.gov.uk/waste/hazardouswaste.htm>

### 7.4. Related University documents:

- [Asbestos Management Policy and Plan](#)
- [Control of Substances Hazardous to Health \(COSHH\)](#) – Code of Practice
- [Policy for IT Asset Management and Disposal Process](#).
- [Waste Electrical & Electronic Equipment \(WEEE\) Guidelines](#)
- [Hazardous Waste Disposal Form](#)

### 7.5. Other related guidance:

- [HSE Hazardous Waste](#)
- [HSE Labelling and Packaging](#)
- [UK Government Guidance on Hazardous Waste](#)

## 8. Document History

Details of previous reviews are as follows:

Review Date	Reviewer	Summary of Review
06-Jun-2025	Michelle Appiah-Agyekum H&S Advisor	First revision – converted from a webpage

This document will be reviewed at least annually