

Detailed Visual Audit Walkthrough Example Data Collection Sheet

**Date and Time of Day:**

Location:	Waste Stream:
Container Size:	Fullness Level:
	<b>Estimated Volume Percentage</b>
<b>Landfill</b>	
Non-recyclable plastic	
Non-recyclable glass	
Non-recyclable metal	
Non-recyclable paper	
Food scraps	
Other	
<b>Single-Stream Recycling</b>	
Recyclable plastic	
Recyclable glass	
Recyclable metal	
Recyclable paper	
Cardboard	
<b>Reuse &amp; Third-Party Recycling</b>	
Scrap metal	
Reusable office supplies	

**Notes on waste composition (problematic items, packaging trends, observations, etc):**