

# Municipal Solid Waste Management Checklist Template

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## Waste Characterization & Composition

Assess the types and quantities of waste generated.

### Estimated Total Waste Generated (tons/week)

Enter a number...

### Primary Waste Types Generated

- Organic Waste (Food Scraps, Yard Waste)
- Paper & Cardboard
- Plastic
- Metals
- Glass
- Construction & Demolition Debris
- Household Hazardous Waste
- Other (Specify in Long Text)



### **Specify 'Other' Waste Types (if applicable)**

Write something...

### **Percentage of Waste Recycled (estimated)**

Enter a number...

### **Percentage of Waste Sent to Landfill (estimated)**

Enter a number...

### **Description of any unique waste streams**

Write something...

## **Waste Reduction & Minimization**

Evaluate efforts to reduce the volume and toxicity of waste.

### **Baseline Waste Generation (tons/year)**

Enter a number...

### Target Waste Reduction (%)

Enter a number...

### Description of Waste Reduction Initiatives Implemented

Write something...

### Source Reduction Strategies Employed (Select all that apply)

- Process Optimization
- Material Substitution
- Design for Disassembly
- Employee Training
- Other

### Materials Targeted for Reduction (Select all that apply)

- Paper
- Plastic
- Food Waste
- Cardboard
- Metals
- Other

### Date of Last Waste Audit

Enter date...

## Collection & Transportation

Verify proper collection methods, vehicle maintenance, and routing.

### Last Vehicle Maintenance Date

Enter date...

### Number of Collection Routes

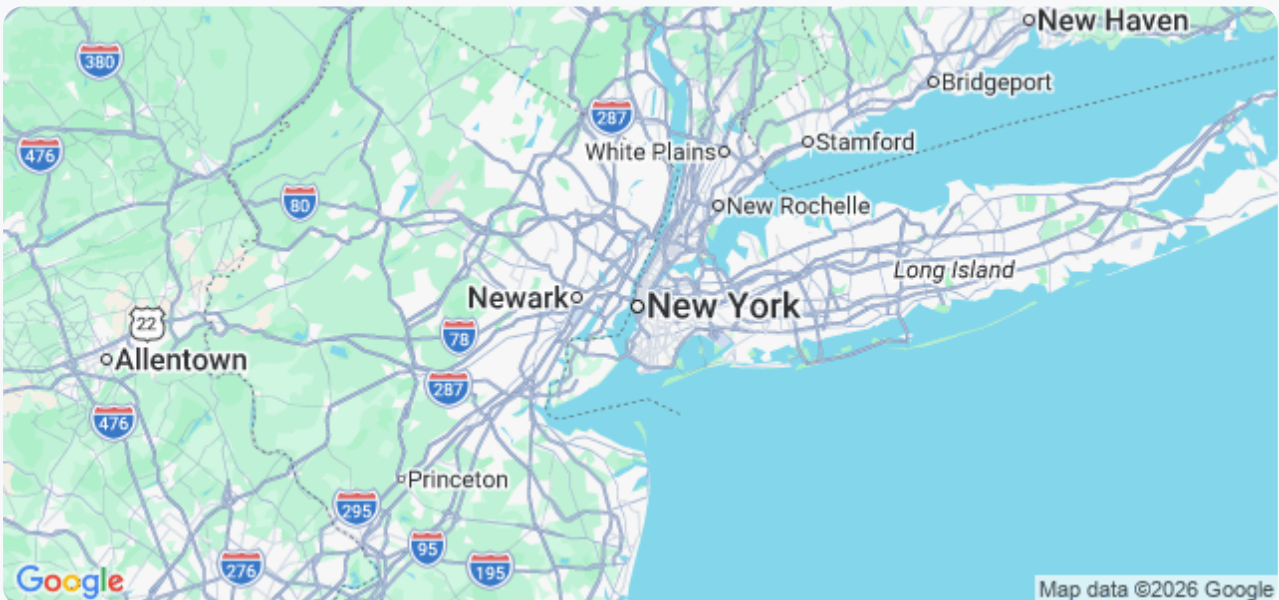
Enter a number...

### Typical Start Time for Collections

Enter time...

### Location of Transfer Station

 [Set My Current Location](#)



### Average Collection Vehicle Fuel Consumption (Gallons/Mile)

Enter a number...

### Type of Collection Vehicles Used

- Roll-Off Trucks
- Automated Collection Trucks
- Manual Collection Trucks
- Specialized Trucks

### Types of Waste Collected

- Municipal Solid Waste
- Recyclables
- Organics
- Bulky Waste

## Recycling Program Assessment

Review recycling rates, material recovery, and contamination levels.

### Overall Recycling Rate (%)

Enter a number...

### Contamination Rate (%)

Enter a number...

### Primary Recyclable Materials Accepted

- Paper
- Cardboard
- Plastic (Specify Types)
- Glass
- Metals
- Other (Specify)

### Collection Methods Used

- Curbside Pickup
- Drop-off Centers
- Commercial Accounts
- Special Events

### Description of Public Education & Outreach Efforts

Write something...

**Date of Last Program Review**

Enter date...

**Attach Material Recovery Facility (MRF) Reports (If Applicable)**

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## Composting Program Assessment

Assess composting operations, feedstock management, and compost quality.

**Average Daily Compost Volume (tons)**

Enter a number...

**Percentage of Organic Waste Diverted from Landfill (%)**

Enter a number...

### Compost Material Source(s)

- Yard Waste
- Food Scraps
- Agricultural Waste
- Other (Specify in Long Text)

### Specify 'Other' Material Source (if selected above)

Write something...

### Date of Last Compost Quality Test

Enter date...

### Moisture Content (%)

Enter a number...

### Temperature (Degrees Celsius)

Enter a number...

### Common Contaminants Observed

- Plastic
- Metal
- Glass
- Inorganic Waste

# Landfill Management

Evaluate landfill operations, leachate management, gas collection, and environmental monitoring.

## Daily Waste Received (tons)

## Landfill Gas Collection Rate (%)

## Leachate Volume Generated (gallons)

## Leachate Treatment Method

- On-Site Treatment
- Off-Site Treatment
- Other (Specify)

## Last Liner Inspection Date

### Summary of Recent Liner Inspection Findings

Write something...

### Landfill Gas Monitoring Reports

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### Compliance with Closure Plan

- Compliant
- Non-Compliant
- N/A

## Waste-to-Energy Facilities (If Applicable)

Review facility operations, emissions control, and energy production.

### Annual Waste Processing Tonnage

Enter a number...

### Energy Generation (MWh)

Enter a number...

### Facility Capacity (Tons/Day)

Enter a number...

### Combustion Technology Type

- Mass Burn
- Fluidized Bed
- Pyrolysis
- Gasification

### NOx Emissions (mg/m<sup>3</sup>)

Enter a number...

### SOx Emissions (mg/m<sup>3</sup>)

Enter a number...

### Last Inspection Date

Enter date...

### Summary of Recent Operational Issues & Corrective Actions

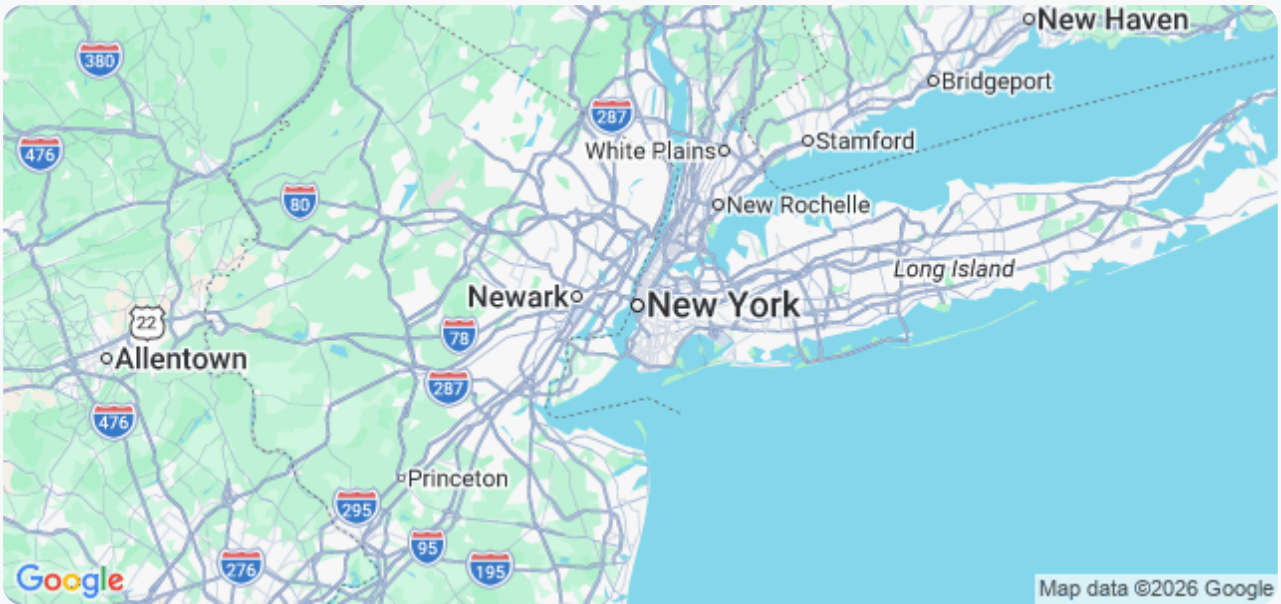
Write something...

## Illegal Dumping Prevention

Assess measures to prevent and address illegal dumping activities.

### Known Illegal Dumping Hotspot Locations

 [Set My Current Location](#)



### Number of Reported Illegal Dumping Incidents (Last Month)

Enter a number...

### Date of Last Patrol/Inspection for Illegal Dumping

Enter date...

### Surveillance Measures in Place (Check all that apply)

- Security Cameras
- Increased Patrols
- Public Signage
- Community Watch Program
- None

### Description of Community Engagement Efforts (e.g., awareness campaigns)

Write something...

### Details of Recent Illegal Dumping Incidents (Location, Type of Waste, Action Taken)

Write something...

### Effectiveness of Current Prevention Measures

- Highly Effective
- Moderately Effective
- Slightly Effective
- Not Effective

# Community Outreach & Education

Evaluate efforts to educate residents and businesses about waste management practices.

## Summary of Recent Community Outreach Activities

Write something...


## Estimated Number of Residents Reached Through Outreach

Enter a number...

## Outreach Methods Used (Select all that apply)

- Website/Social Media
- Public Meetings/Events
- Printed Materials (Flyers, Brochures)
- School Programs
- Local Media (Newspapers, Radio)
- Community Partnerships

## Examples of Outreach Materials (Flyers, Brochures, etc.)

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### Date of Last Community Workshop

Enter date...

### Overall Assessment of Community Engagement Effectiveness (Scale 1-5, 1=Poor, 5=Excellent)

1

2

3

4

5

## Regulatory Compliance & Recordkeeping

Verify adherence to local, state, and federal regulations, and maintain accurate records.

### Last Regulatory Compliance Review Date

Enter date...

### Applicable Federal Regulations

- RCRA
- Clean Water Act
- Clean Air Act
- Other (Specify)

### Applicable State Regulations

- State-Specific Waste Management Act
- State-Specific Recycling Laws
- Other (Specify)

### Applicable Local Ordinances

- Local Waste Collection Schedules
- Local Recycling Requirements
- Other (Specify)

### Permit Number (If Applicable)

Enter a number...

### Summary of Findings from Last Compliance Audit

Write something...

### Date of Next Scheduled Compliance Review

Enter date...

### Copies of Required Permits

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