

Waste Management Checklist

Name: _____

School: _____

Room or Area: _____ Date Completed: _____

Signature: _____

1. WASTE MANAGEMENT

Yes No N/A

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1a.	Ensured that waste containers are appropriate for use (for example, food waste containers should have lids)		
1b.	Ensured that waste containers are lined		
1c.	Ensured that waste from art, science, vocational classes, etc., are		
	handled separately		
1d.	Labeled recycling bins clearly		
1e.	Ensured number of bins and dumpsters is adequate \Box		
1f.	Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds)		
1g.	Ensured waste containers are emptied regularly		
1h.	Ensured appropriate waste removal schedule		
1i.	Ensured waste is stored in a well-ventilated room \Box		
1j.	Ensured any exhaust fans in the room are operating properly \Box		
1k.	Checked waste storage areas for odors, contaminants, or signs of vermin \Box		

NOTES

Submit

Instructions

- 1. Read the IAQ Backgrounder and the Background Information for this checklist.
- 2. Keep the Background Information and make a copy of the checklist for future reference.
- 3. Complete the Checklist.
- · Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
- Make comments in the "Notes" section as necessary.
- 4. Return the checklist portion of this document to the IAQ Coordinator.