

# MRF SURVEY: Acceptable Materials Worksheet

MRF/REP \_\_\_\_\_

DATE \_\_\_\_\_

CITY/REP \_\_\_\_\_

Use this document to identify and address acceptable and problematic materials, inform front line staff, and create materials to educate residents to clean-up the inbound recycling stream. It is recommended that the **local program representative and MRF operator/plant manager** complete this worksheet together every 6 months and during the creation or renewal of processing contracts. We encourage this document be used in the RFP process as well.

Mark whether each item is: **Yes: Acceptable**

**No: Detrimental** or **No: Non-detrimental** or **No: But recycled**

**Non-detrimental items** may or may not go to market but do not cause any major problems.

**Detrimental items** can shut down or damage equipment, harm employees, and/or substantially degrade the value of material.

**But recycled items** are not wanted in the stream but will be pulled off the sorting line to be recycled if markets exist.

PAPER PRODUCT				
YES: Accept	NO: Detrimental	NO: Non-detrimental	NO: But recycled	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cartons ( <i>gable top e.g. milk and orange juice, and aseptic e.g. juice boxes and soup</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold Cups ( <i>e.g. paper fountain drink cup</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard Cover Books
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Cups ( <i>e.g. coffee cup</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ice Cream Container
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kraft Bags
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Magazines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OCC ( <i>old corrugated cardboard</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office Paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paperback Books
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paperboard Boxes ( <i>e.g. cereal, tissue</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pizza Boxes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shredded Paper
<b>Directions on how to prepare:</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take-out Containers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tissue Paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:



**GLASS PRODUCT**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottles and Jars
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking Glass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramics ( <i>mugs, dishes, etc.</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

**ALUMINUM PRODUCT**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aerosol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cans ( <i>e.g. beverage container</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foil or Foil-like Container ( <i>e.g. pie plate</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Aluminum Containers ( <i>e.g. pet food</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

**STEEL PRODUCT**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aerosol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pots and Pans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scrap Metal
<b>Directions on how to prepare</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiral Wound Container ( <i>fiber body, metal bottom e.g. Pringles</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

**How do you describe which plastics are accepted?**

- By object shape and/or size. (e.g. bottles and containers)
- By resin type/number: #1-7, #1 and #2 only, #1, 2, 3, 4, and 5

YES: Accept

NO: Detrimental

NO: Non-detrimental

NO: But recycled

**PLASTIC PRODUCT**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bags, Wraps, Film (please circle one if you accept: bag in bag or loose)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buckets (any size) <b>Exclusions, size or preparation requirements</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulky Plastic (e.g. crates) <b>Exclusions, size or preparation requirements</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPS Foam Blocks & Shapes (e.g. Styrofoam™)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPS Foam Food Service & Other Containers (e.g. Styrofoam™)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flower Pots <b>Exclusions, size or preparation requirements</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDPE Bottles, Jars & Containers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Containers & Packaging (i.e. baskets, molded packaging, food storage containers) <b>Exclusions, size or preparation requirements</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Drink Bottles (e.g. juice in #7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Food Bottles & Jars (e.g. items in #3,4,6 or 7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Household Bottles & Jars (e.g. #3 shampoo bottle)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Tubs & Lids (e.g. tubs that are #3, 4, 6, or 7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PET Bottles & Jars
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PET Cups (e.g. clear plastic fast food cups)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PET Thermoform (e.g. fruit container, produce, deli & bakery)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PP Bottles (e.g. #5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PP Containers & Lids (e.g. #5 yogurt container)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toys <b>Size or preparation requirements</b>
				<b>Plastic Size Requirements?</b>
				<b>Other Preparation Requirements?</b>

## MRF SURVEY: Acceptable Materials Worksheet (pg. 4/4)

Rank the top five (5) unacceptable items that are causing the most problems in your facility (i.e. degrading other commodities significantly, causing damage to MRF equipment, presenting danger to staff, becoming high volume residual).

Please rank with numbers "1" through "5." Put a "1" in the box of the worst contaminant. Only rank the top five and leave everything else blank.

### Top 5 Prohibitive Items

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Bulky Plastics (e.g. furniture, toys, buckets)                       | <input type="checkbox"/> | Plastic Bags or Wrap (e.g. film, dry cleaner bags, pet food bags, pouches) |
| <input type="checkbox"/> | Cartons  | <input type="checkbox"/> | Small Appliances (e.g. coffee pots, microwaves, electronics, DVD players)  |
| <input type="checkbox"/> | Ceramics (dishes, mugs, etc.)  | <input type="checkbox"/> | Scrap Metal (e.g. pots and pans, rebar)                                    |
| <input type="checkbox"/> | Clothing/Bedding   | <input type="checkbox"/> | Shredded Paper   |
| <input type="checkbox"/> | Concrete   | <input type="checkbox"/> | Tanglers (e.g. wire, hose, cords, rope, chains)                            |
| <input type="checkbox"/> | Diapers  | <input type="checkbox"/> | Wood   |
| <input type="checkbox"/> | EPS Foam (Styrofoam™, block and/or food service containers)          | <input type="checkbox"/> | Yard Waste   |
| <input type="checkbox"/> | Flammables (propane tanks, batteries, fuel, etc.)                    | <input type="checkbox"/> | Other:   |
| <input type="checkbox"/> | Food or Liquid   | <input type="checkbox"/> | Other:   |
| <input type="checkbox"/> | General Hazardous Waste (e.g. mercury devices, paint, solvents, oil) | <input type="checkbox"/> | Other:   |
| <input type="checkbox"/> | Glass  |                          |  |
| <input type="checkbox"/> | Needles  |                          |  |