

<b>COMPANY &amp; BRANCH INFORMATION</b>	
BRANCH NAME _____	
PARENT COMPANY <small>(if applicable)</small> _____	FRANCHISE GROUP <small>(if applicable)</small> _____
STREET ADDRESS _____	CITY _____
PROVINCE _____	POSTAL CODE _____
MAIN PHONE _____	BRANCH PHONE _____
MAIN CONTACT <small>(for login information)</small> _____	POSITION _____
CONTACT PHONE _____	CONTACT EMAIL: _____
<b>INTAKE INFORMATION</b>	
How many full-time permanent employees are currently employed at your branch? _____	
Has anyone in your branch taken any kind of sustainability education in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people? _____	
What waste streams do you currently recycle? (select all that apply)	
<input type="checkbox"/> Asphalt Shingles	<input type="checkbox"/> Brick & Block
<input type="checkbox"/> Cardboard	<input type="checkbox"/> Concrete
<input type="checkbox"/> Drywall	<input type="checkbox"/> Glass
<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic (hard)
<input type="checkbox"/> Plastic (soft)	<input type="checkbox"/> Wood
<input type="checkbox"/> Landfill	<input type="checkbox"/> Other _____
How much waste average total waste do you estimate that you diverted from Landfill (i.e., recycled) prior to joining EcoClaim?	
<input type="checkbox"/> 0%	<input type="checkbox"/> 30-50%
<input type="checkbox"/> 1-5%	<input type="checkbox"/> 50-70%
<input type="checkbox"/> 5-10%	<input type="checkbox"/> 70-90%
<input type="checkbox"/> 10-30%	<input type="checkbox"/> >90%
Has your branch ever measured your carbon footprint or participated in a Green House Gas (GhG) inventory in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom <input type="checkbox"/> Climate Smart <input type="checkbox"/> Carbon Zero <input type="checkbox"/> Other: _____	

## BRANCH TRANSFER STATION SETUP INFORMATION

Please provide name, address, phone number and email address of the recycling partner. If you are unable, or are not planning to offer the stream, please select N/A.

STREAM	N/A	RECYCLING PARTNER	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
<input type="checkbox"/> Asphalt Shingles					
<input type="checkbox"/> Brick & Block					
<input type="checkbox"/> Cardboard					
<input type="checkbox"/> Concrete					
<input type="checkbox"/> Drywall					
<input type="checkbox"/> Glass					
<input type="checkbox"/> Metal					
<input type="checkbox"/> Plastic (hard)					
<input type="checkbox"/> Plastic (soft)					
<input type="checkbox"/> Wood					
<input type="checkbox"/> Landfill					
<input type="checkbox"/> Other					