



City of Owen Sound

Waste Audit/Recycling Plan for Industrial, Commercial & Institutional Premises

Please fill the form out completely. For further information please see the Recycling section of our website or call Public Works at 376-4274.

Direct Link to Recycling on website:
www.e-owensound.com/environment

1. BUSINESS/BUILDING

Please provide the address information for the business, industry, institution or building for which you are completing the Waste Audit/Recycling plan.

Business	Number of Employees:	
Name:		
Street Address:		
Line 2:		
P.O. BOX #	Postal Code:	Owen Sound
Phone #: 519-	Fax #: 519	
Other Contact:		
WEBSITE:		

2. CONTACT PERSON

Please indicate the person at your company to whom we should send correspondence regarding recycling.

Name:	
Title:	
Phone #: 519	Email:
Mailing Address (if different than above): Line 1	
Address Line 2	

3. TYPE OF BUSINESS

FOR ADDITIONAL COMMENTS SEE PAGE 6

Office:	<input type="checkbox"/>	Industry:	<input type="checkbox"/>	Restaurant:	<input type="checkbox"/>	Retail:	<input type="checkbox"/>
Institution:	<input type="checkbox"/>	School:	<input type="checkbox"/>	Laboratory:	<input type="checkbox"/>	Service:	<input type="checkbox"/>
Non-profit:	<input type="checkbox"/>	Health Care:	<input type="checkbox"/>	Veterinary Care:	<input type="checkbox"/>		

OTHER
Please Specify: _____

- **Home-occupation business:**

If you operate a home-occupation business please stop here and send us back the form. It is assumed that home-occupation businesses will make full use of the recycling programs available to homeowners and mandated by the Waste Management By-law.



3. GARBAGE REMOVAL

- Does your company/institution manage your own garbage removal or is this service provided by your landlord/building owner or manager?

We manage our own garbage removal:

Our landlord/building manager looks after garbage disposal:

- How do you dispose of your garbage? (YES or NO & EXPLAIN)

Placed at curbside for City pick-up: Y N

Collected by in-house cleaning staff: Y N

Collected by contracted cleaning staff: Y N

Name of cleaning contractor:

Picked up by a private hauler: Y N

Name of hauler:

Taken to Transfer Station by your staff: Y N

Comments

Space for additional comments on page 8 & 9



6. ESTIMATE OF RECYCLABLES GENERATION

Recyclables may be generated by the business/institution or may be brought on to your premises by your employees and/or customers. For each material listed below please estimate the quantity that flows through your facility from all sources and estimate the fate of each material.

TABLE 2: ESTIMATE OF RECYCLABLES GENERATION

A	B	C	D	E	F
MATERIALS A	SOURCE (1, 2, 3 see B below)	AMOUNT (cu. yd/month C)	MONTHS PER YEAR X 12 (OR OTHER)	TOTAL CUBIC YARDS PER YEAR C X 12	ESTIMATED % OF TOTAL WASTE
Corrugated cardboard	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
Boxboard (paper cups)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
Office paper	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
Newspaper & Magazines	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
Glass Bottles & Jars	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
Steel Cans	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		
Pop Cans	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
# 1 to 5 and # 7 Plastics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
# 6 Polystyrene	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
Styrofoam	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		X 12 =		%
TOTALS			X 12		%

OTHER

A Examples of material types are included in the Audit Guide under Recyclable Materials.

B Please include all the relevant Waste Source Codes in Column B above:
1) Business/Facility Operations 2) Employees 3) Clients/Customers

C Measurements of common recyclable materials are included in the Audit Guide under Volume Measurements.



8. DECLARATION

I understand that recycling is mandatory in Owen Sound. I certify the above items will be recycled in accordance with City of Owen Sound By-Law # 2006-01. We will follow the Recycling Plan described above and notify the City in writing if it is altered.

Name

Title

Signature

Date

2006

If you have questions or comments about filling out this form, please contact Public Works at 376-4274.

PLAN APPROVAL

The City of Owen Sound Public Works Department approves the recycling plan described above. The City also expects that the business will pro-actively address any problems experienced with recycling. City staff are available as a resource if you are experiencing problems or want to expand your program.

Signature, Chris Hughes, Environmental Superintendent

Date

PLEASE RETURN THIS FORM TO THE CITY OF OWEN SOUND PUBLIC WORKS DIVISION, 808 2ND AVENUE EAST, OWEN SOUND, ONTARIO N4K 2H4, FAX 519-372-1209, PHONE 519-376-4274.

ADDITIONAL COMMENTS SEE PAGE 8 & 9

COMMENTS:

Multiple horizontal lines for entering comments.

