

## QUARTERLY INSPECTION REPORT

### Buronga Landfill

Reporting Day & Date: .....

	Issues Addressed	Needs Addressing	Comments
Review weekly reporting	<input type="checkbox"/>	<input type="checkbox"/>	
WHS across site	<input type="checkbox"/>	<input type="checkbox"/>	
Access Roads Condition/Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Gatehouse Area Condition/Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Waste Transfer/Storage Areas Condition/Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Front End Recycling Facility and Resource Recovery Areas	<input type="checkbox"/>	<input type="checkbox"/>	
General Public Drop-Off Area Condition/Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial Vehicles Drop Off Areas Condition/Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Site Directional/Safety Signage	<input type="checkbox"/>	<input type="checkbox"/>	
Surface Water Drainage Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Surface Water Pond Area Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Dust Control	<input type="checkbox"/>	<input type="checkbox"/>	
Odour Control	<input type="checkbox"/>	<input type="checkbox"/>	
Noise Control	<input type="checkbox"/>	<input type="checkbox"/>	
Litter/Noise/ Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Prevention Measures & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation & Landscaping Condition	<input type="checkbox"/>	<input type="checkbox"/>	

Other

Additional comments

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Signed

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