

WASTE AUDIT METHODOLOGY

What you need:

- weighing scale;
- containers (preferably drums or pails that have been calibrated to measure volume) for each type of waste;
- ground sheet;
- tongs for picking up and sorting;
- and waste charts and forms.

1. Collect all the wastes that are generated or found in the designated clean up area / site.
2. Segregate and classify the waste collected based on the Waste Classification Table found on page 2.
3. Using common containers or pails of the same size and weight or those that have been equally calibrated, determine the volume and weight of each type of waste and tally them using the form. There's no need to compress or flatten the piles of waste inside the containers when getting the estimated volume. Enter the data immediately into the forms after each measurement, by volume and by weight.
4. After tallying, rank all the wastes according to volume and then according to weight. Please note that determining volume is important as plastic discards like polystyrene or plastic bags, while lighter in weight tend to occupy more space.

#breakfreefromplastic

WASTE CLASSIFICATION TABLE

1. Plastic Bags	T-shirt bags, sando bags
2. Composite/Multi-layered packaging	Shampoo/toothpaste sachets, 3-in-1 coffee sachets, junk food wrappers, etc
3. Single-layer plastics	Plastic labo, some junk food wrappers and other kinds of plastics that are not classified as t-shirt bags
4. Polystyrene	Food containers, coffee cups, disposable plastic cups and utensils
5. Hard Plastic (HDPE / LDPE / PP)	All kinds of hard plastics like shampoo bottles, lotion bottles, bottle caps, etc except PVC and PET
6. PET plastics	Soda bottles, water bottles, juice bottles
7. Drinking straws	
8. Diapers and sanitary pads	
9. Metals / Cans	Aluminum, foil, other types of metals
10. Glass	All kinds of glass except thermometers, light bulbs and medical supply/medicine bottles
11. Paper / cartons / cardboards	All kinds of paper products
12. Biodegradable waste	All kinds of bio waste except paper and cartons
13. Cigarette butts	
14. Textile	All kinds of cloths, rags, etc
15. Ceramics	Pottery, plates, mugs, ceramic figurines, etc
16. Hazardous waste	Paint cans, PVC plastic (laminates, tarpaulins, linoleum, PVC toys, shower curtains), light bulbs, etc
17. Medical waste	Thermometers, syringes, medicine bottles, etc
18. Footwear	Slippers and shoes
19. Others	Rubbers, all other kinds of waste that don't fall under the categories above

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
Names of Recorders: _____
Names of Sorters: _____
Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
1. Plastic Bags			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
2. Composite/Multi-layers			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
 Names of Recorders: _____
 Names of Sorters: _____
 Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
3. Single-layer plastics			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
4. Polystyrene			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
 Names of Recorders: _____
 Names of Sorters: _____
 Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
5. Hard Plastics			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
6. PET plastics			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
 Names of Recorders: _____
 Names of Sorters: _____
 Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
7. Drinking straws			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
8. Diapers and sanitary pads			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
 Names of Recorders: _____
 Names of Sorters: _____
 Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
9. Metals/cans			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
10. Glass			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks: _____

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
Names of Recorders: _____
Names of Sorters: _____
Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
11. Paper/cartons/cardboard			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
12. Biodegradable waste			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
 Names of Recorders: _____
 Names of Sorters: _____
 Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
13. Cigarette butts			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
14. Textile			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
 Names of Recorders: _____
 Names of Sorters: _____
 Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
15. Ceramics			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
16. Hazardous waste			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
 Names of Recorders: _____
 Names of Sorters: _____
 Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
17. Medical waste			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			
18. Footwear			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

#breakfreefromplastic

WASTE AUDIT FORM

Name of Organization: _____ Date of Audit: _____
Names of Recorders: _____
Names of Sorters: _____
Time of Audit (Start/End): _____ Zones/Area Audited: _____

CLASSIFICATION	VOLUME	WEIGHT	Time Recorded
19. Others			
(Weighing) 1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
TOTAL			

Remarks:

WASTE AUDIT FINAL TALLY FORM

Name of Recorder: _____ Date: _____
 Total Volume of Waste Collected: _____
 Total Weight of Waste Collected: _____

CLASSIFICATION	VOLUME	%	WEIGHT	%	RANK
1. Plastic Bags					
2. Composite/Multi-layered packaging					
3. Single-layer plastics					
4. Polystyrene (PS)					
5. Hard Plastic (HDPE / LDPE / PP)					
6. PET plastics					
7. Drinking straws					
8. Diapers and sanitary pads					
9. Metals / Cans					
10. Glass					
11. Paper / cartons / cardboards					
12. Biodegradable waste					
13. Cigarette butts					
14. Textile					
15. Ceramics					
16. Hazardous waste					
17. Medical waste					
18. Footwear					
19. Others					
TOTAL					

Remarks / Comments:

