NORTH EAST WASTE FORUM
NEW WAYS WITH LESS WASTE
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Appendix 5

Business Waste Reduction Project Toolkit

General Waste Data Collection Form

Date: _____ **Waste Assessment team:** _____

NOTE: *You will probably need to photocopy this sheet or create another table to cover all workplace areas*

General garbage				Contents (Visual Inspection)	Content % of total bin	Main material items
Sample No	Bin Location	Bin Size	% of bin full			
EXAMPLE: *Garbage (1)*	*reception area*	*20 L*	*100% full*	General Waste	*25%*	*Plastic packaging*
				Recyclable Paper	*20%*	*Old note pads; excess photocopies*
				Recyclable cans, plastics, bottles	*30%*	*Milk cartons, polystyrene cups*
				Other (specify) - *Food organics*	*10%*	*Lunch leftovers*
				Other (specify) - *Garden organics*	*15%*	*Dead flowers/leaves*
				Other (specify) - *Pathogenic waste*	*5%*	*Tissues and a nappy*
Garbage ( )				General Waste		
				Recyclable Paper		
				Recyclable cans, plastics, bottles		
				Other (specify)		
				Other (specify)		
				Other (specify)		
				Other (specify)		
Garbage ( )				General Waste		
				Recyclable Paper		
				Recyclable cans, plastics, bottles		
				Other (specify)		
				Other (specify)		
				Other (specify)		
				Other (specify)		

Total No of bins	N/A	Average size	Average % full	**Total General Waste (L)**	**Total Recyclable paper (L)**	**Total Recyclable cans, plastics (L)**	**Other Total (L)**