

3 Weekly Residual Waste Collection Street Audit					
Location:					
Post Code:		Area:		Ward:	

Access to Services	Service	Yes	No	Comments
	Green Bin	<input type="checkbox"/>	<input type="checkbox"/>	
	Blue Bin	<input type="checkbox"/>	<input type="checkbox"/>	
	Brown Bin	<input type="checkbox"/>	<input type="checkbox"/>	
	Black Box	<input type="checkbox"/>	<input type="checkbox"/>	
	Food Caddy	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation Space	Issue	Yes	No	Comments
	Restricted Pavement width	<input type="checkbox"/>	<input type="checkbox"/>	
	Communal Bulk Bins (if yes, provide street numbers)	<input type="checkbox"/>	<input type="checkbox"/>	
	Bin Presentation Points used	<input type="checkbox"/>	<input type="checkbox"/>	
	Mixed Service collections (i.e.Bulk and individual bins)	<input type="checkbox"/>	<input type="checkbox"/>	

Approved As Suitable For 3 Weekly Residual Waste Collection: **YES** ☐ **NO** ☐

Surveyed By: _____ Position: _____ Date: _____

For Information / For Comment (delete as appropriate)

Follow Up Comments (Date: / /)
