

Proper Management of Clinical Waste

Outreach Vaccination Activities



September 2025



Territorial Control Office
Environmental Compliance Division
EPD, HKSAR Government

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



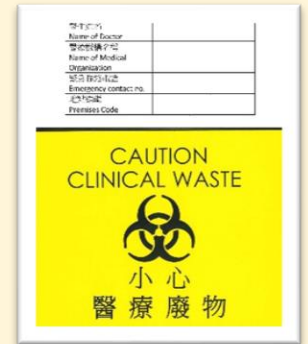
Outreach service premises code

- ✔ 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





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**

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

請填此表前請先讀取背面所附指示。 Please read the instructions overleaf before completing this form. 運載記錄編號 Trip Ticket Number P 0000078

A. 廢物產生者/委託者 WASTE PRODUCER/CONSIGNOR

本人謹聲明於F(1)欄內的廢物已包裝及貼上標籤，及由B欄簽署專業人士送往收廢站或車站。 I certify that the waste described in F(1) is packed & labelled properly, and is handed to collection point or reception point by healthcare professional in B(1) consigned to waste collector in C(1). I confirm that the information given in A, F(1) and G(1) is correct.

姓名 Full Name 聯絡電話 Contact Telephone No. 地址 Address 聯絡人姓名 Contact Person 聯絡電話 Tel. No. 商業登記號碼 Business Registration No.

B. 註冊專業人士(如適用) HEALTHCARE PROFESSIONAL (if applicable)

本人謹聲明已將於F(1)欄內所有廢物(包括B欄廢物)送往收廢站或車站。 I certify that I have checked and labelled the waste set out in F(1) (which does not contain Class 4 waste) to collection point in C(1) or reception point in E(1). I confirm that the information given in B and G(1) is correct.

姓名 Full Name 醫療專業資格 Healthcare Professional 地址 Address 日期 Date 時間 Time

C. 收廢站(如適用) COLLECTION POINT (if applicable)

本人謹聲明已將於F(1)欄內所有廢物及裝於F(1)欄內的收廢箱內。 I certify that the waste set out in F(1) delivered by healthcare professional in B has been received by the collector point or placed inside the Transit Storage in F(1). I confirm that the information given in C, F(1) and G(1) is correct.

公司名稱 Company Name 收廢站牌照編號 Waste Collector Licence No. 地址 Address 收廢站經理姓名 Collector Point Manager 聯絡電話 Contact Telephone No. 商業登記號碼 Business Registration No.

姓名 Surname 公司名稱 Co. Name 日期 Date 時間 Time

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

本人謹聲明於F(1)欄內的廢物已裝於F(1)欄內的收廢箱內。 I certify that the waste set out in F(1) is collected and placed inside the Transit Storage in F(1). I confirm that the information given in C, F(1) and G(1) is correct.

公司名稱 Company Name 廢物收集牌照號碼 Waste Collector Licence No. 聯絡人姓名 Operator Name 聯絡電話 Contact Telephone No. 商業登記號碼 Business Registration No.

姓名 Surname 公司名稱 Co. Name 日期 Date 時間 Time

E. 接收站 RECEPTION POINT

本人謹聲明已將於F(1)欄內的廢物及裝於F(1)欄內的收廢箱內。 I certify that the waste described in F(1) delivered by healthcare professional in B(1) (the total quantity stated in F(1)) delivered by waste collector in C(1) has been received by this reception point. I confirm that the information given in E, F(1) and G(1) is correct.

聯絡人姓名 Reception Point Manager 聯絡電話 Contact Telephone No. 地址 Address 姓名 Surname 公司名稱 Co. Name 日期 Date 時間 Time

F. 廢物資料 WASTE DESCRIPTION

廢物種類 Item	(1) 廢物種類及數量 (Class/Waste type & Quantity)	(2) 由廢物收集者或收廢站填滿 (Filled by Waste Collector or Collection Point)	(3) 由接收站接收的數量 (Waste Quantity Received by Reception Point)	G. 註釋 REMARKS
1	第三類/淨第三類 Class 3/Net Class 3	5斤 5	5斤 5	由註冊專業人士 Healthcare Professional
2	第三類/淨第三類 Class 3/Net Class 3	5斤 5	5斤 5	由接收站 Reception Point
3	第一類/淨第一類 Class 1/Net Class 1	5斤 5	5斤 5	由廢物收集者 Waste Collector
4	第三類/淨第三類 Class 3/Net Class 3	5斤 5	5斤 5	由接收站 Reception Point
5	第三類/淨第三類 Class 3/Net Class 3	5斤 5	5斤 5	由接收站 Reception Point
6	第一類/淨第一類 Class 1/Net Class 1	5斤 5	5斤 5	由接收站 Reception Point
7	第三類/淨第三類 Class 3/Net Class 3	5斤 5	5斤 5	由接收站 Reception Point
8	第一類/淨第一類 Class 1/Net Class 1	5斤 5	5斤 5	由接收站 Reception Point

備註: 此表(包括背面)須保留一年(即一年)的紀錄。在符合規例的情況下，廢物收集者/委託者應保留此表一年。 I certify that this form (including the back) shall be retained for one year. Under the conditions of the Regulation, the waste collector/consignor shall retain this form for one year.

WARNING: Under section 354 of the Waste Disposal Ordinance (Chapter 354) of the Ordinance, it is an offence to falsify or to alter or to destroy or to cause to be destroyed or falsified or to cause to be destroyed or falsified any document or record made or provided by the person in compliance with a requirement under the Ordinance.

Environmental Protection Department Request for Information Online Applications Complaint EPD HomePage Text Size

	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@emical.com.hk / www.emical.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 Kei Road, Kwai Chung, Hong Kong	22198993, 22198955 / 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 /



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



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



11/11/2021

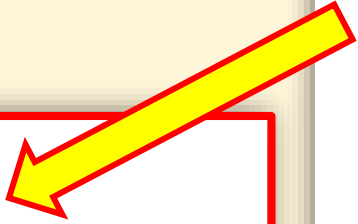


Temporary storage of clinical waste at vaccination venue

- 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)
<input type="checkbox"/> 1st dose <input type="checkbox"/> 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: _____	<input type="text"/>	Sign: _____	<input type="text"/>
Name: _____		Name: _____	
Post: _____		Post: _____	
Tel.: _____	Chop	Tel.: _____	Chop




Handling of Clinical Waste



Do's

 Properly package in sharps box


 Label sharps box

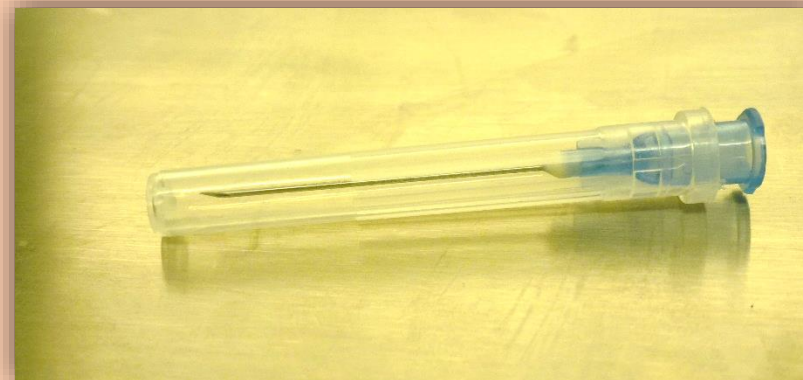


醫生姓名	
Name of Doctor	
醫療機構名稱	
Name of Medical Organization	
緊急聯絡電話	
Emergency contact no.	
產生醫療廢物地址	
Address of Clinical Waste Generation	
地點編碼	
Premises Code	
封針箱日期	
Date of Sealing	



Don't

 Don't dismantle needle from syringe



✔ Good practice 👍





Recent 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



Recent case



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:

- 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.
- 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.
- 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

- Name of doctor: _____
- Name of medical organisation: _____
- Address of vaccination venue: _____
- Date of handover of clinical waste: _____
- Planned date of clinical waste collection or delivery: _____
- 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)
<input type="checkbox"/> 1st dose <input type="checkbox"/> 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.: _____	Chop	Tel.: _____	Chop

Template of Clinical Waste Temporary Storage Handover Form



Useful Material

2025/26 VSS
Doctor's Guide
COMING SOON

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 3540



<https://www.elegislation.gov.hk/hk/cap3540>

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

