

Rapid Appraisal Facility Tool

Segregated Waste Facilities (Recycling and/or Organic) Questionnaire

GENERAL INFORMATION	
Country	
Country	
City/Municipality/Jurisdiction name	
Date Form Populated	
Surveyor Contact Information	
Name:	
Title:	
E-mail:	
Phone number (mobile):	
Phone number (office):	
SEGREGATED WASTE FACILITY INFOR	MATION
Facility Name:	
Address:	
GPS Coordinates:	
Type (check all that apply): Days of operation (check all that apply):	 Large Recycling Facility Small Recycling Facility Separate Organics Facility Combined Recycling & Organics Facility TPS/3R Facility (Indonesia Only) Monday Tuesday Wednesday
How long has facility been operating?	 Thursday Friday Saturday Sunday
Estimated number of households served:	
Hours of operation (example: 9am - 5pm):	
Are there signs at entrance to the facility	
-	
designating what materials are accepted?	
Is there a weighbridge or scale-house?	
	□ No
If "Yes," when was it last calibrated:	
Is there a gate attendant?	
	□ No

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If "Yes," how many:	
If "Yes," what is their gender	□ Male
(check all that apply):	□ Female
	□ Other
What is the approximate size of the	
sorting area:	
Total number of <u>full-time</u> staff:	
How many full-time staff are women:	
If any full-time staff are women, what is their	□ Front Office
position/roles?	□ Administrative
	□ Sorting Line/Floor
	□ Other
Total number of <u>part-time</u> staff:	
How many part-time staff are women:	
If any part-time staff are women, what is their	Front Office
position/roles?	□ Administrative
	□ Sorting Line/Floor
	□ Other
Estimated (or true) size of plot (in square feet or meters):	
Does the facility have water, power, and	Water: 🗆 Yes 🗆 No
sanitary sewer connection/septic tank?	Power: 🗆 Yes 🗆 No
	Sewer: 🗆 Yes 🛛 No
	Septic Tank: 🗆 Yes 🛛 No
Facility ownership (check one):	Municipality/Local Government
	Private
	Combination Public/Private
Facility ownership name (if known):	
Materials accepted (check all that apply):	🗆 #I PET
	□ #3 PVC
	□ #4 LDPE
	□ #5 PP
	□ #6 PS
	🗆 #7 Other
	Glass Beverage Containers
	□ Aluminum Cans
	□ Metal Cans
	□ Cardboard
	Paper
	\Box Food Waste
	□ Yard Waste
	□ Agriculture Waste
	□ E-Waste

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Estimated daily weight of recyclables received (if known):	
Is pricing from the sale of	
commodities available?	□ No
What happens to residue (trash)?	
Where is residue (trash) sent for processing?	
What rates are charged to unload at this	
facility?	
Personal Protective Equipment (PPE)	Protective Coveralls/Jumpsuits
available to the staff (check all that apply):	□ Masks
	□ Shoes/Boots
	Eye Protection
	□ Safety Vests
Does PPE come in different sizes for men	
and women?	
On site equipment (check all that apply):	
	□ Pushcart
	Wheelbarrow Shovel/Broom
	Snovel/Broom Press Machine for Plastics
	\Box Scale
	Compost Screener
	Granulator
	Bag Shredder
	Chopping Machine
	□ Water Hose
	□ Glass Crusher
Is there a sorting line/conveyor belt system	
in place:	□ No
If "Yes," how many sorting lines are there?	
If "Yes," is the system:	□ Automated
	□ Partially Automated
	☐ Manual
If "Yes," are there balers for paper and	
plastics available?	□ No
Who/which entity conducts equipment maintenance at the facility:	
How often (check all that apply)?	Daily
	□ Weekly



	□ Monthly
	\Box As Needed
Are there smoke detectors and/or fire	□ Yes
extinguishers on site?	🗆 No
What general condition is the equipment	
in?	□ Good
	🗆 Poor
If "Poor," list all equipment that needs to be	
replaced:	
Feedstock origin (For bio-degradable/	
organics only):	
Mixed waste sorted with onsite separation:	□ Yes
	□ No
Source separated organic waste:	□ Yes
	□ No
What is the end product produced?	
Does the facility sell/donate/use its	Sell
compost material (For bio-degradable/	□ Donate
organics only)?	Land Apply
If "Sell", what price do they sell for:	
Does the facility have pest control?	
	□ No
If "Yes," check all that apply:	Spraying
	Trapping
	□ Other
Additional Notes:	

