Contractor Logo

Contractor Name

PROJECT NAME

WASTE MANAGEMENT CHECKLIST

Location: Project Name - City- COUNTRY

		Date/Time :				/ /20 ; am/pm		
No	**Items to be checked**	**Yes**	**No**	**No**	**Items to be checked**	**Yes**	**No**
1	*Allocated Waste location for each building*			I	***Waste Properly Disposed off***		
2	*Waste seggregated at each location*			a	*Wood/ Timber*		
3	*Waste collected periodically*			b	*Metals*		
4	*Waste records maintained*			c	*Asphalt*		
5	*Environmental factors affecting waste*			d	*Concrete*		
6	*Hazardous wastes produced*			e	*Spoils*		
7	*Hazmat area available at site*			f	*Paper*		
8	*Oil spill kit available at site.*			g	*Cardboard*		
9	*Waste Management toolbox talks given*			h	*Glass*		
10	*Contracts for waste disposal in place*			i	General Office		
11	*Waste disposal training given*			j	Canteen/ Food		
12	*Signage for waste disposal areas*			k	Septic Tank		
13	*Waste analysis conducted*			l	Sanitary Water		
14	*Learning lessons to reduce waste implemented*			m	Batteries		
15	*Iraqi municipality requirement implemented*			n	Clinical Waste		
16	*Waste Locations shown on site Layout available*			o	Empty Chemical Containers		
17	*Contact Phones for waste disposal available*			p	Oils/ Lubricants/ Fuels		
18	*Any reported problems since last check*			q	General Contructions		
19	*Checklists are kept on file*			r	Others……		
20	*Subcontractors abiding by waste disposal plans*			II	**Identify Opportunities to:**		
				a	Reduce:……		
				b	Reuse:……		
				c	Recycle:……		
				d	Energy Recovery:……		
				e	Disposal:……		

Yes :+2
N/A : Not Applicable : +2
No: 0

Total Mark:

Name & Surname of Inspector:		
Position:		
Signature:		