

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.

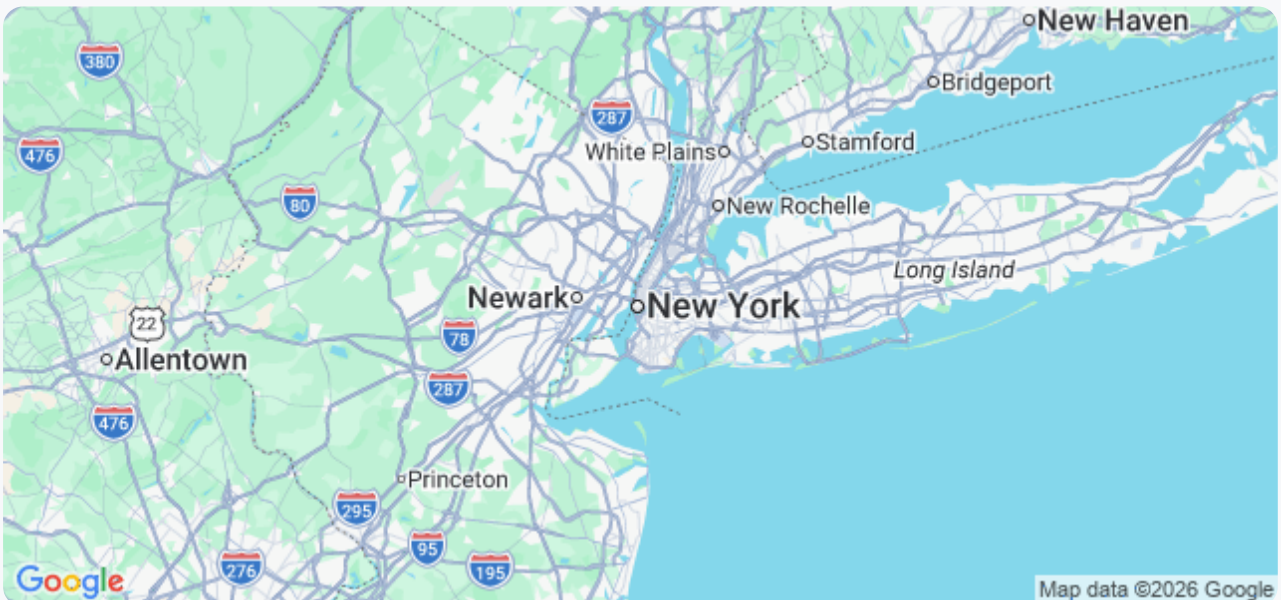
Last Vehicle Maintenance Date

Number of Collection Routes

Typical Start Time for Collections

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/m³)

Enter a number...

SOx Emissions (mg/m³)

Enter a number...

Last Inspection Date

Enter date...

Summary of Recent Operational Issues & Corrective Actions

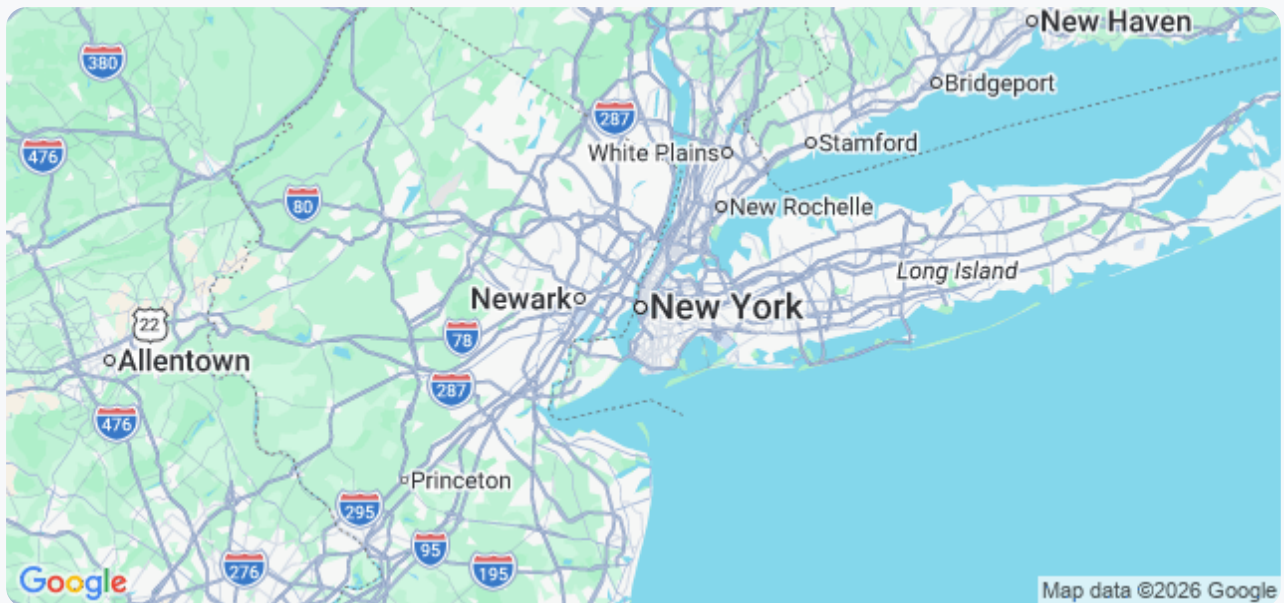
Write something...

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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