

Waste Management Checklist

Name:
School: BROWN ELEMENTARY SCHOOL
Room or Area: _____ Date Completed: 10-30-2026
Signature: [signature]

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



Waste Management Checklist

Name: _____

School: NECK RIVER School

Room or Area: _____ Date Completed: 10-30-2026

Signature: _____

Instructions

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NOTES



Waste Management Checklist

Name:

School: Polson Middle School

Room or Area: Date Completed: 10-30-2026

Signature:

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1j. Ensured any exhaust fans in the room are operating properly	☑	☐	☐
1k. Checked waste storage areas for odors, contaminants, or signs of vermin	☑	☐	☐

NOTES



Waste Management Checklist

Name:
School: Daniel Hand High School
Room or Area: Date Completed: 10-30-2026
Signature:

Instructions

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NOTES