

**FULTON COUNTY DEPARTMENT OF HEALTH AND WELLNESS
ENVIRONMENTAL HEALTH SERVICES
99 Jesse Hill Jr. Dr., S.E., Atlanta, Georgia 30303, (404) 730-1301**

SOLID WASTE COLLECTION INSPECTION FORM

COMPANY NAME: _____

MAILING ADDRESS: _____

VEHICLE MAINTENANCE AND STORAGE ADDRESS: _____

CONTACT PERSON/TITLE: _____

*VEHICLE TAG# (S): _____

*TYPE OF VEHICLE(S): _____

*CAPACITY OF VEHICLE(S): _____

* For companies with 4 or more vehicles please provide a list of all vehicles with tag number, company I.D. number and vehicle capacity.

- | | | | |
|----|---|------------|------------|
| 1. | Name and telephone # on each vehicle plainly visible and easily readable (2" minimum letters and numbers) | _____
S | _____
U |
| 2. | Cover provide for open top vehicle | _____
S | _____
U |
| 3. | Vehicle leakproof and durable | _____
S | _____
U |
| 4. | Vehicle clean | _____
S | _____
U |
| 5. | Location for cleaning vehicles acceptable and properly maintained | _____
S | _____
U |
| 6. | Other | _____
S | _____
U |

Remarks _____

Date

Environmental Specialist