



Hospital

Site Profile Survey 2015



#	Question	Answer Field	Guidance
Site and Organization Profile			
1	Please provide the name of the building owner		<ul style="list-style-type: none"> Enter building owner's name. If this question is not applicable enter "N/A" in the text field.
2	Please provide the name of building management company		<ul style="list-style-type: none"> Name of company / organization that is responsible for the operational management of the building or site.
3	Please provide a brief description of the applicant organization, and the operations taking place at this location (500 words or less).	Text field	<ul style="list-style-type: none"> Enter a brief overview of the main activities and operations on-site.
4	Please enter the gross floor area of the building	Numeric field	<ul style="list-style-type: none"> Gross Floor Area: is the floor area measured to the outside of the exterior walls including basements and mechanical equipment floors. Scope: all onsite operations including administration, warehousing, production, that are included in the scope of this application. If the building / facility is part of a larger structure / complex that is not participating in the 3RCertified program, please enter Gross Leasable Area (GLA) to capture the area that is being certified.
Waste Management Program			
5	Please describe the scope of your waste management program, including the range of control and influence your organization has with respect to the generation and disposition of solid waste (500 words or less).	Text field	<ul style="list-style-type: none"> Scope of solid waste management program includes for example: volume, frequency of waste services, and identify tenants with own waste services, where applicable. Methods of disposition include (but not limited to) recycling, reuse and disposal.
6	Please provide the name, title and contact information of the person(s) responsible for building(s)' waste management program.	Name Title Phone Email	

#	Question	Answer Field	Guidance
Waste Audit Profile			
7	What annual time period does the current waste audit cover?	Start Date (Calendar) End Date (Calendar)	<ul style="list-style-type: none"> Please enter the time period for your current, submitted waste audit. The audit period is the 12 month period of waste generation, diversion and disposal performance represented in the audit report.
8	Waste Generation Unit	Patients/day Beds Occupants Other	<ul style="list-style-type: none"> Waste generation unit represents an annual metric that the applicant site can measure against its own performance year over year. Occupants include full-time medical, administrative and service staff; guests and patients.
9	Please enter the total amount of this waste generation unit during the current submitted waste audit period.	Numeric field	<ul style="list-style-type: none"> Enter total based on the menu selection made above indicating the waste generation unit
10	Please enter the total amount of this waste generation unit during the previous waste audit period	Numeric field	<ul style="list-style-type: none"> Enter total based on the menu selection made above indicating the waste generation unit
11	How much solid waste in total, including reused, recycled and disposed material, was generated in the previous audit year?	Numeric field	<ul style="list-style-type: none"> Previous audit year: refers to the year preceding the audit year being submitted.