

Proper Management of Clinical Waste Outreach Vaccination Activities



July 2026



Territorial Control Office
Environmental Compliance Division
EPD, HKSAR Government

Doctor's responsibilities on clinical waste management during outreach vaccination activities



Outreach service premises code

- ✓ Obtain an **outreach service premises code** from EPD, if you do not have one.



Temporary storage of clinical waste at vaccination venue

- ✓ Storage cabinet is locked and labelled
- ✓ Clinical Waste Temporary Storage Handover Form



Collection and delivery of clinical waste

- ✓ Pre-arrange **well before** vaccination day
- ✓ Collection by licensed clinical waste collector or Delivery by healthcare professional to CWTC
- ✓ Collection or Delivery of clinical waste to CWTC on vaccination day if practicable



Handling of clinical waste

- ✓ Segregate clinical waste
- ✓ Properly package in sharps box
- ✓ Label sharps box





Outreach service premises code

✓ Dos

- Specify “**(Outreach Service)**” at the Producer Name or “**(外展服務)**” at the 產生者名稱
- ONE** outreach premises code **for ALL** various outreach locations

✗ Don'ts

- Don't use clinic's premises code
- Don't re-apply outreach premises code

Sample:

xxx Clinic (Outreach Service)
[Clinic's Address]



PC02/RE/00001234
Clinical Waste Producer Premises Code



Premises Code Request form:

https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html

Clinical Waste Producer Premises Code Request Form

Regional Office East: (Wong Tai Sin, Kwun Tong, Sai Kung & Kowloon City) Fax: 2756 8588 Tel: 2755 5518
Regional Office South: (Yau Tsim Mong) Fax: 2402 8272 Tel: 2402 5200
Regional Office West: (Hong Kong Island & Islands District) Fax: 2960 1760 Tel: 2516 1718
Regional Office North: (North Lantau, Tuen Mun, Tuen Wai, Kwai Tsing & Sham Shui Po) Fax: 2411 3073 Tel: 2417 6116
Regional Office North: (Yuen Long, Sha Tin, Tai Po & North District) Fax: 2685 1133 Tel: 2158 5757

I. DETAILS OF CLINICAL WASTE PRODUCER (Mandatory fields)

Producer Name (CHI) **xxx 診所 (外展服務)** (ENG) **xxx Clinic (Outreach Service)**
Contact Person (CHI) **xxx xxx xxx** (ENG) **xxx** Position **Doctor**
Tel No. **12345678** Fax No. **12345678** EPRC No./HKID No. (For application made by an individual) **xxxxxxxx** (Please provide copy)
Correspondence Address (ENG) **No. xxx, xxx Road, xxx District, Hong Kong**
Email Address **xxxxxxxxxx@xxxxxx.com.hk**

II. APPLICATION TYPE (Pick 1 application type out of 3) Put a ✓ in the box where applicable

Type I:
a. Address of Premises (ENG) **[Clinic's Address]**
b. Type of Business: (Tick ONE only)
☐ New Request
☐ Private Hospital ☐ Private Clinic ☐ Chinese Medicine Practitioner
☐ Private Dental Clinic ☐ Veterinary Clinic ☐ Nursing Home ☐ Medical Beauty Centre
☐ Private Medical Testing Laboratory ☐ Pharmacological/ Medical Research Laboratory

I. DETAILS OF CLINICAL WASTE PRODUCER (Mandatory fields)

Producer Name (CHI) **xxx 診所 (外展服務)** (ENG) **xxx Clinic (Outreach Service)**
Contact Person (CHI) **xxx xxx xxx** (ENG) **xxx** Position **Doctor**

Type I:
☒ **New Request**
☐ **Loss of Premises Code**

a. Address of Premises (ENG) **[Clinic's Address]**

b. Type of Business: (Tick ONE only)
☐ Private Hospital ☒ Private Clinic ☐ Chinese Medicine Practitioner
☐ Private Dental Clinic ☐ Veterinary Clinic ☐ Nursing Home ☐ Medical Beauty Centre
☐ Private Medical Testing Laboratory ☐ Pharmacological/ Medical Research Laboratory
☐ Public Hospital ☐ Public Clinic ☐ Public Dental Clinic ☐ Government's Laboratory
☐ Mortuary ☐ Other Gov Dept ☐ Others, please specify: _____



Collection by licensed clinical waste collector

Pre-arrange **well** before vaccination day

Doctor to **keep** Waste Producer Copy of **Trip Ticket** at least **12 months**



Licensed collectors list:

<https://cd.epic.epd.gov.hk/EPICDI/clinicalwaste/list/?lang=en>

環境保護署 Environmental Protection Department 廢物產生者/委託者存根 Waste Producer / Consignor Copy

香港法例第354章廢物處置條例 Waste Disposal Ordinance (Chapter 354) 廢物處置(醫療廢物)(一般)規例 Waste Disposal (Clinical Waste) (General) Regulation 醫療廢物運載記錄 CLINICAL WASTE TRIP TICKET

填寫此表格前請先閱讀說明。 Please read the instructions overleaf before completing this form. 運載記錄編號 Trip Ticket Number P 00000078

A. 廢物產生者/委託者 WASTE PRODUCER / CONSIGNOR

本人如實填明下列(1)欄內的廢物已裝妥及貼上標籤，及由B欄於醫療專業人士進行收運前經已收妥。 I certify that the waste described in B is packed & labelled properly and is delivered to collection point or reception point by healthcare professional in B. I certify that the waste set out in C is delivered to waste collector in D. I confirm that the information given in A, D(1) and D(2) is correct.

姓名 Full Name 聯絡電話 Contact Telephone 地址 Address 聯絡人姓名 Contact Person 聯絡人電話 Contact Person Tel. No. 商業登記號碼 Business Registration No. 簽名 Signed 日期 Date 時間 Time

B. 醫療專業人士(如適用) HEALTHCARE PROFESSIONAL (if applicable)

本人如實填明及在B(1)欄內將廢物(不在此處填明)裝妥及貼上標籤，及由B(2)欄內將廢物收妥。 I certify that I have checked and labelled the waste set out in B(1) (which does not contain Group 4 waste) to collection point in C / reception point in E. I confirm that the information given in B and D(3) is correct.

姓名 Full Name 聯絡電話 Contact Telephone 地址 Address 聯絡人姓名 Contact Person 聯絡人電話 Contact Person Tel. No. 商業登記號碼 Business Registration No. 簽名 Signed 日期 Date 時間 Time

C. 收運站(如適用) COLLECTION POINT (if applicable)

本人如實填明及在B(1)欄內將廢物(不在此處填明)裝妥及貼上標籤，及由B(2)欄內將廢物收妥。 I certify that the waste set out in B(1) (which does not contain Group 4 waste) to collection point in C / reception point in E. I confirm that the information given in B and D(3) is correct.

公司名稱 Company Name 地址 Address 收運站經理姓名 Collection Point Manager 聯絡電話 Contact Telephone 簽名 Signed 日期 Date 時間 Time

D. 廢物收集者(如適用) WASTE COLLECTOR (if applicable)

本人如實填明及在B(1)欄內將廢物(不在此處填明)裝妥及貼上標籤，及由B(2)欄內將廢物收妥。 I certify that the waste set out in B(1) (which does not contain Group 4 waste) to collection point in C / reception point in E. I confirm that the information given in B and D(3) is correct.

公司名稱 Company Name 地址 Address 收運站經理姓名 Collection Point Manager 聯絡電話 Contact Telephone 簽名 Signed 日期 Date 時間 Time

E. 接收站 RECEPTION POINT

本人如實填明及在B(1)欄內將廢物(不在此處填明)裝妥及貼上標籤，及由B(2)欄內將廢物收妥。 I certify that the waste set out in B(1) (which does not contain Group 4 waste) to collection point in C / reception point in E. I confirm that the information given in B and D(3) is correct.

公司名稱 Company Name 地址 Address 收運站經理姓名 Collection Point Manager 聯絡電話 Contact Telephone 簽名 Signed 日期 Date 時間 Time

F. 廢物描述 WASTE DESCRIPTION

(1) 廢物種類及數量 (2) 廢物種類及數量 (3) 廢物種類及數量

廢物種類 (1) Waste Type	數量 (2) Quantity	廢物種類 (3) Waste Type	數量 (4) Quantity
第一組/非第一組	公斤	第一組/非第一組	公斤
第二組/非第二組	公斤	第二組/非第二組	公斤
第三組/非第三組	公斤	第三組/非第三組	公斤
第四組/非第四組	公斤	第四組/非第四組	公斤
第五組/非第五組	公斤	第五組/非第五組	公斤
第六組/非第六組	公斤	第六組/非第六組	公斤
第七組/非第七組	公斤	第七組/非第七組	公斤
第八組/非第八組	公斤	第八組/非第八組	公斤

G. 附註 REMARKS

(1) 廢物產生者/委託者 Waste Producer/Consignor (2) 接收站 Reception Point (3) 接收站 Reception Point

備註: 此表格須填妥後，由廢物產生者/委託者或醫療專業人士(如適用)填妥後，方可使用。此表格須填妥後，方可使用。此表格須填妥後，方可使用。

	Collector Name	Address	Tel/Fax No.	Email/URL
1	Kam Ming E. P. Engineering Co. Ltd.	No. 1& 2, 10/F, Sunwise Industrial Building, No. 16-26 Wang Wo Tsai Street, Tsuen Wan, N.T.	24073377 / 24088206	kmchemical@kamming.com / www.kamming.com
2	Waylung Waste Services Ltd.	Suite 703-704, 7/F, Fuk Shing Commercial Building, No. 28, On Lok Mun Street, Fanling, N.T.	22529220, 26537738 / 26500063	Sales@waylung.com.hk /
3	E Medical Company Limited	UNIT 06-07, 18/F, LAWS COMMERCIAL PLAZA, No. 788 CHEUNG SHA WAN ROAD, KOWLOON	96080238 / 31060800	cs@emedical.com.hk / www.emedical.com.hk
4	Hygiene First Company Limited	Rm 1217, One Vista Summit, 3 San Hop Lane, Tuen Mun	28278884 / 30201710	cw@hygienefirstgroup.com /
5	Rentokil Initial Hong Kong Limited	23/F, Westin Centre, 26 Hung To Road, Kwun Tong, Kowloon	29546888, 24280708 / 29546869	ihs-hk@rentokil-initial.com / www.initial.com.hk
6	Baguio Waste Management & Recycling Ltd.	Room A, 4/F, Dragon Ind. Bldg, 93 King Lam Street, Lai Chi Kok, Kowloon	25413388 / 25448668	Waste@baguio.com.hk / www.baguio.com.hk
7	Haosheng Environmental Services Limited	Room E10, 7/F, Anning Industrial Building, 22 Wang Yip Street East, Yuen Long, N.T.	34669436 / 39057433	enquiry@haosheng.com.hk /
8	Asia Medical Ltd.	Room 907, Silvercord Tower 2, 30 Canton Road, Tsim Sha Tsui, Kowloon	24885879 / 24883397	asiaqs@yahoo.com.hk /
9	KT Medical Supply Limited	Unit 906, CRE Centre, 889 Cheung Sha Wan Road, Kowloon	35863296 / 35863297	sales@ktms.com.hk / www.ktms.com.hk
10	Kerry Distribution Services (Hong Kong) Limited	16/F, Kerry Cargo Centre, 55 Wing Koi Road, Kwai Chung, Hong Kong	22198993, 2219855 / 21495635	Raymond.so.tai@kerrylogistics.com /
11	Waihong Environmental Services Ltd.	Unit 813, 8/F, Chevalier Commercial Centre, No. 8 Wang Hoi Road, Kowloon Bay, Kowloon	31733833 / 27861211	info@waihong.com.hk /
12	Fai In Environmental Service Ltd.	Room 2006, 20/F, Block A, New Trade Plaza, 6 On Ping Street, Shatin, N.T.	27953849 / 27162769	faiinesc@yahoo.com.hk /



Delivery by healthcare professional to CWTC

✓ Dos

- ✓ Properly package in sharps box
- ✓ First aid & cleaning equipment
- ✓ Direct deliver to CWTC within 24 hours
- ✓ Cash / FPS for waste charge at \$2.7/kg
- ✓ Identity card and copy of HCP registration document
- ✓ Obtain blank trip ticket in advance
- ✓ Filled trip ticket
- ✓ Private car only
- ✓ CWTC only

✗ Don'ts

- ✗ Don't deliver to clinic
- ✗ Don't use taxi
- ✗ Don't use light goods vehicle
- ✗ Don't exceed 5 kg



Notes of self delivery:

https://www.epd.gov.hk/epd/sites/default/files/epd/english/environmentinhk/waste/prob_solutions/files/Notes_to_HP_Eng.pdf



Trip ticket request form:

https://www.epd.gov.hk/epd/clinicalwaste/file/Request%20Form%20for%20Clinical%20Waste%20Trip%20Tickets_en.pdf

Chemical Waste Treatment Centre (CWTC)



Address:

51 Tsing Yi Road South, Tsing Yi

Reception time (no prior appointment required):

Monday – Friday (except public holiday)

9:00 a.m. – 12:00 noon & 1:00 p.m. – 4:30 p.m.



Temporary storage of clinical waste at vaccination venue

✓ Dos

- 🪡 Clinical waste warning sign
- 🪡 Storage cabinet is locked and labelled



Name of Doctor ^o	o
Name of Medical Organization ^o	o
Emergency contact no. ^o	o
Premises Code ^o	o



✗ Don'ts

- 🪡 Don't store anything other than clinical waste
- 🪡 Don't be close to food preparation and storage





Temporary storage of clinical waste at vaccination venue

- Bring “**Clinical Waste Temporary Storage Handover Form**” at Appendix G(C) of VSS Doctor’s Guide
- Signed by doctor and venue representative
- Each to keep a copy for record
- Doctors to keep the clinical waste trip ticket

A. Contact Information

1. Name of doctor: _____
2. Name of medical organisation: _____
3. Address of vaccination venue: _____
4. Date of handover of clinical waste: _____
5. Planned date of clinical waste collection or delivery: _____
6. Name of *licensed clinical waste collector / healthcare professional who delivered clinical waste(*delete as appropriate): _____

Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings
Clinical Waste Temporary Storage Handover Form

- Notes:
1. This form is applicable to temporary storage of clinical waste at outreach vaccination venue when same day collection by licensed clinical waste collector or delivery by healthcare professional to Chemical Waste Treatment Centre (CWTC) immediately after the activities cannot be arranged.
 2. Doctor shall bring this form to the activity venue. Both doctor and venue representative shall complete the form and keep each a copy of the completed form for their record.
 3. Clinical waste shall be properly stored at temporary storage area until so collected/ delivered. For more details, please refer to Appendix G of VSS Doctor’s Guide.

A. Contact Information

1. Name of doctor: _____
2. Name of medical organisation: _____
3. Address of vaccination venue: _____
4. Date of handover of clinical waste: _____
5. Planned date of clinical waste collection or delivery: _____
6. Name of *licensed clinical waste collector / healthcare professional who delivered clinical waste(*delete as appropriate): _____

B. Details of handover of clinical waste

Vaccination Activity	Number of sharps box(es)
☐ 1st dose ☐ 2nd dose	

C. Signature of doctor and venue representative

<u>to be filled by doctor</u>		<u>to be filled by venue representative</u>	
Sign: _____		Sign: _____	
Name: _____			
Post: _____			
Tel.: _____			
	Chop		Chop



Handling of Clinical Waste



Dos



Properly package in sharps box



Label sharps box



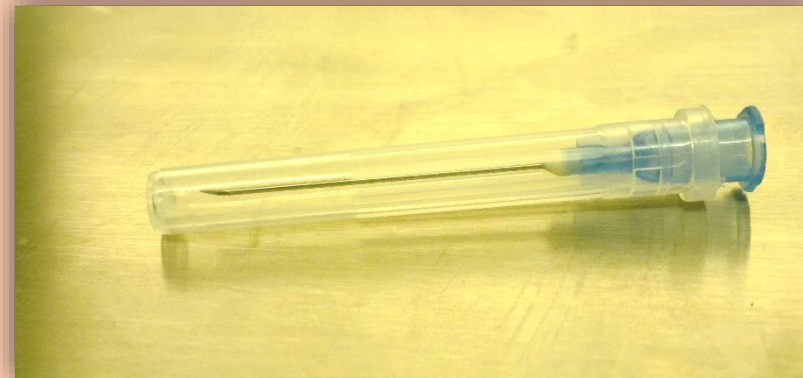
醫生姓名	
Name of Doctor	
醫療機構名稱	
Name of Medical Organization	
緊急聯絡電話	
Emergency contact no.	
產生醫療廢物地址	
Address of Clinical Waste Generation	
地點編碼	
Premises Code	
封針箱日期	
Date of Sealing	



Don't



Don't dismantle needle from syringe



✔ Good practice 👍





Prosecution Cases



醫療機構多次違規運送醫療廢物被定罪

██████████ 違規沒有聘請持牌醫療廢物收集商，或安排由專業醫護人員把醫療廢物直接運送至化學廢物處理中心處置，今日（七月十日）在粉嶺裁判法院被裁定違反《廢物處置（醫療廢物）（一般）規例》（《規例》），被判罰款14,000元。



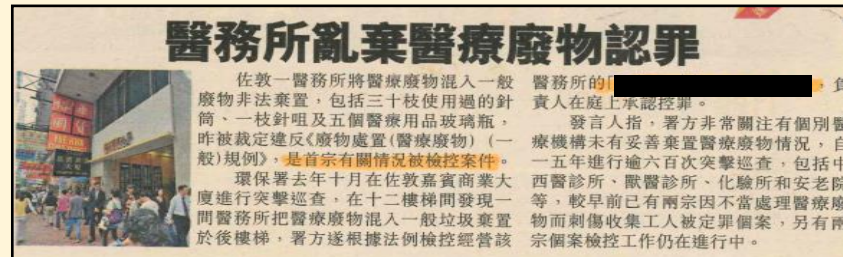
港澳版 > 新聞 > 港澳

西醫為慳錢亂棄針筒罰\$5萬 官斥無良心

06月22日(四) 13:06

推介 0

Tweet



VSS 2022/23



Took sharps box back to clinic



Provided incorrect or misleading information



Fine: \$12,000



Useful Material

Appendix G of VSS Doctor's Guide – “Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated From Outreach Vaccination Activities”



https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_g.pdf

Name of Doctor ^o	o
Name of Medical Organization ^o	o
Emergency contact no. ^o	o
Premises Code ^o	o

Template of clinical waste warning sign and label of a temporary storage area



Name of Doctor ^o	o
Name of Medical Organization ^o	o
Emergency contact no. ^o	o
Address of Clinical Waste Generation ^o	o
Premises Code ^o	o
Date of Sealing ^o	o

Template of label of clinical waste container

Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings
Clinical Waste Temporary Storage Handover Form

Notes:

1. This form is applicable to temporary storage of clinical waste at outreach vaccination venue when same day collection by licensed clinical waste collector or delivery by healthcare professional to Chemical Waste Treatment Centre (CWTC) immediately after the activities cannot be arranged.
2. Doctor shall bring this form to the activity venue. Both doctor and venue representative shall complete the form and keep each a copy of the completed form for their record.
3. Clinical waste shall be properly stored in temporary storage area until so collected/ delivered. For more details, please refer to [Appendix G of VSS Doctor's Guide](#).

A. Contact Information

1. Name of doctor: _____
2. Name of medical organisation: _____
3. Address of vaccination venue: _____
4. Date of handover of clinical waste: _____
5. Planned date of clinical waste collection or delivery: _____
6. Name of *licensed clinical waste collector / healthcare professional who delivered clinical waste(*delete as appropriate): _____

B. Details of handover of clinical waste

Vaccination Activity	Number of sharps box(es)
☐ 1st dose ☐ 2nd dose	

C. Signature of doctor and venue representative

to be filled by doctor		to be filled by venue representative	
Sign: _____		Sign: _____	
Name: _____		Name: _____	
Post: _____		Post: _____	
Tel.: _____		Tel.: _____	
	Chop		Chop

Template of Clinical Waste Temporary Storage Handover Form



Useful Material



Appendix G of VSS Doctor's Guide – "Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated From Outreach Vaccination Activities"



https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_g.pdf

Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers)



https://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf

Waste Disposal (Clinical Waste)(General)Regulation, Cap 354O



<https://www.elegislation.gov.hk/hk/cap354O>

Premises Code Request Form



https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html

List of Licensed Clinical Waste Collectors



<https://cd.epic.epd.gov.hk/EPICDI/clinicalwaste/list/?lang=en>

Clinical Waste Trip Ticket Request Form



https://www.epd.gov.hk/epd/clinicalwaste/file/Request%20Form%20for%20Clinical%20Waste%20Trip%20Tickets_en.pdf

Thank **YOU**

for contribution to protect the environment

