

Waste Management & Recycling Checklist (Weekly)

General Waste Assessment

Evaluate overall waste generation and identify areas for reduction

Enter a number.			
Observations on the control of the c	n Waste Compositi	on (e.g., unusually high volume of spec	cific
Write something			
Overall Waste	Generation Trend (C	Compared to Previous Week)	
Decreased Remained the	Same		
dentified Area raining)	for Waste Reducti	on (e.g., packaging optimization, staff	

Waste Compacted? Yes No	
Number of Full Waste Bins	
Enter a number	
Cardboard & Paper Recycling Focuses on cardboard from deliveries and paper waste.	
Estimated Cardboard Volume (Cubic Yards) Enter a number	
Estimated Paper Volume (Cubic Yards) Enter a number	
Cardboard Condition (Refore Recycling)	
Cardboard Condition (Before Recycling) Clean & Dry Slightly Soiled Heavily Soiled/Contaminated	
Paper Condition (Before Recycling)	
Clean Shredded Contaminated (Food/Liquid)	

Notes on Contamination (if any)	
Write something	
Is Recycling Container Full?	
Yes	
∐ No	
Date of Last Cardboard/Paper Collection	
Enter date	
Plastic & Film Recycling	
overs plastic packaging, shrink wrap, and other film materials.	
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overs plastic packaging, shrink wrap, and other film materials. Estimated Volume of Plastic Film (lbs) Enter a number Types of Plastic Film Recycled (Check all that apply) LDPE (Low-Density Polyethylene)	
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Write something	
Condition of Recyclable Plastics (e.g., clean, contaminated)	
Clean	
Slightly Contaminated	
Heavily Contaminated - Not Recyclable	
Unknown	
Photograph of Plastic Film Bins (optional - for contamination ch	ieck)
♣ Upload File	•
- Opload File	
lumber of Full Plastic Film Recycling Bins	
lumber of Full Plastic Film Recycling Bins Enter a number	
Enter a number	
Enter a number Vas the plastic film recycling bin serviced this week?	
Enter a number Vas the plastic film recycling bin serviced this week? Yes	
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Vas the plastic film recycling bin serviced this week? Yes No	
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Enter a number Vas the plastic film recycling bin serviced this week? Yes No No Ass & Metal Recycling	

Enter a number	
Estimated Quantity of Glass Bottles Recycled (lbs)	
Enter a number	
Glass Bottle Condition (Before Recycling)	
Clean & Empty	
Slightly Contaminated	
Heavily Contaminated	
Metal Sorting Accuracy	
Excellent - No Contamination	
Good - Minimal Contamination	
Needs Improvement - Visible Contamination	
Notes on Metal & Glass Recycling (e.g., contamination issues, unusual quantities)	
Write something	
write something	

Organic Waste (If Applicable)

For stores with food waste or organic materials requiring composting.

Enter a number	
Estimated Volume of Food Waste (Gallons)	
Enter a number	
Description of Organic Waste Types (e.g., produce scraps, coffe	e grounds)
Write something	
Composting Method	
On-site Composting	
Hauler Pick-up Animal Feed Donation	
Date of Last Organic Waste Collection/Donation	
Enter date	
Notes on Organic Waste Volume or Quality (e.g., unusually high presence of non-compostable items)	volume,
Write something	

Were there any rejected loads due to contamination? Yes No N/A
Waste Bin Management Checks bin capacity, cleanliness, and accessibility.
Bin Capacity Utilization (%)
Enter a number
Are bins clean and free of debris? Yes No N/A
Are bins easily accessible to staff? Yes No N/A
Notes on bin condition or issues observed
Write something

Were any bins overflowing?	
_	
Yes	
No	
Actions taken if overflowing/problematic bins were observed	
Write something	
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sures adherence to local regulations and tracks waste data.	
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Sures adherence to local regulations and tracks waste data. Date of Checklist Completion Enter date	
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Waste Volume (Cubic Yards)	

Waste Carrier License Verified? Yes No N/A
Recycling Contract Reviewed? Yes No N/A
Notes/Comments (e.g., unusual waste generation, issues with bins) Write something
Supporting Documentation (e.g., waste transfer notes, recycling certificates) L Upload File
Local Waste Regulations Up-to-Date? Yes No Review Required