

QUESTIONNAIRE – WASTE MANAGEMENT CONSULTANCY SERVICES	
SERVICES REQUIRED FROM TATWEER:	
REQUIRED PRELIMINARY COMPLIANCE INSPECTION CRITERIA (PRE-SYSTEM SYSTEM IMPLEMENTATION)	
i. Qualitative Assessment	<input type="checkbox"/>
ii. Quantitative Assessment (Estimation)	<input type="checkbox"/>
iii. Identification of existing gaps in the documented WMS system	<input type="checkbox"/>
iv. Identification of existing gaps in the implemented WMS system	<input type="checkbox"/>
v. Sufficiency of Infrastructure (e.g. Waste Skips and Bins) within all facilities	<input type="checkbox"/>
Other (_____)	
vi. Require Gap Analysis Report	
WASTE MANAGEMENT SYSTEM DOCUMENTATION SERVICES	
i. Waste Management and Reduction Action Plan*	<input type="checkbox"/>
ii. Annual Waste Reduction Report*	<input type="checkbox"/>
iii. Waste Management and Reduction Policy	<input type="checkbox"/>
iv. Waste Management System (WMS) Procedures for:	<input type="checkbox"/>
a. Waste Segregation and Reduction	<input type="checkbox"/>
b. Waste Labelling, Temporary Storage	<input type="checkbox"/>
c. Waste Disposal	<input type="checkbox"/>
d. ESP Evaluation and Contracting	<input type="checkbox"/>
e. Waste Disposal Performance Data Management	<input type="checkbox"/>
f. Waste Manifestation Records	<input type="checkbox"/>
g. System Monitoring and Review	<input type="checkbox"/>
v. Waste Management System (WMS) Formats for:	<input type="checkbox"/>
a. Waste Segregation Matrix	<input type="checkbox"/>
b. Waste Quantities Estimation	<input type="checkbox"/>
c. Waste Disposal Quantities Log	<input type="checkbox"/>
d. Audit Checklist	<input type="checkbox"/>
e. Audit Report	<input type="checkbox"/>
f. Waste Audit Plan and Program	<input type="checkbox"/>
WASTE MANAGEMENT SYSTEM IMPLEMENTATION SUPPORT	
i. Do you require consultant to design and conduct in-house waste management system awareness campaigns?	Yes/No
Please specify the no. of required awareness campaigns in a year	
ii. Do you require consultant to conduct an implementation workshop based on the documented system with management and housekeeping staff?	Yes/No
iii. Do you require consultant to maintain track of waste disposal quantities every month based on manifestation?	Yes/No
iv. Do you require consultant to run waste reduction performance analysis every quarter?	Yes/No
v. Do you require consultant to help you suggest you competent ESP(s) in light of waste qualitative and quantitative analysis?	Yes/No
vi. Do you require consultant to follow up with your ESP to ensure proper waste collection, transportation and recycling services?	Yes/No

vii.	Do you require consultant to follow up with your ESP to get the right manifestation on monthly basis?	Yes/No
	Other: ()	
viii.	Require Gap Analysis Report ?	Yes/No
REQUIRED INSPECTION / AUDITING CRITERIA (POST SYSTEM IMPLEMENTATION)		
i.	Do you require Monthly or Quarterly Inspection?	Monthly/Quarterly
	Require inspection report?	Yes/No
ii.	Do you require comprehensive annual waste audit (prior to WRR documentation)?	Yes/No
	Waste Audit Report?	Yes/No
IMPLEMENTATION TRAINING SERVICES		
i.	Total No. of nominated personnel to be trained on waste management?	
	-No. Management Staff?	
	-No. Housekeeping Staff?	
ii.	No. of sessions in which above personnel are to be trained?	
iii.	Do you require a post training analysis?	Yes/No
iv.	Do you require a follow up Training with management and housekeeping?	Yes/No
MAINTENANCE CONSULTANCY SERVICES		
i.	Do you require Tatweer to assist in the implementation and to ensure maintenance of Waste Management System (WMS)?	Yes/No <small>(No, we require Tatweer services for only waste management reporting.)</small>
ORGANIZATIONAL INFORMATION		
1.	Name of Organization:	
2.	Address:	
3.	Telephone No.:	
4.	Fax No.:	
5.	Company Executive:	
	Name:	Designation:
6.	Working Hours:	
7.	Commercial sector your organization comes into?	
	<input type="checkbox"/> Industrial <input type="checkbox"/> Building Construction <input type="checkbox"/> Transport Energy <input type="checkbox"/> Tourism <input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Food	
8.	Nature of Organization	
	Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> PSC <input type="checkbox"/> Others	
	(Please Specify:)	
ORGANIZATIONAL BRIEF		
1.	Size of Company?	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
2.	Sites of your organization undertaking proposed activity? (E.g. workshops, warehouses, offices etc.)	
	Name of Sites:	i. ii. iii.
	Location of Sites:	
	Total No. of Sites:	
3.	Manpower of your organization involved in waste management (No. of employees)?	
	(Management)	(Administration) (Labour)

4. Sequential names of your organizational Departments/Divisions?			
5. No. of Trade licenses your company possesses?			
6. Please attach trade and chamber's license with this questionnaire (Check if Attached)			
Trade License			
7. Please attach Tadweer's evaluation report specifying penalization for last year (Check if Attached)			
Evaluation Report by Tadweer			
CONTACT INFORMATION			
Name:		Mobile:	
Designation:		E-mail:	