## **5 Minute Paper Shredding Audit**



(Fill this form out before calling – it will save you time!)

1: Shredding P	reference:				
☐ Witnessed Shredding		☐ Un-witnessed Sh	nredding		
	☐ Mobile	☐ Drop-Off	☐ Pickup	☐ Drop-Off	
2: Service Type	<u>2</u>				
☐ <b>Purge:</b> Estimated Quantity of Standard Size File Boxes (10" x 12" x 15")  Number of purges per year:					
☐ Recu	rring Service	e:			
Num	ber of office	employees:	x 16 lbs =	total lbs of paper per month	
lbs of capacity	per employe		should be considered	itive console one time per month – 16 as a minimum volume when	
Once	e every: 🗆 Mo	onth 🗆 Week	□ 2 Weeks □ 3 V	Veeks   On Call	
Preferred Container Type:  Shredinator (60 lbs paper): Quantity  Executive Consoles (80 lbs paper): Quantity  65 gallon bins (200 lbs paper): Quantity					
3: Other					
How so	oon do you n	eed your service/b	egin service?		
Are yo	Are your documents currently in standard size file boxes? $\square$ Yes $\square$ No				
Do you	Do you require a box removal service after their contents have been shredded? $\square$ Yes $\square$ No				
Are yo	Are your documents on the first floor? $\square$ Yes $\square$ No				
	Is there an elevator available for use? $\square$ Yes $\square$ No				
Is there	<ul><li>□ X-Rays</li><li>□ VHS Tap</li></ul>	ags	aper documents:		
Are yo		ts in a storage unití	? □ Yes □ No		