Waste Collection Tally Sheet

EVENT NAME: _____

					Compl	ete for o	each sh	eet							
Site Name/A	ddress:														
Date:															
Operator nar	me:														
Photo no. (fo	r the da	ay e.g. 1	L of 6)												
Completed sheets:		Email to at the end of each day													
	FOR	USE AT SI	TES WHE	RE VEHICL	ES MAY B	E COMME	ERCIAL, RE	SIDENTIA	L, EMERG	ENCY RES	PONSE TE	AM ETC			ADM
Waste Type	Vehicle Type			Vehicle Tally						TH. C					M
MSW	Car														50
															65
															65
	Ute														50
Municipal Solid Waste															65
olid v															65
ipal S															65
Munic	Car/Ute	+ Traile	railer												50
_															65
															65
															65
Green Waste	Ute														
															50
Green Waste															65
Bulk Bins					I	Volum	etric		M³ e.g	. 15m³			1	Sum	
Municipal Solid Waste															13
Mun So Wa															13
Other Commercial						Volum	etric		M³ e.g	. 15m³				Sum	
-commercial															13
rcial															14
Commercial															
3															15
															16