
EVENT DATA FORM

Event: _____

Date: _____

Location: _____

Measurement
method: Gallons - Weight - # bags/size
Capacity of collection container
(Circle one of the above)

Recycling

#

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Food Scraps

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Landfill

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

(Collect all data sheets and total after event)

EVENT DATA FORM

Event: _____

Date: _____

Location: _____

Measurement
method: Gallons - Weight - # bags/size
Capacity of collection container
(Circle one of the above)

Recycling

#

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Food Scraps

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Landfill

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

(Collect all data sheets and total after event)

EVENT DATA FORM

Event: _____

Date: _____

Location: _____

Measurement
method: Gallons - Weight - # bags/size
Capacity of collection container
(Circle one of the above)

Recycling

#

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Food Scraps

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Landfill

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

(Collect all data sheets and total after event)