



Allen County Solid Waste Management District
 One Main St. Room B-86, Fort Wayne, IN 46802
 Tel: (260) 449-7878 Fax: (260) 449-7716 www.acwastewatcher.org

Waste Assessment Questionnaire

Name of Company _____ Date _____
 Address _____ Zip _____
 Contact Name & Title _____ Phone _____
 Additional Name & Title _____ Phone _____
 Property Management Company _____

Facility Background

Number of Employees _____ Number of Buildings _____ 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 affect recycling: (Space limitations, etc.) _____

 Business type? Manufacturer Office Service Other

Current Trash Services

Trash Collection Service Provider _____

Quantity and equipment used for trash collection and disposal:

Type	# of containers	Size	% Full	Frequency of Pickup	Location
Dumpster (2, 4, 6, 8 yd?)	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Deskside _____
Receptacles	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Central _____
Compactor	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Public _____
Shredder	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Other _____

How much are you paying a month for this service? _____

Current Recycling Activity

Do you currently recycle? Yes No

Materials Recycled? _____

Has the program been successful? _____

Recycling service provider _____

Quantity and equipment used for recycling collection:

Type	# of containers	Size	% Full	Frequency of Pickup	Location
Dumpster (2, 4, 6, 8 yd?)	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Deskside _____
Receptacles	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Central _____
Compactor	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Public _____
Shredder	_____	_____	_____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> _____	Other _____

What materials do you wish to recycle that you aren't currently? _____

How much are you paying a month for this service? _____

Current Shredding Service

Currently Shredding? Yes No

Materials Shredded? _____

Is shredded material recycled? Yes No

Shredding service provider _____

Quantity and equipment used for shredding collection:

Type	# of containers	Size	% 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"/> _____

How much are you paying a month for this service? _____

Janitorial Services

Name of janitorial service provider _____

Janitorial service role in trash & recycling collection _____

Does your janitorial service provider use "green cleaners"? _____

Does your maintenance and grounds keeping operations use green chemicals or less toxic alternatives to such chemicals as paints, fertilizers, and pesticides? _____

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, etc.) _____

Purchasing Practices

How much of the paper you purchase is made from recycled content? What percentage of recycled content (30%, 100%)? What types of paper (copy paper, card stock, colored paper)? _____

How many of the toner and printer cartridges you purchase are remanufactured? _____

Do you purchase recycled content bathroom tissue and paper towels? _____

What other types of recycled content products do you purchase? _____

Does your office use disposable dishes, cups, or eating utensils? If so, what types (polystyrene, plastic, paper, bio-plastics?) _____

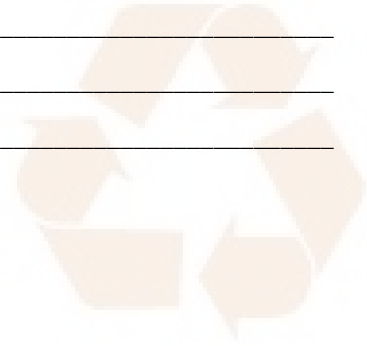
What is your goal: To reduce waste, reduce waste cost, to be environmentally responsible, or other? _____

What do you do with your old fluorescent light bulbs? _____

If you generate hazardous waste, how do you dispose of it? _____

Do you recycle your old electronics? If yes how? _____

Other Comments



For your benefit, and ours please submit this filled out survey to us at:

Allen County Solid Waste Management District
1 Main Street B86
Fort Wayne, IN 46802

Or

Fax us at (260) 449-7716

Thank you,
The Allen County Solid Waste Management District

Allen County
Solid Waste Management District