

CAVAN COUNTY COUNCIL



Waste Management Section

European Union (Packaging) Regulations 2014

Article 15(7) – Information to be compiled and maintained by registered Producers

QUARTERLY SUMMARY PACKAGING REPORT

Company Name: _____

Company Address: _____

Address of Premises: _____

Tel No: _____ Fax No: _____ E-Mail: _____

QUARTER _____

YEAR 2022

(Q 1- Jan, Feb, Mar; Q2 - Apr, May, Jun; Q3 - July, Aug , Sep; Q4 - Oct, Nov, Dec)

The details of this form for the quarter given above must be completed and returned to Cavan County Council within ten days of the end of each quarterly period.

2. DETAILS RELATING TO MOVEMENT OF PACKAGING AND PACKAGING MATERIALS

The values to be entered are the estimated weights of packaging and packaging material intended for reuse and other packaging received and/or supplied *in the previous quarter*. Details are to be given for each category specified.

MATERIAL		Packaging Received (1) (Tonnes)	Packaging supplied (2) (Tonnes)	Packaging Supplied and intended for reuse (3) (Tonnes)	Packaging supplied outside the State (4) (Tonnes)	Packaging imported or packed/filled (5) (Tonnes)
Glass						
Plastic						
Paper & Fibreboard						
Metals	Steel					
	Aluminium					
	Total					
Wood						
Textiles						
Composites						
Other						
	TOTAL					

- (1) Packaging received means all packaging and packaging material (primary, secondary or tertiary) received onto the premises named above (including imported packaging material and packaging associated with imported goods).
- (2) Packaging supplied means all packaging, packaging material and packaged goods (primary, secondary and tertiary) supplied at and/or from the premises named above. "Supply" in relation to packaging material, packaging and packaged products *includes* in the course of business, to provide in exchange for any consideration other than money and to give as a prize or otherwise make a gift.
- (3) Packaging destined for reuse means packaging which has been conceived and designed to accomplish within its life cycle, a minimum of 2 trips or rotations and which is subject to operations by which it is refilled or used for the same purpose for which it was conceived with or without the support of auxiliary products present on the market enabling the packaging to be refilled (e.g. milk bottles, beer kegs etc).

3. NAME AND ADDRESS OF PRODUCERS FROM WHOM PACKAGING AND PACKAGED PRODUCTS WAS/WERE RECEIVED IN THE PRECEDING QUARTERLY PERIOD.

Name	Address

4. PACKAGING WASTE ACCEPTED OR COLLECTED

The values to be entered are the estimated weights of packaging waste accepted or collected by or on behalf of your company *in the previous quarter* from customers, producers or other persons. Details are to be given for each category specified

MATERIAL		(A) Packaging Waste Accepted (Tonnes)	(B) Packaging Waste Collected (Tonnes)	(C) Packaging Waste Purchased (Tonnes)	(D) Name & Address of Recovery Operator from whom packaging purchased.
Glass					
Plastic					
Paper & Fibreboard					
Metals	Steel				
	Aluminium				
	Total				
Wood					
Textiles					
Composites					
Other					
	TOTAL				

5. PACKAGING WASTE TRANSFERRED

Please give the name and address of any producer who accepted the transfer of packaging waste from your company's premises *in the previous quarter*, and the type and weight of such waste so accepted by each such producer. The various categories/types of packaging waste to be entered in column 2, to include any of the following: glass, plastic, paper & fibreboard, metals, wood, textiles, composites or other.

1.

2.

3.

Name and address of producer accepting the transfer of packaging waste	Type of packaging waste transferred	Weight of packaging waste transferred (Tonnes)

6. PACKAGING WASTE RECOVERED

The values to be entered are the estimated weights of packaging waste accepted by recovery operators and the estimated weights of packaging waste actually recovered by or on behalf of your company *in the previous quarter*. Details are to be given for each category specified. Please indicate also, the name of the recovery operator accepting the waste ⁽¹⁾ and the nature of the recovery operations involved (i.e. recycling, composting etc.)

MATERIAL		Packaging Waste recovered by or on behalf of the producer (Tonnes)	Packaging Waste recycled by or on behalf of the producer (Tonnes)	Packaging Waste accepted by each recovery operator (Tonnes)	Name of Recovery Operator (1) & Collection Permit Reference
Glass					
Plastic					
Paper & Fibreboard					
Metals	Steel				
	Aluminium				
	Total				
Wood					
Textiles					
Composites					
Other					
	TOTAL				

(1) It is the responsibility of the producer to take all reasonable steps, including the making of reasonable enquiries to ensure that a person purporting to be a recovery operator is engaged in bona fide waste recovery activities.

6 PACKAGING WASTE DISPOSED OF

The values to be entered are the estimated weights of packaging waste disposed of or consigned for disposal by your company *in the previous quarter*. Details are to be given for each category specified. Please indicate also the nature of the disposal operations involved (i.e. landfill, incineration etc).

MATERIAL		Packaging Waste disposed of or consigned for disposal (Tonnes)	Nature of Disposal	Nature of Recovery
Glass				
Plastic				
Paper & Fibreboard				
Metals	Steel			
	Aluminium			
	Total			
Wood				
Textiles				
Composites				
Other				
	TOTAL			

7. **SUMMARY OF OVERALL ACTIVITIES**

	A summary of the overall activities of the producer (i.e. from all relevant activities within the State and in respect of each type of packaging material, an aggregate weight, as appropriate, of packaging received, supplied, imported and supplied, packfilled, accepted, collected, purchased, destined for re-use, recovered, recycled) in the preceding quarterly period.									
Material	Received	Supplied	Imported	Pack-filled	Accepted	Collected	Purchased	Reuse	Recovered	Recycled
Glass										
Plastic										
Paper & Fibreboard										
Metals, steel										
Metals,Aluminium										
Wood										
Textiles										
Composites										
Other										
Grand Total										

CAVAN COUNTY COUNCIL WILL BE NOTIFIED OF ANY CHANGES TO THE INFORMATION SUPPLIED IN THIS FORM. I HEREBY DECLARE THE INFORMATION AND PARTICULARS SUPPLIED ON THIS FORM TO BE TRUE AND CORRECT.

SIGNED _____ DATE _____

POSITION HELD IN COMPANY _____

COUNTERSIGNED BY _____ (Company/Body Corporate Director)