

Take-Back Collection Form

To ensure we can provide the appropriate arrangements for the collection of industrial waste batteries please complete the following below.

Company Name:	
Collection Address:	
Company Contact:	
Telephone Number:	

Number of Boxes	Number of Pallets	Gross Weight in Kg	Net Weight in Kg	Chemistry Type	Box or Pallet Length in cm	Box or Pallet Width in cm	Box or Pallet Height in cm
				Lithium-Ion (DGN Required): Lithium-metal (DGN Required): Alkaline: NiMH: NICD:			
				Lithium-Ion (DGN Required): Lithium-metal (DGN Required): Alkaline: NiMH: NICD:			

Please tick collection day(s) which are available at your site: Mon Tue Wed Thu Fri

Between the hours of _____ am to _____ pm

Steatite Internal Use Only

Does The Collection Require a Dangerous Goods Note?	YES / NO	Are Internal & External Photos of The Take-back Located in; Q-Drive – Folder "7"?	
Courier or Service used:		Steatite RMA Number:	
Steatite Collection Number from Courier:		Collection Arranged by Who:	



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