

WASTE DATA COLLECTION FORM



Event Name:

Date:

Location:

Approximate number of guests:

Person filling out form:

Contact #:

Please write legibly.

Waste Category		Bin/Bag Weight								Kg. Lbs.	
		1	2	3	4	5	6	7	8	9	10
Compost											
Landfill											
Liquids											
Mixed Recycling											
Optional	Cans										
	Glass										
	Plastic										
	Paper										
	Cardboard										

WASTE CATEGORY		Weight
TOTAL COMPOST		
TOTAL LANDFILL/INCINERATOR		
TOTAL LIQUIDS <i>(if applicable)</i>		
TOTAL MIXED RECYCLING		
Optional	Cans	
	Glass	
	Plastic	
	Paper	
	Cardboard	
TOTAL % DIVERTED		

NOTES *(Problems, observations, recommendations, liquids collected separately or not, etc....)*

Record weight data in either kg or lbs. We also welcome volume data, but please describe in detail how volumes were estimated. Recycling does not need to include data for all materials listed (cans, glass, plastic, paper, cardboard) if it is not practical to sort each type. Liquid weight is optional but please do indicate if liquids were or were not separated from other categories.