

Municipal Solid Waste Management Checklist Template

 Show only Checklist

Display Style
Default 

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

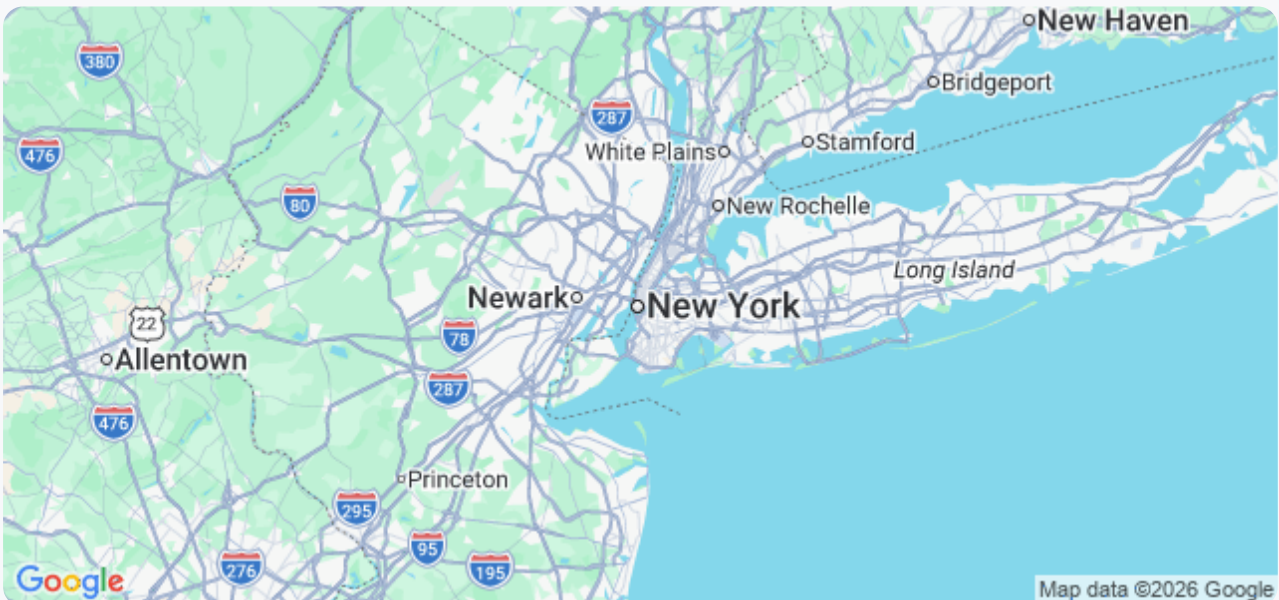
Enter a number...

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)

 Upload File

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

 Upload File

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

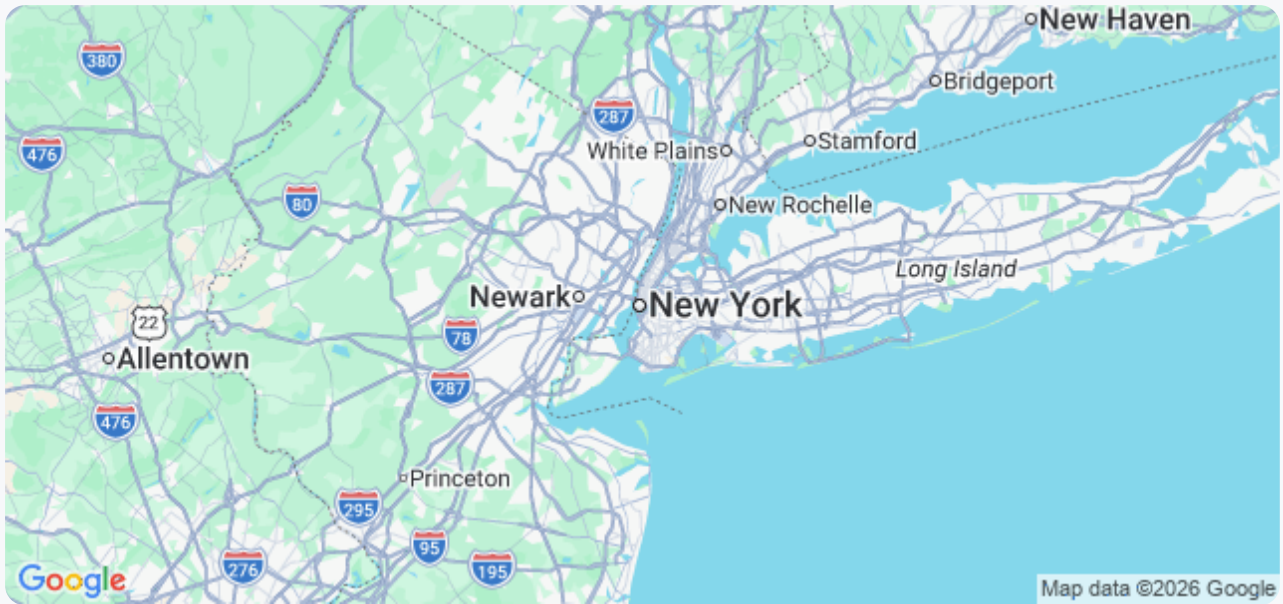
Write something...

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.)

 Upload File

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

 Upload File