

Waste Reduction Plan Template SY 25-26

Per [Administrative Procedure 2810](#), each facility is required to submit a completed and signed Waste Reduction Plan by September 30th each year. All items pertain to this current school year.

School or Site Name: _____

Below, list actions <u>completed this school year</u> .					
	ALL Classrooms	ALL Offices	ALL Breakfast Areas	ALL Lunch Areas	ALL Copier / Printer Areas
Recycling bins present and clearly labeled.					
Recycling bins are next to trash cans.					
Recycling and trash posters are above bins.					

Below, please describe your site's plan to reduce solid waste sent to the landfill.

- List at least two recycling or solid waste reduction goals for your school/site this year.

- What additional solid waste reduction actions will your site complete? (Activities/lessons, special events, Reduce/Reuse/Recycle actions, etc.)

___ [Waste-Free Lunches](#)

___ Share Table

___ Stack food trays to reduce space and bags

___ Composting

___ Reuse scrap paper / both sides of paper

___ [Recycling PA Announcements](#)

___ [School Recycling Assembly](#)

___ [Student Recycling Lessons](#)

___ [Active Student Green Team/Environmental Club](#)

___ [Flatten boxes to reduce space in the recycling bins/dumpsters](#)

___ Student Monitors routinely help others correctly sort waste items Other/Explain:

School/Site Name:

Waste Reduction Plan SY 25-26

- How will your team [monitor bins and address mistakes](#)? How can students help?
- How will your team communicate program updates and celebrate successes with your school community?

This school year we have:

☐ Completed the [Annual Recycling Checklist](#).

☐ Informed all staff and students of the recycling procedures, their roles and responsibilities, and our Waste Reduction Plan.

Yes / No - Did your students conduct the waste audit? (See K-5 Science Curriculum Week 3)

Principal / Facility Administrator Name

Principal / Facility Administrator Signature

Date

Building Supervisor Name

Building Supervisor Signature

Date

Recycling Coordinator Name

Recycling Coordinator Signature

Date

Recycling Coordinator Email Address: _____

To Submit: Scan the signed and completed form and email to sara.campbell@pgcps.org.

For information on recycling and waste reduction visit www.pgcps.org/recycling.