

WASTE AUDIT APPLICATION

Name:	
Address:	
Contact Telephone Number:	
Number Of Adults (18 And Over) Permanently Living In The Household:	
Number Of Children And Age(s) Living In The Household: (Please Indicate If Disposable Nappies Are Used)	
Reason For Request:	

PLEASE CONFIRM (BY TICKING EITHER YES OR NO) THAT YOU ARE USING ALL THE FOLLOWING SERVICES TO MANAGE YOUR WASTE:

(Please Refer To The Council Recycling Guide For Further Details On These Services)

Green 23L Caddy	Food Waste	Yes		No	
Recycling Bins					
Grey Bin Blue Lid	Paper and Card	Yes		No	
Grey Bin Red Lid	Mixed Household Plastics & Cans e.g. bottles, tubs, food trays, tins, cans	Yes		No	
Grey Bin Purple Lid	Glass Bottles & Jars, Household Batteries and Small Electricals	Yes		No	
Brown Bin	Garden Waste	Yes		No	
Recycling Centres	Large Plastics, Tyres, Books, Soil, Rubble, Plasterboard, Oil, Light Bulbs, Wood, Carpets, Gas Bottles, Large Electricals	Yes		No	
Despite Following Our Hints And Tips, Are You Producing More Waste Than The Green Bin Will Hold?		Yes		No	

Signed: _____ **Date:** / /

Waste Diary Week 1

1. Keep a score of the number of times that you place waste in each container.
2. You will see which items you throw away the most. Target these items first to reduce your waste.
3. Look at the amount of your waste collected by the Council Waste Collection Teams each week and try to reduce the number of items in the green bin.

Which day was the container used and score how many times Which container was used?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How full was each container at the end of Week 1? 1/4; 1/2; 3/4; Full or Excess
Green Caddy (Food Waste)								
Grey Bin Blue Lid (Paper & card)								
Grey Bin Red Lid (Plastic bottles containers, tins cans)								
Grey Bin Purple Lid (Glass Bottles & Jars)								
Brown Bin (if applicable) (Garden Waste)								
Green Bin (Non-Recyclable Items)								

Was there any excess waste that could not fit into any of the containers at the end of the week (tick yes or no)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, and to enable us to assist you, please detail the main items you are placing in your waste bin? If you need any additional recycling containers these will be supplied				

| Waste Diary Week 2

Which day was the container used and score how many times Which container was used?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How full was each container at the end of Week 2? 1/4; 1/2; 3/4; Full or Excess
Green Caddy (Food Waste)								
Grey Bin Blue Lid (Paper & card)								
Grey Bin Red Lid (Plastic bottles containers, tins & cans)								
Grey Bin Purple Lid (Glass Bottles & Jars)								
Brown Bin (if applicable) (Garden Waste)								
Green Bin (Non-Recyclable Items)								

Was there any excess waste that could not fit into any of the containers at the end of the week (tick yes or no)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, and to enable us to assist you, please detail the main items you are placing in your waste bin? If you need any additional recycling containers these will be supplied

Any other comments:

Waste Diary Week 3

Which day was the container used and score how many times Which container was used?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How full was each container at the end of Week 3? 1/4; 1/2; 3/4; Full or Excess
Green Caddy (Food Waste)								
Grey Bin Blue Lid (Paper & card)								
Grey Bin Red Lid (Plastic bottles containers, tins & cans)								
Grey Bin Purple Lid (Glass Bottles & Jars)								
Brown Bin (if applicable) (Garden Waste)								
Green Bin (Non-Recyclable Items)								

Was there any excess waste that could not fit into any of the containers at the end of the week (tick yes or no)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, and to enable us to assist you, please detail the main items you are placing in your waste bin? If you need any additional recycling containers these will be supplied

Any other comments:

Waste Diary Week 4

Which day was the container used and score how many times Which container was used?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How full was each container at the end of Week 4? 1/4; 1/2; 3/4; Full or Excess
Green Caddy (Food Waste)								
Grey Bin Blue Lid (Paper & card)								
Grey Bin Red Lid (Plastic bottles containers, tins & cans)								
Grey Bin Purple Lid (Glass Bottles & Jars)								
Brown Bin (if applicable) (Garden Waste)								
Green Bin (Non-Recyclable Items)								

Was there any excess waste that could not fit into any of the containers at the end of the week (tick yes or no)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, and to enable us to assist you, please detail the main items you are placing in your waste bin? If you need any additional recycling containers these will be supplied

Any other comments: