



Annual Audit Compliance Report Form

Environmental Protection Act 1986, Part V Division 3

Once completed, please submit this form either via email to info@dwer.wa.gov.au, or to the below postal address:

Department of Water and Environmental Regulation
Locked Bag 10
Joondalup DC WA 6919

Section A – Licence details			
Licence number:	L6537/1994/13	Licence file number:	DER2011/010845
Licence holder name:	Veolia Medical Solutions (WA) Pty Ltd		
Trading as:	Veolia		
ACN:	119 885 700		
Registered business address:	Level 4, 65 Pirrama Road, PYRMONT NSW 2009		
Reporting period:	01 / 07 / 2022 to 30/06/2023		

Section B – Statement of compliance with licence conditions
Did you comply with all of your licence conditions during the reporting period? (please tick the appropriate box)
<input type="checkbox"/> Yes – please complete: <ul style="list-style-type: none">• section C;• section D (if required); and• sign the declaration in Section F.
<input checked="" type="checkbox"/> No – please complete: <ul style="list-style-type: none">• section C;• section D (if required);• section E; and• sign the declaration in Section F.

Section C – Statement of actual production	
Provide the actual production quantity for this reporting period. Supporting documentation is to be attached.	
Prescribed premises category	Actual production quantity
59, 60 and 61A	1,891.95 tonnes

Section D – Statement of actual Part 2 waste discharge quantity	
Provide the actual Part 2 waste discharge quantity for this reporting period. Supporting documentation is to be attached.	
Prescribed premises category	Actual Part 2 waste discharge quantity
Not applicable	

Section E – Details of non-compliance with licence condition			
Please use a separate page for each condition with which the licence holder was non-compliant at a time during the reporting period.			
Condition no:		Date(s) of non-compliance:	
Details of non-compliance:			
What was the actual (or suspected) environmental impact of the non-compliance? NOTE – please attach maps or diagrams to provide insight into the precise location of where the non-compliance took place.			
Cause (or suspected cause) of non-compliance:			
Action taken to mitigate any adverse effects of non-compliance and prevent recurrence of the non-compliance:			
Was this non-compliance previously reported to DWER?			
<input type="checkbox"/> Yes, and			
<input type="checkbox"/> Reported to DWER verbally	Date: / /		
<input type="checkbox"/> Reported to DWER in writing	Date: / /		

Section F – Declaration

I / We declare that the information in this Annual Audit Compliance Report is true and correct and is not false or misleading in a material particular¹.

I / We consent to the Annual Audit Compliance Report being published on the Department of Water and Environmental Regulation's (DWER) website.

Signature ² :		Signature:	
Name: (printed)		Name: (printed)	
Position:	Company Secretary	Position:	
Date:	12 July 2023	Date:	
Seal (if signing under seal):			

¹ It is an offence under section 112 of the *Environmental Protection Act 1986* for a person to give information on this form that to their knowledge is false or misleading in a material particular

² AACRs can only be signed by the licence holder or an authorised person with the legal authority to sign on behalf of the licence holder.