

Place Audit

Please complete one audit every two weeks.

Name:		Date:		
Place/Community:		# in Community:		
LANDFILL	Signage present?	YES	NO	
How many bins are present?	How full are bins on average?		%	
What color are the bags that line the landfill bins?				
What's in the landfill bins (list top 3 items)?				
Suggestions for improvement of landfill waste:				
RECYCLING	Signage present?	YES	NO	
How many bins are present?	How full are bins on average? %		%	
What color are the bags that line the recycling bins?				
What's in the recycling bins (list top 3 items)?				
Suggestions for improvement of recycling:				
COMPOST	Signage present?	YES	NO	
How many bins are present?			%	
now many oms are present:	How full are bins on average? %			
What's in the compost bins (list to	op 3 items)?			

Suggestions for improvement of compost management:

EDUCATION			
How many community members were you able to interact with?			
Comments on the status of passive education (bulletin board, posters, signage):			
Do you notice any evidence of change in the community since last audit?			
Identify one new educational opportunity for this place:			
OPERATIONS			
Is new signage needed? YES NO Type:			
Is a work order needed? YES NO Type:			
Notes for Housekeeping:			
Notes for Residence Life/Partners/Office Staff:			
FOLLOW UP			
Highlight during this audit:			
My action item is:			