

# Waste Collection: Temporary Transfer Station Tally Sheet

**Event name:** \_\_\_\_\_

**Complete for each sheet**

Site Name/Address: \_\_\_\_\_

Date: \_\_\_\_\_

Operator name: \_\_\_\_\_

Page no. (for the day e.g. 1 of 6) \_\_\_\_\_

*Email to ....., or text Mob: ..... **at the end of each day***

**FOR USE AT SITES WHERE VEHICLES MAY BE COMMERCIAL, RESIDENTIAL, EMERGENCY RESPONSE TEAM (ERT)**

Bulk Bins & ERT Vehicles	Volumetric										M <sup>3</sup> e.g. 15m <sup>3</sup>	Count	
Commercial													

Small Vehicles	Vehicle Tally										
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Waste Type	MUNICIPAL					Count	COMMERCIAL					Count
Mixed	Car											
Mixed Waste												
	Ute											
	Car/Ute + Trailer											
Green Waste	Ute											
GW												