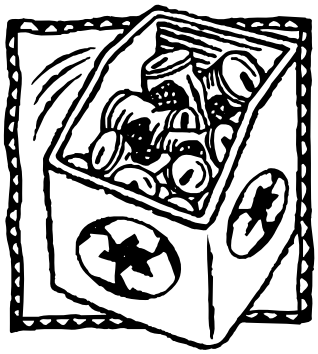

# Waste Management Checklist

Name: ACCESS Program

School: 60 United Drive, North Haven, CT 06473

Room or Area: ALL Date Completed: 10-22-2026

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