

Waste Assessment Worksheet:

Name of person completing assessment: _____ Date: _____

GARBAGE

Number of dumpsters: _____

Dumpster location: _____

Days of Week Serviced (circle): Monday Tuesday Wednesday Thursday Friday

Days Assessment will be conducted: Monday Tuesday Wednesday Thursday Friday

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

PAPER RECYCLING

Number of **Blue** carts at curbside: _____

Days of Week Serviced (circle): Monday Tuesday Wednesday Thursday Friday

Days Assessment will be conducted: Monday Tuesday Wednesday Thursday Friday

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

GENERAL RECYCLING

Number of **Brown** carts at curbside (or carts of other colors labeled for recycling of bottles, cans, glass):

 Days of Week Serviced (circle): Monday Tuesday Wednesday Thursday Friday
 Days Assessment will be conducted: Monday Tuesday Wednesday Thursday Friday

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____

Date: _____ % Full Observations: _____