

ReBUSINESS PARTNERS WASTE ASSESSMENT QUESTIONNAIRE

Name of Business _____ Assessor's Name _____

Contact Name _____ Date _____

Title _____ Phone _____

Business Description

1. Occupied square footage _____ Business hours _____

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

3. Number of shifts _____ If more than one, please describe: _____

Waste Handling - Internal

4. Which staff collects waste inside the facility? _____

5. Do you have a maintenance contractor? Yes ___ No ___

Name _____

6. Do you have a cleaning contractor? Yes ___ No ___

Name _____

Waste Handling -External

To answer these questions you may need to examine a recent bill from your waste hauler.

Have the bill on hand for the assessor's site visit in order to analyze the costs of waste disposal.

7. Name of hauler who collects your waste _____

8. Collection frequency Times per day _____ Times per week _____

9. Time of day of collection _____ 10. Container size _____

11. Cost of dumpster rental

\$ per week _____ \$ per month _____ \$ per year _____

12. Cost of hauling \$ per week _____ \$ per month _____ \$ per year _____

13. Cost of disposal \$ per week _____ \$ per month _____ \$ per year _____

14. Waste cost basis a) ___ flat rate b) _____ flexible rate c) ___ tag/bag

\$ _____ cost per tag/bag _____ # tags/bags/week

15. Is the dumpster full at the time it is emptied? Yes _____ No _____

If not, how full is it? _____ 1/2 _____ 3/4 _____ Other

Is it ever overflowing? Yes _____ No _____

If so, how often? _____

If so, why? Please describe: _____

16. Are there seasonal fluctuations in your waste generation? If so, please describe: _____

17. Please characterize the materials that represent the largest portion of your waste stream. Pick the 4 or 5 items that represent the bulk of your waste stream and prioritize them by number.

_____ Corrugated Cardboard

_____ Newspaper

_____ Office Paper (computer, copier, ledger, stationery)

_____ Mixed Paper (glossy inserts, junk mail, etc.)

_____ Other Paper (tissues, towels, wrappers, etc.)

_____ Glass Containers

_____ Other Glass (window, laboratory, light bulbs, etc.)

_____ Metal Food and Beverage Cans

_____ Scrap Metal (ferrous and non-ferrous)

_____ Plastic Containers (#1-#7 bottles and #5 wide-mouth tubs)

_____ Other Plastic (stretch wrap, strapping, etc.)

_____ Yard Waste (leaves, grass clipping, brush)

_____ Food Waste

_____ Electronics

_____ Other-explain _____

_____ Other-explain _____

_____ Other-explain _____

Shipping/Receiving

18. Do you ship/receive goods in permanent, reusable crating systems? Yes _____ No _____

If yes, please indicate:

_____ Milk Crates
_____ Bread Crates
_____ Plastic Totes for personal products, hardware, etc.
_____ Other _____

19. How are goods delivered to your site?

_____ Supplier _____ Delivery Service (USPS, UPS, Fed Ex, etc.)
_____ Self-Haul _____ Other

20. How are the goods you receive packaged?

_____ Cardboard Carton _____ Drum _____ Pallet _____ Stretch Wrap
_____ Bucket Strapping _____ Other _____ Other

Purchasing

21. Are you presently purchasing recycled or remanufactured products?

_____ Yes _____ No

If yes please indicate:

_____ Office Products _____ Plastic Containers
_____ Tissue/Toweling _____ Compost
_____ Re-refined Motor Oil _____ Equipment and Maintenance Products
_____ Cleaning Products _____ Other _____

Waste Reduction

22. Is your business currently involved in any waste reduction effort?

_____ 2-sided copying _____ Use of ceramic coffee mugs
_____ Cloth towels _____ Refillable products
_____ Scrap paper reuse _____ Bulk purchasing
_____ Toner Cartridge recharge _____ On-site composting
_____ Other _____ Other _____

23. Do you have any future plans for recycling or waste reduction? __Yes__ No

If yes, please describe:

24. Do you have a recycling program, either formal or informal? Yes No

If yes, please indicate which materials you separate for recycling:

- | | |
|--|---|
| <input type="checkbox"/> Office paper | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Yard or kitchen waste | <input type="checkbox"/> Used oil |
| <input type="checkbox"/> Corrugated Cardboard | <input type="checkbox"/> Antifreeze |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Pallets |
| <input type="checkbox"/> Plastics | <input type="checkbox"/> Glass containers |
| <input type="checkbox"/> Metal cans | <input type="checkbox"/> Mixed paper |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Equipment and Resources

25. Do you have any of the following equipment or resources that could be used for a recycling program?

- | | |
|--|---|
| <input type="checkbox"/> Vehicle (car, van, truck) | <input type="checkbox"/> Loading dock |
| <input type="checkbox"/> Baler | <input type="checkbox"/> Extra storage space |
| <input type="checkbox"/> Shredder | <input type="checkbox"/> Large storage containers |

Recycling Outlets

26. Where do your recyclables go?

- | | |
|--|--|
| <input type="checkbox"/> Tompkins County drop-off center | <input type="checkbox"/> Hauler collects |
| <input type="checkbox"/> Scrap dealer collects | <input type="checkbox"/> Give them away |
| <input type="checkbox"/> Recycling market collects | |
| Name of market _____ | |
| <input type="checkbox"/> Deliver to recycling market | |
| Name of market _____ | |
| Other _____ | |

General

27. What is your biggest waste management "headache"(i.e., problems materials, large volume materials, staffing difficulties, equipment problems, etc.)?

28. 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?

