

SOLID WASTE AUDIT FORM

WASTE MANAGEMENT SYSTEM

Date of Audit	Audit No.	Auditor(s) Name	Auditee(s) Name	Audit Duration
				Audit Start Date: ----- to ----- Total Days:
Method of Solid Waste Audit <input type="checkbox"/> Visual <input type="checkbox"/> Documentation <input type="checkbox"/> Other Method Please Specify.....		Solid Waste Categories defined? If yes pleased specify....		
Department Separate bins YES / NO	<u>Observation</u>			
Solid Waste properly Labeled? YES / NO	<u>Observation</u>			
Documents are available with Department? And Updated? <u>Detailed Information of each department</u>				
Solid Waste Storage Area Audit				
#	Type of Waste	Category	% of Total Waste	Observation
Is there toxic materials are mixed? Or identified?				
Final Remarks				
Auditee(s) Sign.			Auditor(s) Sign.	