Name of Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office in Charge of Waste Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKLIST OF PRIORITIES FOR SOLID WASTE MANAGEMENT (2016 TO 2025)

Instructions: Tick the preferred options in Column 1. Rank all the preferred (ticked) options in Column 2 (2 or more options can be regarded as the same priority) - 1 as the most preferred option. Write in comments to expand any particular points or issues.

| **OPTIONS** | **Preferred** | **Priority Ranking** | **Comments** |
| --- | --- | --- | --- |
| Composting of organic waste |  |  |  |
| Recovery of aluminum cans |  |  |  |
| Recovery of tin cans |  |  |  |
| Recovery of PET bottles |  |  |  |
| Recovery of plastic s |  |  |  |
| Recovery of paper/cardboard |  |  |  |
| Recovery of steel and scrap metal |  |  |  |
| Recycling or phase out of plastic bags |  |  |  |
| Collection ,recovery and disposal of bulky wastes |  |  |  |
| Improvement of waste disposal sites |  |  |  |
| Extension of waste collection services (area covered) |  |  |  |
| Collection of segregated wastes |  |  |  |
| Treatment of healthcare wastes |  |  |  |
| Removal and treatment of asbestos |  |  |  |
| Recovery of e-wastes and e-scrapping |  |  |  |
| Reduction in open burning of wastes |  |  |  |
| Recovery and processing of used oil |  |  |  |
| Collection and proper disposal of hazardous chemicals |  |  |  |
| Reception and management of port wastes |  |  |  |
| Reduction and management of marine debris |  |  |  |
| Recovery and disposal of disaster wastes |  |  |  |
| Integrated waste management |  |  |  |
| Development of waste management regulations and/or legislation |  |  |  |
| Implementation of user pays waste management services |  |  |  |

General Comments:

Accomplished by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Designation

Endorsed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Designation

Date Submitted: