METRO

EDWRP SAMPLE DATA FORM

Facility Name: _____	**Date:** _____
Sample #: _____	**Time:** _____
Material: _____	**Recorder:** _____
Number of sorters on shift: _____	

Operating hours on day of test: _____

Sampling location: _____

Describe how sample was taken: _____

_____

_____

SAMPLE	GROSS WEIGHT	TARE WEIGHT	NET WEIGHT
Total Sample			(A)
MATERIAL	**GROSS WEIGHT**	**TARE WEIGHT**	**NET WEIGHT**
Cardboard			
Wood			
Metal			
		TOTAL WEIGHT OF RECYCLABLES	(B)
		PERCENT RECYCLABLES (B/A x 100)	%

Notes: