

Solid Waste Authority

Quarterly Performance Measures Reporting Form

Reporting Quarter: ____ / ____ / 20____ to ____ / ____ / 20____

Authority Name: _____

Prepared by: _____ Date Submitted: _____

Regulatory Compliance

On-Site Certification(s):

Is there a staff member with MOLO, Transfer Station Manager, or other applicable certification to operate a landfill or transfer station? Yes No

List name, title, and certification type: _____

DEP Notices of Violation (NOVs) Received this Quarter:

Yes No No DEP Inspection Received

Inspection Date(s) and Number of NOVs Issued: _____

Financial Audits and Annual Report:

Fiscal Year of Last Financial Audit Completed: _____

If not conducted within last fiscal year, is an audit scheduled: Yes No

If yes, what years are scheduled and who is completing:

If no, please explain: _____

Calendar Year of Last Annual Report Filed (per 33 CSR 1-4.12.g): _____

Most recent Annual Report completed by: _____

Statutory Compliance

Board Meetings Scheduled this Quarter:

Date	Type (Regular, Special, Emergency)	# of Board Members Present	Was quorum met? (Y/N)

Any changes in Board appointments? Yes No *If yes, attach updated information*

Any Board seat vacancies? Yes No

If yes, what appointing authority and how long vacant:

Disposal Services and Haulers:

Private and Public Disposal Services in the area delivering to your landfill / transfer station:

Public: _____

Private: _____

Private and Public Disposal Services in the area **NOT** delivering to your landfill / transfer station (if known):

Public: _____

Private: _____

Any Comments Related to Haulers in Your Area:

Are Recycling Programs Conducted?

Yes No If yes, briefly describe: _____

Financial Records

Attach monthly income statements and balance sheets if not included in Board Packets

Total Operating Revenue			
Revenue Month 1	Revenue Month 2	Revenue month 3	Total Quarterly Revenue

Please report total operating revenue for all categories. Total revenue recorded from monthly Profit & Loss / Income Statement as Total Income or Operating Revenue, or Gross Profit reflecting deduction for Cost of Goods Sold (COGS). Do not include "other income" sources such as interest income, dividends, or unrealized gains on investments.

Total Operating Expenses			
Expenses Month 1	Expenses Month 2	Expenses month 3	Total Quarterly Expenses

Please report all operating expenses for all categories. Total expenses recorded from monthly Profit & Loss / Income Statement as Total Expenses and includes such things as administration, landfill, litter control, recycling, and equipment costs. Do not include "other expenses" such as interest expense or depreciation expense.

Financial Reporting Basis:

Cash Accrual Modified Accrual

Is outside accountant used? Yes No

If yes, who and what functions performed?

Any Debt Service (leases, loans, long-term liabilities, not including escrow accounts)? Yes No

If yes, list and describe:

Grants Received this Quarter: Yes No N/A

Source: _____ Total Amount: \$ _____

Source: _____ Total Amount: \$ _____

Current Fees Charged:

Tipping Fee: \$ _____ per ton

Additional Fees:

Fee Type: _____ \$ _____ per ton

Fee Type: _____ \$ _____ per ton

Public Service Commission:

Any Pending or Anticipated PSC Cases? Yes No

If yes, briefly describe: _____

Accounts Receivable:

Average Number of Monthly Customers: _____

# of Accounts over 30 days	Total Dollar Amount of Accounts over 30 days	# of Accounts over 60 Days	Total Dollar Amount of Accounts over 60 days	# of Accounts Over 90 Days	Total Dollar Amount of Accounts over 90 days

Accounts Payable:

# of Accounts over 30 days	Total Dollar Amount of Accounts over 30 days	# of Accounts over 60 Days	Total Dollar Amount of Accounts over 60 days	# of Accounts Over 90 Days	Total Dollar Amount of Accounts over 90 days

Leachate Processing:

Briefly describe how leachate is processed / treatment facility used: _____

Monthly Leachate Volume and Cost:

Type	Month 1	Month 2	Month 3	Quarterly Total
Total Gallons of Leachate Processed				
Total Leachate Disposal Cost				
Per Gallon Processing Fee				
Total Additional Associated Costs (describe)				

Business Operations Management

Payroll Taxes and Reporting Current:

IRS Form 941 Yes No

Worker's Compensation Yes No

Unemployment Yes No

Liability Insurance Current? Yes No Annual Premium? _____

Carrier: _____

Workplace Accidents this Quarter? Yes No

If yes, provide brief details:

Annual Budget:

Current Fiscal Year Budget Approved by Board? Yes No

Have any substantial revisions to the approved budget been required this quarter? Yes No

If yes, please submit a revised, board approved, annual budget with this report.

Are budget projections on track for positive net income? Yes No

If no, explain (unexpected expenditures, reduced income, etc...)

Is an Equipment Replacement & Maintenance Schedule in Place? Yes No

Are maintenance projects and expenditures on track? Yes No

If no, explain (unexpected breakdown, delay in parts, etc...)

Restricted Escrow Accounts Funded per Tariff? Yes No

Account Type and Balance: _____

Account Type and Balance: _____

Account Type and Balance: _____

Account Type and Balance: _____

Non-Restricted / Internal Escrow Accounts Funded? Yes No

Account Type and Balance: _____

Account Type and Balance: _____

Account Type and Balance: _____

Account Type and Balance: _____

Any Pending or Ongoing Litigation Over \$5,000? Yes No

If yes, describe: _____

Abiding by Current Tariff Schedule?

Operating Hours: Yes No

Provide Operating Hours: _____

Closure Schedule: Yes No

Provide Closure Schedule: _____

Briefly detail any deviations from operating schedule: _____

Staff Reporting

Staff Vacancies:

Total # Current Vacant Positions: _____

Briefly describe how vacancies are posted / advertised and any challenges with filling vacancies:

Title of Vacant Position	Classification (FT/PT/Temp)	How Long Vacant?	Status (advertised, interviewing, etc.)

Attach additional sheet(s) if necessary

Total Monthly Employment Costs by Category:

Wages inclusive of vacation, sick leave, and overtime

Employment Category	Month 1 Total Wages	Month 2 Total Wages	Month 3 Total Wages	Total Quarterly Wages
Landfill / Transfer Station Operations				
Recycling Center				
Administration				
Incentives / Bonuses				
Other (define)				
Other (define)				
TOTAL WAGES				

Total Monthly Employee Benefit Expenses by Category:

Benefit Category	Month 1 Total Employer Cost	Month 2 Total Employer Cost	Month 3 Total Employer Cost	Total Quarterly Employer Cost
Employer Paid Health Insurance Premiums				
Employer Paid Retirement Contribution				
Employer Paid Worker's Comp Contribution				
Employer Paid Dental / Vision Insurance Premium				
Employer Paid Life or Disability Insurance Premium				

Total Monthly Employee Benefit Expenses by Category Continued:

Employer Paid Uniform or PPE Allotment				
Other (define)				
Other (define)				
TOTAL EMPLOYER PAID BENEFITS				

Program Outcomes

Safety Meetings:

Does the Authority have an established Safety Committee? Yes No

Name and Title of Safety Manager: _____

Date Held	Topic Summary	Number of Attendees

Safety Certifications:

Are employees required to have CPR / First Aid Certifications? Yes No

If yes, number of employees certified: _____

Recycling Tonnage Breakdown by Type:

MONTH 1 - RECYCLING BY CATEGORY			
TYPE	TONS	REVENUE	EXPENSES

MONTH 2 - RECYCLING BY CATEGORY			
TYPE	TONS	REVENUE	EXPENSES

Public Education Conducted:

Date Held	Target Audience	Topic / Event Name/Outreach Method

Website / Social Media Utilization:

Do you have a website and/ or social media platform: Yes No

Website URL Address: _____

Social Media Page(s) : _____

Who is responsible for maintaining the site(s)?: _____

Litter Control:

Litter Control Program In Place? Yes No

Total Citations Issued			
Citations Month 1	Citations Month 2	Citations month 3	Total Quarterly Citations

Total Revenue Collected			
Revenue Month 1	Revenue Month 2	Revenue Month 3	Total Quarterly Revenue