

# Construction Site Waste Management Audit Checklist

## Project & Audit Details

Project Name

Site Location

Audit Date

Auditor Name

Site Manager

## Checklist

Audit Item	Yes	No	Comments/Actions
Waste management plan available and up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
All site workers trained on waste procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Waste segregation practiced on site?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Labeled waste bins/skips available and correctly used?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Hazardous waste properly identified and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Evidence of waste minimization/reuse on site?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Waste transfer/disposal records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Site kept tidy and free from windblown litter?

☐☐

**Summary & Recommendations**

Auditor Signature

Date