



CITY OF SAN DIMAS PUBLIC WORKS DEPARTMENT

Compliance Checklist & Inspection Form

AB 341, AB 1826, AB 827, & SB 1383

Compliance Checklist | Commercial – Tier 1 or 2

Business Information

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____

Position: _____ Phone #: _____

Level of Service	Trash	_____ Bins	_____ Times per week
	Recycling	_____ Bins	_____ Times per week
	Organics	_____ Bins	_____ Times per week

AB 341: Mandatory Commercial Recycling	Qualifying?	Compliant?	Compliance Method
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Waste Management
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Shared Waste Management
			<input type="checkbox"/> Third Party/Self-Haul
	Notes: _____		

AB 827: Mandatory Recycling and Organics Recycling Bins	Qualifying? - Recyclables	Compliant?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
	Qualifying? - Organics	Compliant?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
	Notes: _____	

AB 1826: Mandatory Commercial Organics Recycling	Qualifying?	Compliant?	Compliance Method
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Waste Management
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Shared Waste Management
			<input type="checkbox"/> Third Party/Self-Haul
	Waiver	<input type="checkbox"/> Lack of sufficient space <input type="checkbox"/> Current implementation of actions resulting inorganic waste recycling <input type="checkbox"/> Limited term-extraordinary and unforeseen events <input type="checkbox"/> Does not generate at least ½ cu. yd. of organic waste per week	
	Notes:	_____	

SB 1383: Short-Lived Climate Pollutants Act	Recycling Organics?	Compliance Method		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Waste Management		
	<input type="checkbox"/> No	<input type="checkbox"/> Shared Waste Management		
		<input type="checkbox"/> Third Party/Self-Haul		
		Waiver - <i>Section 18984.11</i>		
	<input type="checkbox"/> Physical Space			
	<input type="checkbox"/> De Minimis 1: Total disposal = 2 cu. yd. or more, organics < 20 gal./week			
	<input type="checkbox"/> De Minimis 2: Total disposal = < 2 cu. yd., organics is 10 gal./week or less			
		SB 1383 Training - <i>Section 18984.09, 18984.10</i>		
	Was employee training conducted this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Within 14 days of employment for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was training conducted when contamination was found?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Notes:	_____			

On-Site Inspection Form | Commercial – Tier 1 & 2

Section 18991.3, 18991.4

Are you donating **ALL** edible food to a food rescue organization or service? Yes No

Please list the organizations or services that you are donating to below.

1. Organization/Service Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Does your business retain a written contract or agreement with this food recovery organization/service on-site? Yes No

List the types of food that will be collected by or self-hauled to the service or organization. _____

List the frequency that food will be collected or self-hauled. _____

List the quantity of food collected or self-hauled to a service or organization for food recovery, measure in pounds recovered per month. _____

2. Organization/Service Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Does your business retain a written contract or agreement with this food recovery organization/service on-site? Yes No

List the types of food that will be collected by or self-hauled to the service or organization. _____

List the frequency that food will be collected or self-hauled. _____

List the quantity of food collected or self-hauled to a service or organization for food recovery, measure in pounds recovered per month. _____

3. Organization/Service Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Does your business retain a written contract or agreement with this food recovery organization/service on-site? Yes No

List the types of food that will be collected by or self-hauled to the service or organization. _____

List the frequency that food will be collected or self-hauled. _____

List the quantity of food collected or self-hauled to a service or organization for food recovery, measure in pounds recovered per month. _____

4. Organization/Service Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Does your business retain a written contract or agreement with this food recovery organization/service on-site? Yes No

List the types of food that will be collected by or self-hauled to the service or organization. _____

List the frequency that food will be collected or self-hauled. _____

List the quantity of food collected or self-hauled to a service or organization for food recovery, measure in pounds recovered per month. _____

Monthly Donation Detail Record to Keep On-Site

Section 18991.3, 18991.4

	Receiving Food Recovery Organization/Service	Type of Food	Quantity	Date (xx/xx/xxxx)	Receipt
1	_____	_____	_____ lbs.	_____	_____
2	_____	_____	_____ lbs.	_____	_____
3	_____	_____	_____ lbs.	_____	_____
4	_____	_____	_____ lbs.	_____	_____
5	_____	_____	_____ lbs.	_____	_____
6	_____	_____	_____ lbs.	_____	_____
7	_____	_____	_____ lbs.	_____	_____
8	_____	_____	_____ lbs.	_____	_____
9	_____	_____	_____ lbs.	_____	_____
10	_____	_____	_____ lbs.	_____	_____
11	_____	_____	_____ lbs.	_____	_____
12	_____	_____	_____ lbs.	_____	_____
13	_____	_____	_____ lbs.	_____	_____
14	_____	_____	_____ lbs.	_____	_____
15	_____	_____	_____ lbs.	_____	_____
16	_____	_____	_____ lbs.	_____	_____
17	_____	_____	_____ lbs.	_____	_____
18	_____	_____	_____ lbs.	_____	_____
19	_____	_____	_____ lbs.	_____	_____
20	_____	_____	_____ lbs.	_____	_____

FOR OFFICE USE ONLY

Date of Visit: _____ Staff Name: _____ Staff Position: _____

Notes: _____

Commercial/Business Manager: _____

Brochures Given - ***Section 18985.1, 18985.2, 18991.1, 18994.2, 18995.1***

- All About Organics
- Commercial Food Generator
- Employee Training