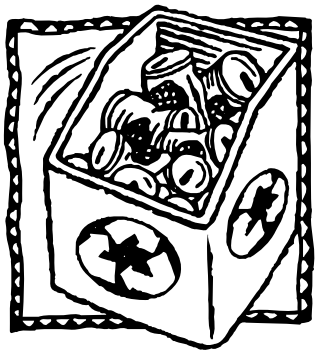

Waste Management Checklist

Name: Early Head Start IAQ Team

School: 300 Washington Street, Middletown, CT 06457

Room or Area: ALL Date Completed: 10-21-2026

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 further details.