

MATTRESS RECYCLER APPROVAL APPLICATION FORM

'Become an ABSC Approved Mattress Recycler and play an active part in finding solutions to reduce the volume of mattresses and their component materials sent to landfill'.

The Australian Bedding Stewardship Council (ABSC) aims to build a national network of ethical and responsible mattress recyclers to service - retailers wanting to provide a take back service for end-of-life (EOL) mattresses, the public and the commercial sector wanting to dispose of old mattresses responsibly and councils who often end up doing the heavy lifting in dealing with mattresses as a problematic product stream at end of life.

ABSC approved recycler status is available to mattress recyclers who ensure safe and environmentally responsible collection, storage, and recycling of EOL mattresses and their component materials. This status is not currently offered to organisations that re-skin or refurbish mattresses due to limited evidence-based protocols around health and safety. However, as the Scheme further evolves, the ABSC will work to close this gap in line with The Department of Climate Change, Energy, Environment and Waters' stance on the right to repair and reuse legislation.

The ABSC mattress recycler approval process is not an accreditation or compliance program.

It is an engagement process to:

- Validate mattress recyclers on behalf of scheme participants, members, stakeholders and consumers, and to build a national network
- Support continuous improvement of mattress recyclers' management of EOL mattresses and their component materials and divert more from landfill
- Establish the collection and reporting of data relevant to achieving the Schemes' outcomes and reporting to Government authorities.



How to apply

1. Read and agree to the **Bedding Stewardship Scheme Guidelines** and check your eligibility and obligations conditions in section 2, pages 9-11.
2. Read and sign the **ABSC Code of Conduct** to include in your application
3. Fill in the Mattress Recycler Approval Application Form
4. Include all documentation requested within the application form.
5. Email completed application form to recycling@beddingstewardship.org.au

Recycler Visit as final step of the approval process

Your application will be submitted for review after which feedback will be provided as to the success of your application. Should your application be successful, the final step is an onsite visit to validate the information you have provided about your operation within your application. There may be cases where an onsite visit is required prior to approval of the application.

Click here for the Site Visit Checklist.



1. Organisational Details

Business name	
Trading name (if different to business name above)	
ABN	
Business phone number	
Site location	
Site ownership	<input type="radio"/> Operators own <input type="radio"/> Council owned <input type="radio"/> Transfer station <input type="radio"/> Landfill
Head office address	
Postal address	
Business type	<input type="radio"/> For profit <input type="radio"/> Not-for-profit <input type="radio"/> Social enterprise

2. Authorised Representative Details

Contact name (please ensure this is an authorised business representative e.g. CEO or Director)	
Title	
Email	
Phone	

3. Additional Information

Number of employees	
What products other than mattresses do you recycle onsite?	
Do you agree to an onsite visit on approval of this application form? (If no, why not?)	

4. Recycling Practices and Data

How many mattress recycling sites do you operate?
Provide the physical address for each site.

How many mattresses do you process per year?

What areas do you service?

Please provide your current price list.

What % discount would you offer to ABSC members (if any)?

Physical dismantling

List each material recovered from your process and where they go. Please include shredding if you use this to avoid stockpiling

Shredding

Please clarify what you recover and what is sent to landfill and/or diverted to WTE/PEFS.

What mattress recycling data do you currently record and in which format E.g. – Excel spreadsheet, daily whiteboard tally, weighbridge data software

What challenges do you experience with mattress recycling?

Please provide the name and contact details of two customers you provide services for to verify your engagement with them.

5. Regulatory and compliance requirements

It is the responsibility of each site operator to ensure the appropriate permits and insurances are in place, and you comply with Fire Authority (AFAC), Work Healthy and Safety (WHS) and Environmental (EPA) regulations for each state and territory in which you operate. Please include all relevant documentation to demonstrate compliance along with your application as per the parameters below.

Local Government Permits	What Local Government permits do you have to operate at each site?	
Insurances	Please provide the details of the types of insurance policies you hold such as public liability, and industrial special risk if required.	
Fire Safety	Has each site engaged with the local fire authority?	<input type="radio"/> Yes <input type="radio"/> No
	Has each site completed a fire safety study?	<input type="radio"/> Yes <input type="radio"/> No
	Do you conduct unannounced fire drills?	<input type="radio"/> Yes <input type="radio"/> No
WHS	Do you have internal Safe Operating Procedures (SOP's)?	<input type="radio"/> Yes <input type="radio"/> No
	Have you had any serious health and safety incidents in the past 12 months? If so, please provide details.	
EHS	How do you manage Environmental Health and Safety (EHS) risks?	
	Have you had any environmental incidents that have caused environmental and/or health risks in the past 12 months? If so, please provide details.	

6. Certifications

The following certifications are not compulsory but are received well and considered part of continuous improvement. Please provide evidence with your submission.

AS/NZS ISO 45001:2018 Occupational Health and Safety Standard	<input type="radio"/> Yes <input type="radio"/> No
AS/NZS ISO 9001:2015 Quality Management System	<input type="radio"/> Yes <input type="radio"/> No
AS/NZS ISO 14001:2016 Environmental Management System	<input type="radio"/> Yes <input type="radio"/> No



Application

7. By signing this Application, the signatory for and on behalf of the applicant acknowledges and agrees that if the application is successful and approved by the ABSC, the Applicant:

- Confirms that all statements and representations made by or on behalf of the Applicant and any other information given in the support of the application are true and correct
- Understands that submitting this application does not guarantee ABSC Approved Recycler Status, and that the ABSC reserves the right to refuse or not accept an application if approval criteria is not met
- Is bound by and complies with the ABSC Scheme Guidelines and the Code of Conduct
- Gives their permission to be added to the ABSC database, and receive communications in connection with the Scheme and ABSC membership and participation
- Allows the ABSC to publicly acknowledge the Applicant as an ABSC Approved Recycler
- Must provide data monthly on collection, storage, recovery and landfill to the ABSC to the best of their ability to support the development and integrity of the Scheme and to fulfill ABSC reporting obligations to DCCEE and ACCC
- Accepts the requirement of an initial onsite audit and annual onsite or desktop follow up audit to maintain relevant records
- Will provide a list of serviceable locations by postcode
- Will provide their logo/s for use on the ABSC website and in communications to promote their services.

SIGNED for and on behalf of the Applicant by its duly authorised representative:

Signature of authorised representative

Name of authorised representative

Date

Position

By signing this Application the signatory warrants that they have the power and authority to enter into this agreement on behalf of the Applicant.

Email completed application form to recycling@beddingstewardship.org.au

For ABSC office use only

Date received	Application accepted	Approval date	Confirmation letter mailed
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	___/___/___