

# ORC Waste Audit: Weight Tracking Form (SAMPLE)

**Type of Waste:** Plastic **Dumpster:** Trash 1

Directions: Whenever a bucket is full of a specific type of waste, record its weight on the weight tracking form for that type. When you are finished, add the total weights and subtract the bucket weight to find the total amount of that type of waste.

Bucket Number	Weight (pounds)
1	12
2	6
3	8
4	12
5	3
6	4
7	5
8	3
9	4
10	3
11	2
12	4
13	5
14	7
15	
16	
17	
18	
19	
20	

<b>TOTAL</b>	<b>78</b>	<b>(W1)</b>
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<b>Weight of Empty Buckets:</b>				
_____	3	weight of one empty bucket		
X	14	number of buckets filled		
<table style="width: 100%;"> <tr> <td style="text-align: right;">42</td> <td style="text-align: left;"><b>Total empty weight (W2)</b></td> </tr> </table>			42	<b>Total empty weight (W2)</b>
42	<b>Total empty weight (W2)</b>			

<b>Total Weight of Waste:</b>				
_____	78	Total weight from W1		
-	42	Total weight from W2		
<table style="width: 100%;"> <tr> <td style="text-align: right;">36</td> <td style="text-align: left;"><b>Total waste (W3)</b></td> </tr> </table>			36	<b>Total waste (W3)</b>
36	<b>Total waste (W3)</b>			

## ORC Waste Audit: Weight Tally Form (SAMPLE)

Dumpster Type: Trash

Directions: Use this form to sum the weights of each type of waste found in each dumpster type. If you completed multiple weight tracking forms for a specific waste type, enter the weight of total waste (W3) from each and sum. Complete one form for each dumpster type (waste, recycling, and compost). When finished, enter the data from this sheet into the ORC website or ORC Mobile app.

	Paper (W3 weight)	Glass (W3 weight)	Metal (W3 weight)	Electronics (W3 weight)
	105	10	87	0
	206		95	
			35	
TOTALS:	311	10	217	0
	Plastic (W3 weight)	Compostable (W3 weight)	Construction/Demo (W3 weight)	Household Hazardous (W3 weight)
	78	302	0	3
		204		
		107		
		25		
TOTALS:	78	638	0	3
	Special (W3 weight)	Mixed Residue (W3 weight)		
	12	105		
		72		
TOTALS:	12	177		

ORC Indoor Water Audit

Fixture Type	Flowrate (gal/min or gal/flush)	Number of Fixtures	Non- potable Water
Automatic Bathroom Sink	0.75	1	<input type="checkbox"/>
Manual Bathroom Sink	2	1	<input type="checkbox"/>
Manual Bathroom Sink	1.5	1	<input type="checkbox"/>
Kitchen Sink	2	1	<input type="checkbox"/>
Automatic Toilet	1	1	<input type="checkbox"/>
Manual Toilet	1.75	1	<input checked="" type="checkbox"/>
Manual Toilet	1.5	1	<input type="checkbox"/>
Automatic Urinal	0.125	1	<input checked="" type="checkbox"/>
Manual Urinal	0.5	1	<input type="checkbox"/>
Waterless Urinal	0	1	<input type="checkbox"/>
Shower	1	1	<input type="checkbox"/>
Shower	1.75	1	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

ORC Outdoor Water Audit

Fixture Type	Flowrate (gal/min or gal/flush)	Number of Fixtures	Non- potable Water	Number Leaking
Regular Spigot	1.5	11	<input type="checkbox"/>	0
Regular Spigot	3	<del>##</del> 11	<input type="checkbox"/>	0
Secure Spigot	3	11	<input type="checkbox"/>	0
Sprinkler	4	<del>##</del> <del>##</del> 11	<input type="checkbox"/>	1
Drip system	0.5	<del>##</del>	<input type="checkbox"/>	0
Sprinkler	3	<del>##</del>	<input checked="" type="checkbox"/>	0
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
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