

Initial House Survey for Greek Eco Reps

This is an initial survey to help the coordinators identify the problem areas in your greek chapter. Please take this survey and **complete it by Friday Oct 15. Drop it off on the Green Folder in STEPS Room 264 by 4:00pm.** The survey requires the eco rep to do a walk through of the house and should take approximately 20 to 30 minutes to complete. Thank you!

1. Waste and Recycling

a. (R) Recycling bin & (T) Trash bin count + posters

i. Common Rooms

1. Dining room R_____ T_____ Posters: Y/N
2. Kitchen R_____ T_____ Posters: Y/N
3. Living room R_____ T_____ Posters: Y/N
4. Bathroom R_____ T_____ Posters: Y/N
5. Chapter room R_____ T_____ Posters: Y/N
6. Library R_____ T_____ Posters: Y/N
7. Room Other _____ R_____ T_____ Posters: Y/N

ii. Hallway

1. Floor 1 R_____ T_____ Posters: Y/N
2. Floor 2 R_____ T_____ Posters: Y/N
3. Floor Other _____ R_____ T_____ Posters: Y/N

iii. Rooms - Choose 3 rooms at random and ask the following questions, circle Yes or No

1. Person 1:

- a. Do you separate your recyclables? Y/N
- b. Do you have 2 bins in your room? Y/N
- c. Do you know Lehigh's recycling policy? Y/N
- d. Is waste management important to you? Y/N
- e. Do you wish to learn more about waste management? Y/N

2. Person 2:

- a. Do you separate your recyclables? Y/N
- b. Do you have 2 bins in your room? Y/N
- c. Do you know Lehigh's recycling policy? Y/N
- d. Is waste management important to you? Y/N
- e. Do you wish to learn more about waste management? Y/N
- f.

3. Person 3:

- a. Do you separate your recyclables? Y/N
- b. Do you have 2 bins in your room? Y/N
- c. Do you know Lehigh's recycling policy? Y/N
- d. Is waste management important to you? Y/N
- e. Do you wish to learn more about waste management? Y/N

2. Food/Kitchen

a. **Food** (List 3 for each)

- i. Packaged Snacks: _____, _____, _____
- ii. Non Packaged Snacks: _____, _____, _____
- iii. Drinks with sizes (i.e. gallon jug of milk): _____, _____, _____
- iv. Fruits: _____, _____, _____
- v. Items Inside Fridge: _____, _____, _____

b. **Cups/Plates**

- i. Disposable cups:
 - 1. Type (circle one): Styrofoam, plastic, paper
 - 2. Count (estimation) # _____ per week
- ii. Disposable plates:
 - 1. Type(circle one)?: Styrofoam, plastic, paper
 - 2. Count (estimation) # _____ per week
- iii. Reusable cups: Type _____ Count (estimation) # _____
- iv. Reusable plates: Type _____ Count (estimation) # _____
- v. Silverware used (circle one): Plastic , Metal, Both

3. Energy

a. **Light Bulb Count**

- i. Common Rooms (Circle which applies)
 - 1. Dining Room incandescent vs CFL
 - 2. Chapter Room incandescent vs CFL
 - 3. Library incandescent vs CFL
 - 4. Bathroom incandescent vs CFL
 - 5. Random Room 1 incandescent vs CFL
 - 6. Random Room 2 incandescent vs CFL
 - 7. Random Room 3 incandescent vs CFL

b. **Electronic Check** (1 check indicates you have it 2 checks indicates it stays plugged in/on for most of the day (specify)

- i. **Kitchen**
 - 1. Blender
 - 2. Keurig
 - 3. Toaster
 - 4. Warming Trays (Underneath where food is served)
 - 5. Water Cooler
- ii. **Random Room 1**
 - 1. Phone charger
 - 2. Laptop Charger
 - 3. TV
 - 4. Hair tools
 - 5. Gaming System

- iii. **Random Room 2**
 - 1. Phone charger
 - 2. Laptop Charger
 - 3. TV
 - 4. Hair tools
 - 5. Gaming System

- iv. **Random Room 3**
 - 1. Phone charger
 - 2. Laptop Charger
 - 3. TV
 - 4. Hair tools
 - 5. Gaming System

- c. **Random Light Check**, find a time when most people are in their classes between (11am-1pm) and check rooms to see if the light was unnecessarily left on, circle Yes or No
 - i. Room 1 Y/N
 - ii. Room 2 Y/N
 - iii. Room 3 Y/N
 - iv. Room 4 Y/N
 - v. Room 5 Y/N