

My Personal Waste Inventory

Name: _____

Day & Date: _____

Items that I Discarded				
Item	Why was it used?	From what type of material was it made?	What did I do with the item when I was finished with it?	Additional Notes
			<input type="checkbox"/> Put it in a garbage bin <input type="checkbox"/> Recycled it <input type="checkbox"/> Reused it <input type="checkbox"/> Composted it <input type="checkbox"/> Other	
			<input type="checkbox"/> Put it in a garbage bin <input type="checkbox"/> Recycled it <input type="checkbox"/> Reused it <input type="checkbox"/> Composted it <input type="checkbox"/> Other	
			<input type="checkbox"/> Put it in a garbage bin <input type="checkbox"/> Recycled it <input type="checkbox"/> Reused it <input type="checkbox"/> Composted it <input type="checkbox"/> Other	
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Total Number of items: _____ Total Number of Plastic Items: _____			Number of items I put in a garbage bin: _____ Number of items I recycled: _____ Number of items I reused: _____ Number of Items I composted: _____ Other: _____	

NOTE: Example materials could be glass, metal, paper, plastic, or plant/animal material, etc.