



Waste Management Checklist

Name: Maggie Seidel, Principal & Luis Moquette, Head Custodian

School: Simsbury High School

Room or Area: School Wide Date Completed: 11/21/24

Signature: _____

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the “yes,” “no,” or “not applicable” box beside each item. (A “no” response requires further attention.)
 - Make comments in the “Notes” section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids)	✓	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured that waste containers are lined	✓	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately	✓	<input type="checkbox"/>	<input type="checkbox"/>
1d. Labeled recycling bins clearly	✓	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured number of bins and dumpsters is adequate	✓	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds)	✓	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured waste containers are emptied regularly	✓	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured appropriate waste removal schedule	✓	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured waste is stored in a well-ventilated room	✓	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ensured any exhaust fans in the room are operating properly	✓	<input type="checkbox"/>	<input type="checkbox"/>
1k. Checked waste storage areas for odors, contaminants, or signs of vermin	✓	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: