

Date _____

ReBUSINESS PARTNERS WASTE ASSESSMENT QUESTIONNAIRE

Contact _____ Contact's Title _____

Name of Business _____ Phone # _____

Profile:

1. Occupied square footage _____ 2. Business hours _____

3. Total number of employees _____ Full-time _____ Part-time _____

Waste Handling - Internal

4. Who collects waste inside the facility? _____

(Please note if trash, recycling, or compost are collected by different individuals)

5. Who oversees operations for your facility? _____

TRASH

6. How often is trash collected from inside the building? _____

___ Desk-side collection ___ Centralized collection ___ Other _____

7. Bins full when collected? Yes _____ No _____ Overflowing? _____

8. Is recyclable material typically found in trash? Yes _____ No _____

RECYCLING

9. How often is recycling collected from inside the building? _____

___ Desk-side collection ___ Centralized collection ___ Other _____

10. Bins full when collected? Yes _____ No _____ Overflowing? _____

11. Are non-recyclable materials often found in recycle bins? Yes _____ No _____

COMPOST

12. How often are compostables collected from inside the building? _____

___ Centralized collection ___ Other _____

13. Bins full when collected? Yes _____ No _____ Overflowing? _____

14. Are non-compostable materials often found in compost bins? Yes _____ No _____

Comments/Notes:

Waste Handling (Trash, Recycling, & Compost) -External

15. Please provide the waste assessors with a COPY OF YOUR LATEST INVOICE from the hauler(s).

If this is not readily available, please be prepared to tell us the:

- Size of your container(s)
- Frequency of service
- How full the container(s) are when emptied

Waste Stream (Reduce, Reuse, Recycle, & Rebuy)

16. Please list the waste materials you generate most often? _____

RECYCLE

17. Do you have a recycling program, either formal or informal, for the following materials?

- | | |
|---|------------------------------|
| _____ Mixed paper & cardboard | _____ Fluorescent tubes |
| _____ Yard or kitchen waste | _____ Metal |
| _____ Mixed containers | _____ Used oil |
| _____ Toner cartridges | _____ Deposit bottles & cans |
| _____ Electronics (computers, appliances, etc.) | _____ Other _____ |

18. Are there seasonal fluctuations in waste generation? If so, please describe:

REDUCE

19. Check applicable waste reduction efforts:

- | | |
|----------------------------|---|
| _____ 2-sided copying | _____ Use of reusable dishware |
| _____ Cloth towels/napkins | _____ Refillable products |
| _____ Scrap paper reuse | _____ Bulk condiments (including sugar, milk, etc.) |
| _____ Composting | _____ Other _____ |
| _____ Packaging reuse | _____ Other _____ |

REUSE

20. Do you have a designated area for storing surplus equipment for reuse? Yes _____ No _____

SHIPPING/RECEIVING

21. How are the goods you receive packaged?

- | | | | |
|-----------------|-----------------|------------------|--------------------|
| _____ Cardboard | _____ Drum | _____ Pallet | _____ Stretch Wrap |
| _____ Bucket | _____ Strapping | _____ Milk Crate | _____ Plastic Tote |

Comments/Notes:

PURCHASING (REBUY)

22. When purchasing, are remanufactured/recycled goods and/or durable goods taken into consideration? Yes _____ No _____
If yes, what are your criteria for purchasing?

23. Are you currently purchasing any items with recycled content? We would like to look at your supply closet. If this is not possible, please list what (if any) products have recycled content.

Overall Waste Management

24. List the biggest waste management "headache"(i.e., problems materials, large volume materials, staffing difficulties, equipment problems, etc.)?

25. Is there anything else we should know about your waste management or recycling systems or plans? Is there anything else we can provide you with to assist you in your waste reduction efforts?

Thank you for taking the time to complete this Waste Assessment Questionnaire.