

Event Waste Management Plan

EVENT INFORMATION:						
EVENT NAME:		EVENT DATE: (dd/mm/yy)				
EVENT ADDRESS/LOCATION:		EXPECTED ATTENDANCE:				
CONTACT INFORMATION:						
PRIMARY CONTACT: NAME:						
CONTACT PHONE NO:	CELL PHONE NO:					
EMAIL ADDRESS:	APPLICA	IT SIGNATURE:				
SECONDARY CONTACT: NAME:						
CONTACT PHONE NO:	CELL PHONE NO:					
EMAIL ADDRESS:						
WASTE MANAGEMENT PLAN:						

REQUIREMENTS:

Your plan details must include:

- a. Disposal bin placement (if you are arranging for a disposal bin). A site plan showing the disposal bin's location(s) and all recycling and waste container locations.
- b. Information about private company hired to clean up. Your plan must list the company name, contact person and phone number. In addition, include the time you have hired them to do the clean up. A copy of the contract is required.
- c. How your waste management plan will be communicated to vendors, volunteers and attendees.



Event Waste Management Plan

WASTE COLLECT	TION, BINS AND M	MATERIALS:						
PRIVATE COMPANY NAME:								
CONTACT NAME:								
TELEPHONE #:			CELL PHO	CELL PHONE #:				
NUMBER OF HIRED STAFF: NUMI				NUMBER	IMBER OF VOLUNTEERS:			
Bins supplied	Recycling (Office use only)				Organics	Gark	arbage	
	Roll-Off Bins	Toter Bins	oter Bins Front		Toter Bins	Roll-Off Bins	Toter Bins	
Number of Bins								
Size/Capacity								
TYPICAL WASTE BY MATERIAL TYPE: (List types of waste that will be generated by your event) Serveware (e.g. foam polystyrene, paper, plastic, etc.):								
Packaging materials (e.g. cardboard, plastic film):								
Containers (e.g. water bottles, juice boxes, pop cans):								
Other (a.g. food week)								
Other (e.g. food w								
FOR INTERNAL US	SE UNLY: (Section f	or Staff to complete	e)					
					Permit Number:			
Approved By:	pproved By:				Staff Signature:			
Copy of Documents	s on File: Appro	ved Site Plan	☐ Contr	ract(s)				