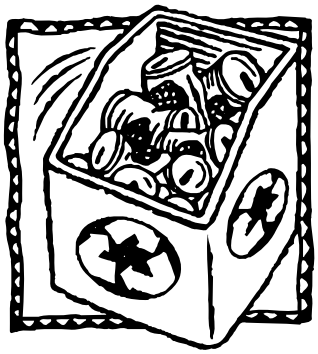

Waste Management Checklist

Name: 370 State Street IAQ Team

School: 370 State Street, North Haven, CT 06473

Room or Area: ALL Date Completed: 11-9-2026

Signature: Todd A. Solli

Instructions

1. Read the *IAQ Backgrounder* 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)	☒	☐	☐
1b. Ensured that waste containers are lined	☒	☐	☐
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately	☒	☐	☐
1d. Labeled recycling bins clearly	☒	☐	☐
1e. Ensured number of bins and dumpsters is adequate	☒	☐	☐
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds)	☒	☐	☐
1g. Ensured waste containers are emptied regularly	☒	☐	☐
1h. Ensured appropriate waste removal schedule	☒	☐	☐
1i. Ensured waste is stored in a well-ventilated room	☒	☐	☐
1j. Ensured any exhaust fans in the room are operating properly	☒	☐	☐
1k. Checked waste storage areas for odors, contaminants, or signs of vermin	☒	☐	☐

NOTES

See Walkthrough Checklist for specifics