Loss On Ignition Test Result Form

Where a Loss on Ignition test result is above the LOI threshold of 10%, this form should be completed and signed by the landfill operator. One form must be used for each test above the threshold. **All sections of the form must be completed.**

You should submit all completed forms with the SLfT return for the period in which the test(s) took place and no later than 44 days after the end of the quarterly accounting period in which the Loss on Ignition test was carried out. The form should be attached to the relevant SLfT return in the 'Upload attachments' section of the return.

1 - Landfill Operator

SLfT registration number	
Landfill operator	
Landfill site address *Details of the landfill site the waste stream is to be disposed at*	
Landfill operator contact telephone number and name	

2 - Test Details

Sample date and location *The date and address of the site where the sample was taken*	
Test date *The date the test was undertaken*	
Test carried out by *The details of the organisation who conducted the test*	
Test result (LOI%) *Details of the actual test result supplied from the laboratory*	
Confirm a copy of the actual test result is attached	

3 - Waste Producer

Waste producer name	
Contact details *Include address and contact number*	

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Type of facility	

4 - Waste Stream
Detail the materials that are included in the waste fines

Waste type descriptions, EWC Code and geographic origin	
Description on waste transfer note	
Was a visual inspection of the waste undertaken prior to disposal?	

5 – Action where test result is above threshold
Please tick all relevant actions carried out if the LOI test result is above the threshold

	TICK
Standard rate of tax charged for the load of waste fines above the threshold	
Frequency of testing increased in line with the frequency of testing table	
Notified Revenue Scotland by submitting test form with the SLfT return	
Pre-acceptance questionnaire has been reviewed	

6 – Landfill Operator Declaration
Please sign and complete the following declaration

I declare that the information and details in this form are correct and complete to the best of my knowledge:

Signature   Date   /   /

Full Name

Position