



Name of Program: Liquids Only

Name of School: _____

Contact Persons(s): _____

Start Date	TASK	NAME	NOTES	Done
	Set initial meeting(s) with CNS, admin, custodial and kitchen staff to gather and disseminate information		Download Form 1	
	Collect data of current disposal process in lunchroom			
	Decide on system to collect liquids		<i>This could include a sink, bucket, and/or a strainer</i>	
	Procure items			
	Make necessary announcements to begin program			
	Present findings of liquids diverted, in pounds and volume			
	Schedule an interest meeting for school staff, PTA and parents to consider expansion of program			