

Name \_\_\_\_\_

Date \_\_\_\_\_

**How Much Do You Throw Away in One Day?**

- Record below, everything you put in a trash can or recycle in 24 hours. Begin recording when you wake up in the morning and stop recording when you go to bed that night.
- Answer the questions from information in handouts on recycling and household hazardous wastes.

Waste Item	Recyclable? (y/n)	Did you Recycle it? (y/n)	Is it Hazardous? (y/n)
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