

BUILDING QUESTIONNAIRE

WASTE ASSESMENT GENERAL INFORMATION

NAME OF BUILDING _____ DATE _____
ADDRESS _____ ZIP _____
CONTACT NAME/TITLE _____ PHONE _____
PROPERTY MANAGEMENT COMPANY _____

DESCRIPTION OF BUILDING

NUMBER OF EMPLOYEES _____ NUMBER OF FLOORS _____
OCCUPIED SQUARE FOOTAGE _____
NUMBER OF PRINTERS _____ NUMBER W/ DUPLEXING _____
NUMBER OF COPIERS _____ NUMBER W/ DUPLEXING _____
NUMBER OF FAX MACHINES _____ NUMBER W/ DUPLEXING _____
ARE FREIGHT ELEVATORS AVAILABLE? [] YES [] NO
DOES THE BUILDING HAVE A LOADING DOCK? [] YES [] NO
SPECIAL NEEDS THAT MAY EFFECT RECYCLING: (SPACE LIMITATIONS, ETC.)

CURRENT WASTE MANAGEMENT SERVICES

NAME OF JANITORIAL SERVICE _____
JANITORIAL SERVICE ROLE IN WASTE/RECYCLING COLLECTION _____

WASTE COLLECTION SERVICE _____ PHONE _____
HOW MANY TRASH CANS HAVE BEEN PURCHASED IN THE LAST 2 YEARS? _____

HOW MANY RECYCLING BINS HAVE BEEN PURCHASED IN THE LAST 2 YEARS? _____

QUANTITY AND EQUIPMENT USED FOR WASTE COLLECTION AND DISPOSAL

TYPE/NO. OF CONTAINERS	%FULL	FREQUENCY OF PICKUP
DUMPSTERS _____	_____	[] DAILY [] WEEKLY [] _____
RECEPTACLES _____	_____	[] DAILY [] WEEKLY [] _____
COMPACTOR _____	_____	[] DAILY [] WEEKLY [] _____
SHREDDER _____	_____	[] DAILY [] WEEKLY [] _____

CURRENT RECYCLING ACTIVITY

CURRENTLY RECYCLING? YES NO MATERIALS _____

HAS PROGRAM BEEN SUCCESSFUL? _____

RECYCLING SERVICE _____ PHONE _____

QUANTITY AND EQUIPMENT USED FOR RECYCLING COLLECTION

TYPE/NO. OF CONTAINERS	%FULL	FREQUENCY OF PICKUP
DUMPSTERS _____	_____	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> _____
RECEPTACLES _____	_____	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> _____
COMPACTOR _____	_____	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> _____
SHREDDER _____	_____	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> _____

CURRENT SHREDDING SERVICE

CURRENTLY SHREDDING? YES NO MATERIALS _____

IS SHREDDED MATERIAL RECYCLED? _____

SHREDDING SERVICE _____ PHONE _____

QUANTITY AND EQUIPMENT USED FOR SHREDDING COLLECTION

TYPE/NO. OF CONTAINERS	%FULL	FREQUENCY OF PICKUP
CANS _____	_____	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> _____
COMPACTOR _____	_____	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> _____

GARBAGE CANS

LOCATION/NUMBER OF CONTAINERS	SIZE
DEKSIDES _____	_____
CENTRAL _____	_____
PUBLIC _____	_____
OTHER _____	_____

RECYCLING RECEPTACLES

LOCATION/NUMBER OF CONTAINERS	SIZE
DESKSIDE_____	_____
CENTRAL_____	_____
PUBLIC_____	_____
OTHER_____	_____

REUSE PRACTICES

DESCRIBE ANY WASTE REDUCTION PRACTICES IN WHICH YOUR OFFICE PARTICIPATES (DUPLEX PRINTING, RE-USE OF PACKING MATERIALS, EXCHANGE OF UNWANTED SUPPLIES, EQUIPMENT, FURNITURE).

PURCHASING PRACTICES

1. WHAT PERCENTAGE OF COMPUTERS, COPIERS, AND PRINTERS ARE ENERGY STAR CERTIFIED?
2. HOW MUCH OF THE PAPER YOU PURCHASE IS RECYCLED CONTENT? WHAT PERCENTAGE OF RECYCLED CONTENT (30%, 100%)? WHAT TYPES ARE THE PAPERS (COPY PAPER, CARD STOCK, COLORED PAPER)?
3. HOW MANY OF THE TONER AND PRINTER CARTRIDGES YOU PURCHASE ARE REMANUFACTURED?
4. DO YOU PURCHASE RECYCLED CONTENT BATHROOM TISSUE AND PAPER TOWELS?
4. WHAT OTHER TYPES OF RECYLED CONTENT PRODUCTS DO YOU PURCHASE?
5. DOES YOUR JANITORIAL SERVICE USE GREEN CLEANERS?
6. DO YOUR MAINTENACE AND GROUNDSKEEPING OPERATIONS USE GREEN CHEMICALS OR LESS TOXIC ALTERNATIVES TO SUCH CHEMICALS AS PAINTS, FERTILIZERS, AND PESTICIDES?
7. DOES YOUR OFFICE USE DISPOSABLE DISHES, CUPS, OR EATING UTENSILS? IF SO, WHAT TYPES (POLYSTYRENE, PLASTIC, PAPER, BIO-PLASTICS)?

