

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:	Z	ip:		
Contact	Name:		Ema	il:		
Position:			_ Phoi	ne #:		
Level of Service Trash			Bins	Times per week		
	Recycling		Bins	Times per week		
	Organics		Bins	Times per week		
_						
, 18	Qualifying?	Compliant?		Compliance Method		
ıtory yclin	☐ Yes	\square Yes		\square Waste Management		
AB 341: Mandatory Commercial Recycling	□ No	□ No		☐ Shared Waste Management		
I1: N ercia				☐ Third Party/Self-Haul		
AB 34 omm	Notes:					
7 3						
pu	Qualifying? - Recyclables	Compliant	•			
ng ai is	☐ Yes	☐ Yes				
27: Mandatory Recycling Organics Recycling Bins	□ No	\square No				
ry Re cyclir	Qualifying? - Organics	Compliant?	•			
dato s Rec	☐ Yes	☐ Yes				
Man ganic	□ No	□ No				
AB 827: Mandatory Recycling and Organics Recycling Bins	Notes:					

	Qualifying?	Compliant?	Compliance	Method		
ia	☐ Yes	☐ Yes	☐ Waste N	1anageme	nt	
nerc	□ No	□ No	☐ Shared \	Naste Mai	nagement	
Comi			☐ Third Pa	rty/Self-H	aul	
AB 1826: Mandatory Commercial Organics Recycling	Waiver	☐ Lack of sufficient space	ce			
anda		☐ Current implementati	ion of actions r	esulting in	organic w	aste recycling
5: Ma Orga		☐ Limited term-extraor	dinary and unfo	oreseen ev	vents	
182(\square Does not generate at	least ½ cu. yd.	of organic	waste pe	r week
AB	Notes:					
	I	2 0 11 24				
	Recycling Organic	·				
	☐ Yes	☐ Waste Manag	gement			
	□ No	☐ Shared Waste	☐ Shared Waste Management			
		☐ Third Party/Self-Haul				
भू Waiver - <i>Section 18984.11</i>						
Clir t	☐ Physical Space					
Waiver - Section 18984.11 □ Physical Space □ De Minimis 1: Total disposal = 2 cu. yd. or more, organics < 20 gal./week □ De Minimis 2: Total disposal = < 2 cu. yd., organics is 10 gal./week or less SB 1383 Training - Section 18984.09, 18984.10 Was employee training conducted this year? □ Yes □ No When?				s < 20 gal.,	/week	
				or less		
B 13	Was employee tra	ining conducted this year?	☐ Yes	□ No	When?	
6	Within 14 days of	employment for employee	es? 🗆 Yes	□ No		
	Was training cond	ucted when contamination	n was found?	☐ Yes	□ No	□ N/A
	Notes:					

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

Section 18991.3. 18991.4

1.	Organization/Service Name:						
	Address:						
	City:	State:	Zip:				
	Phone #:	Email:					
	Does your business retain a written contract or agreement with this food $\ \ \square$ Yes $\ \ \square$ No recovery organization/service on-site?						
	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 recovery organization/se	food 🗆 Yes	□ No				
	List the types of food that service or organization.						
	List the frequency that fo	<u> </u>					
	List the quantity of food						

3.	Organization/Service Name:						
	Address:						
	City:		State:	Zip:			
	Phone #:		Email:				
	•	usiness retain a written anization/service on-sit	contract or a	greement wit	h this food	☐ Yes	□ No
	List the types service or or	s of food that will be co ganization.	llected by or	self-hauled to	the		
	List the frequ	uency that food will be	collected or s	self-hauled.			
		itity of food collected or for food recovery, mea					
4.	Organization	/Service Name:					
4.	Organization Address:	/Service Name:					
4.							
4.	Address:		State:	Zip:			
4.	Address: City: Phone #: Does your bu		State: Email: contract or a	Zip:			□ No
4.	Address: City: Phone #: Does your burecovery org	usiness retain a written anization/service on-sit s of food that will be co	State: Email: contract or a e?	Zip:	h this food	_	
4.	Address: City: Phone #: Does your burecovery org List the types service or org	usiness retain a written anization/service on-sit s of food that will be co	State: Email: contract or a e? Ilected by or	Zip: Igreement with self-hauled to	h this food	_	

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.		
			lbs.		
14 _			lbs.		
15 _			lbs.		
			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 18	Brochures Given - Section 18985.1, 18985.2, 18991.1, 18994.2, 18995.1						
☐ All About Organics							
☐ Commercial Food Generator							
☐ Employee Training	☐ Employee Training						