

Name o	of School:					
Contact Person for Audit:						
		following: Empt ne time each day		⅓ or Full		
Initial Dumpster Audits: Date Range (two weeks):						
Week 1	Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Dumpster 1						
Dumpster 2*						
Week 2	Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Dumpster 1						
Dumpster 2*						
Post Pilot Dumpster & Compost Bin Audit: Date Range (one week):						
Receptacle Type	Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Dumpster 1						
Compost Bin						

Other\*\*

<sup>\*</sup> Use if necessary.

<sup>\*\*</sup> Dumpster or Compost Bin as needed.