

(YOUR SCHOOL NAME) SCHOOL WASTE AUDIT FORM

- Classroom # _____
- Office
- Teacher's Room
- Cafeteria

	Yes	No
Small Trash Container	<input type="checkbox"/>	<input type="checkbox"/>
Container labeled	<input type="checkbox"/>	<input type="checkbox"/>
Recyclables mixed with trash	<input type="checkbox"/>	<input type="checkbox"/>

Mixed Paper Recycling Container	<input type="checkbox"/>	<input type="checkbox"/>
Container labeled	<input type="checkbox"/>	<input type="checkbox"/>
Trash or Bottles & Cans mixed in	<input type="checkbox"/>	<input type="checkbox"/>

Bottles & Cans Container	<input type="checkbox"/>	<input type="checkbox"/>
Container labeled	<input type="checkbox"/>	<input type="checkbox"/>
Trash or paper mixed in	<input type="checkbox"/>	<input type="checkbox"/>

Newspapers Container	<input type="checkbox"/>	<input type="checkbox"/>
Container labeled	<input type="checkbox"/>	<input type="checkbox"/>
Trash or cans & bottles mixed in	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

GRADE: _____