



WasteCloud.co.uk

Commercial Waste Audit Form

Business Name: _____

Site Address: _____

Audit Date: _____

Completed By: _____

Department/Area Audited: _____

SECTION 1: WASTE TYPES IDENTIFIED

Waste Stream	Present? (✓/✗)	Estimated Weekly Volume (kg or bins)	Notes / Source Area
Paper & Cardboard			
Mixed Plastics			
Glass			
Metals (e.g. cans, scrap)			
Food Waste			
General Waste (non-recyclables)			
WEEE (electrical/electronic)			
Used Vapes			
Hazardous Waste (paints, oils, etc)			
Clinical/Sanitary Waste			
Confidential Waste (paper)			
Batteries & Lightbulbs			
Other (please specify)			

SECTION 2: WASTE STORAGE & SEGREGATION

Question	Yes / No	Notes
Are separate bins used for each waste stream?		
Are bins clearly labelled and colour-coded?		
Are recycling bins available in all key areas (e.g. office, kitchen)?		
Is there contamination in recycling bins (e.g. food in plastics)?		
Are hazardous or electrical wastes stored safely before pickup?		
Are staff aware of how to correctly separate waste?		

SECTION 3: COLLECTION & DISPOSAL DETAILS

Waste Stream	Collected by (Provider Name)	Collection Frequency	Collection Method (bin, skip, etc.)
Paper & Cardboard			
Mixed Plastics			
Food Waste			
WEEE			
Hazardous Waste			
General Waste			

SECTION 4: IMPROVEMENT OPPORTUNITIES

Please list any actions you can take to improve your waste segregation or recycling rates:

1.

2.

3.

SECTION 5: AUDIT SUMMARY

Total Number of Waste Streams Identified: _____

Streams Currently Recycled: _____

Key Issues Identified (tick all that apply):

- Contamination
- Missing bins
- Low recycling rates
- Staff need training
- Unclear signage
- Unsafe storage (hazardous/WEEE)

Recommendations:

Auditor Signature: _____

Date: _____

Email the completed waste audit form to info@wastecloud.co.uk