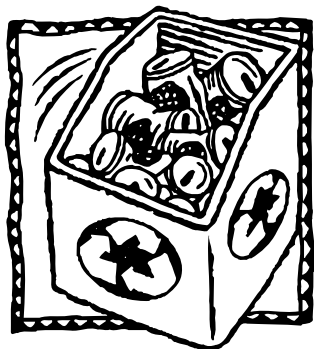




# Waste Management Checklist

Name: Bridge/Aspire IAQ Team

School: 261 Skiff Street, Hamden, CT 06517

Room or Area: ALL Date Completed: 10-30-2025

Signature: Todd A. Solli

## Instructions

1. Read the *IAQ Background* 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that waste containers are lined .....                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that waste from art, science, vocational classes, etc., are handled separately .....                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Labeled recycling bins clearly .....                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Ensured number of bins and dumpsters is adequate .....                                                                                     | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Ensured waste containers are emptied regularly .....                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Ensured appropriate waste removal schedule .....                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Ensured waste is stored in a well-ventilated room .....                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Ensured any exhaust fans in the room are operating properly .....                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## NOTES

[See Walkthrough Checklist for further details.](#)