



Waste Reduction and Disposal Division Environmental Survey

Section: _____
Employee: _____

Activity: _____

Process Map #: _____
Date Surveyed: _____

Place a (+) or (-) Next To The Environmental Impact

| Process Map Item # | Activity, Product or Service | Source of Impact (Aspect) | Air | Habitat | Storm Water | Soil/Land | Groundwater | Hazardous Waste | Solid Waste | Resource Consumption | Water Consumption | Power Consumption | Noise | Odor | Other (See Back) |
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Time Required To Complete Survey _____

| Item No. | Describe any Other Environmental Impacts (from other side) |
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Definitions:

Activity, Product or Service = what you do

Environmental Aspect = element of “what you do” that can interact with the environment

Environmental Impact = any change to the environment (positive (+) or negative (-) that results from your activity

For questions and clarification call the EMS Program Manager at **573-1247**