

School Name

### School Waste/Recycling Audit Form



School Population:

(Complete a separate audit form for each combination of location and bin type)

Location (Tick One):

Bin Type (Tick One):

Playground

Garbage

Classrooms

Recycling

Offices/Library

Canteen

No. bins sampled in this location

Total No. of bins in this location

No. of days since last emptied

	Garbage Weight (kg) From Garbage Bins Only	Recycling Weight (kg) from Recycling Bins Only
Glass (Food & Beverage Containers Only)		
Mixed Paper		
Cardboard		
Newspaper/Magazines		
Steel cans		
White Office Paper		
PVC (Plastic #3)		
PET (Plastic #1)		
HDPE (Plastic #2)		
Aluminium Cans		
Plastic Other (#4,5,6,7,etc)		
Food Waste		
Green Waste		
Other Waste (Includes Contaminated Tissues/Paper/Newspaper/Cardboard, Broken Glass, etc)		
<b>TOTAL</b>		