

# PLASTIC TRACKING SHEET

Week # \_\_\_\_\_

Personal

Family

Office

Classroom

Date: \_\_\_\_\_

Waste reduction goal(s), if applicable: \_\_\_\_\_

KITCHEN & FOOD RELATED		
	Waste Tally	# Times Refused/Used Alternative
Plastic Grocery Bags		
Plastic Resealable Bags		
Plastic Cling Wrap		
Food Wrappers & Packaging		
Other:		
ON-THE-GO		
	Waste Tally	# Times Refused/Used Alternative
Food Containers		
Plastic Silverware		
Plastic Bottles		
Disposable Cups & Lids		
Plastic Stir Sticks & Food Sticks		
Straws		
Cigarette Butts		
Other:		
GENERAL HOUSEHOLD		
	Waste Tally	# Times Refused/Used Alternative
Cleaning Containers		
Plastic Packaging		
Toys, furniture		
Other:		
BATHROOM PRODUCTS		
	Waste Tally	# Times Refused/Used Alternative
Cotton Swabs		
Contact Lenses		
Toothbrushes		
Toothpaste		
Plastic Razors		
Medicine Bottles		
Feminine Products		
Other:		

COMMENTS: \_\_\_\_\_