

Municipal Solid Waste Management Checklist Template

Estimated Total Waste Generated (tons/week)				
Enter a number				
Primary Waste Type	s Generated			
Organic Waste (Foo	d Scraps, Yard W	aste)		
Paper & Cardboard				
Plastic				
Metals				
Glass				
Construction & Dem	olition Debris			
Household Hazardo	ıs Waste			
Other (Specify in Lo	ng Text)			
Specify 'Other' Was	o Types (if an	alicable)		

Percentage of Waste Recycled (estimated)