



ACTIVITY Waste Journal

Name: _____ Start Date: _____ End Date: _____

Item thrown out	Location of Disposal (School/Home/Street)	Which bin did you put it in? (Blue/Green/Brown/Black)	How long did you have this item before throwing it out? (Hours/days/weeks/longer)

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For more resources and downloadable Green Team materials, check out the Recycling Champions website www.grownyc.org/RCP

zerowaste schools

