



environmental affairs

Department:
Environmental Affairs
REPUBLIC OF SOUTH AFRICA

**RISK MANAGEMENT PLAN IN TERMS OF REGULATION 10 OF
WASTE EXCLUSION REGULATIONS**

APPLICANT			
SOURCE (S) OF WASTE			
WASTE TO BE BENEFICIATED			
BENEFICIAL USE/S			
MSDS ATTACHED IF HAZARDOUS	YES	NO	
WASTE GENERATING FACILITY			
PHYSICAL ADDRESS			
GPS CO-ORDINATES OF WASTE GENERATING			

FACILITY (EG. 60° 29' 30" Latitude; 34° 20' 15" Longitude)			
POSTAL ADDRESS			
CONTACT PERSON			
TELEPHONE		CELL:	
EMAIL		FAX:	

RISK MANAGEMENT PLAN

Activity	Risk Description	Action(s) to minimise/ manage the risk	Responsibility (Who is responsible to carry out the action)

DECLARATION

I, _____ hereby declare that I have read the completed a Risk Management form and hereby confirm that the information is to the best of my knowledge true and correct.

Furthermore, I declare that I am fully aware of my responsibilities in terms of the Waste Exclusion Regulations, and that failure to comply with these Regulations may constitute an offence in terms of the National Environmental Management: Waste Act, 2008(Act 59 of 2008).

Applicant (Full names) _____

Designation _____

Signature _____

Date _____ Place _____

FOR OFFICE USE ONLY

Date Received				
Decision Taken	Authorised		Not authorised(provide reason)	
Reference Number				