

# Waste Pick-up Analysis

Audit Date:	Waste From:	Auditor(s):
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**WEEK 1**

	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>Full</b>							
<b>3/4</b>							
<b>1/2</b>							
<b>1/4</b>							

**WEEK 2**

	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>Full</b>							
<b>3/4</b>							
<b>1/2</b>							
<b>1/4</b>							