

Business Waste Management Plan

This serves as a template for a business waste management plan. You may develop a more comprehensive waste plan that encompasses the details requested in this form.

Please provide details of your business or the business you are representing.

I: Business Information:

Business Name:	
Industry Type:	
Business Address:	
Contact Person (full name):	
Contact Email:	
Contact Phone Number:	

II: Current Waste Generation: Please provide details of the types of waste your business currently generates.

The generated waste of your business is comparable to household waste. Please refer to the IC&I Guide, available for download at regina.ca/ici, for information on the types of waste that comply with The Waste Management Bylaw 2012-63 requirements.

III: Monthly Waste Generation (approx.):*

You can estimate the waste generated by your business by conducting a waste audit. Please refer to the IC&I Guide, available for download at regina.ca/ici, for guidance on how to conduct a waste audit or consult with your hauler to assist you in estimating your waste.

Type of Generated Waste	Estimated Weight (in kilograms)
Food and Yard Waste (Organics)	
Recyclables	
Garbage	
Other Please specify the type of waste and the weight of the waste generated. Leave it empty if it doesn't apply.	
1.	
2.	
3.	
4.	
5.	

IV: Collection Bins and Signage:

Specify bin locations and types (recycling, food and yard waste, garbage) and number of sorting stations per location.

All bins must display proper signage and labelling. Please refer to the IC&I Guide, available for download at regina.ca/ici, for details on the requirements for bins and signage.

Location	Number of sorting stations
<i>Example: Kitchen</i>	<i>1 Kitchen – 2 waste stations each with recycling, food and yard waste, and garbage streams</i>
<i>Example: Washrooms</i>	<i>4 washrooms – one waste station in each washroom with paper towel and garbage streams</i>

V: Waste Collection and Processing

Ensure that all waste undergoes processing in licensed facilities, aligning with the waste type, and verify that the final products are appropriately utilized.

1. Food & Yard Waste (Organics)
a) On-site Composting

Composting in your business's perimeter using various means, no need for a hauler:

 Yes

 No

[If "No", please leave sections i. and ii blank]

i. Means of On-site composting <i>[what type of composter are you using?]</i>	
Composter <i>[Example: kitchen composters - kitchen area, Backyard composter – yard area]</i>	<input type="checkbox"/> Yes <i>[if "Yes", please specify type and location]</i>
Type of composter:	
Location:	
ii. Use of final compost material <i>[where and how is your compost being used/given (Example: given to employees, used for gardening in the business backyard/garden etc.)]</i>	

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b) Collection and Processing Service Providers:

[Please provide details of your Service Provider (hauler). Leave blank if not applicable]

Hauling company's name	
Name of Processing Facility <i>[the facility where your haulers take your materials for processing]</i>	
Contract expiry date	

2. Recycling
a) Collection and Processing Service Providers:

Same Service Provider as previous section

[Please provide details of your service provider. Leave blank if you use the same Service Provider as in previous section]

Hauling company's name	
Name of Processing Facility <i>[the facility where your haulers take your materials for processing]</i>	
Contract expiry date	

3. Garbage Collection and Processing Service Providers:

Same Service Provider as previous section

[Please provide details of your service provider. Leave blank if you use the same Service Provider as in previous section]

Hauling company's name	
Name of Processing Facility <i>[the facility where your haulers take your materials for treatment]</i>	
Contract expiry date	

Name of Business Owner/Contact Person

Date [dd/mm/yyyy]: _____

Signature
