

# Data 2

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*Questionnaires for  
Field Investigations*

## 2 Questionnaires for Field Investigations

### 2.1 Mobile Pollution Source Survey

The questionnaire for the Vehicle condition survey is as follows. (for the bus and truck owner)

Name of the Company: \_\_\_\_\_

Questionnaire	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
Type of Vehicle					
Type of fuel and engine displacement					
Age of vehicle					
Condition of Engine					
Fuel Consumption					
Travel Distance					
Remarks					

Type of Vehicles: Bus, Truck, Microbus  
 Fuel Type: Petrol or Diesel  
 Displacement: Capacity of Engine  
 Age of Vehicle: How many years ago was it manufactured?  
 Condition of engine: Good, Ordinal, Bad

### 2.2 Point Pollution Source Survey

#### 2.2.1 Questionnaire for the Review of Environmental Passport

Table 1. Annual Consumption of Major Three Raw Materials

No	Name of Raw Materials	Annual Consumption (t/y)	
		at Present Situation	Environmental Passport
1			
2			
3			

Table 2. Name of Major 5 Products of the Factory

No	Name of 5 Major Products of the Factory
1	
2	
3	
4	
5	

Table 3. Annual Energy Resource Consumption

No	Name of Energy Resource	Annual Consumption

		at Present Situation	Environmental Passport
1	Electricity Supply and Consumption by Secondary Resource ( $10^3$ wh/y)		
2	Gas Consumption ( $10^3$ Nm <sup>3</sup> /y) Nm <sup>3</sup> means volume at 0 , 1 atm.		
3	Coal Consumption (t/y)		
4	LPG (Propane, butane) Consumption (t/y)		
5	Kerosene (Petroleum) Consumption (t/y)		
6	Heavy Oil (Black Oil) Consumption (t/y)		
7	Thermal Energy Supply and Consumption by Secondary Resources ( $10^9$ cal/y)		

Table 4. Characteristics of Major 7 Flue Gases discharged directly into Atmosphere

(Upper: at Present Situation, Lower: Environmental Passport)

No	Name of Flue Gases from Boilers, Furnaces, and other Pollution Sources	Average Volume of Flue Gas under operation (Nm <sup>3</sup> /h)	Concentration of Pollutants			Amount of Pollutants		
			Sulphur Oxide ( mg/Nm <sup>3</sup> )	Nitrogen Oxide ( mg/Nm <sup>3</sup> )	Suspended Particulate Matter ( mg/Nm <sup>3</sup> )	Sulphur Oxide (ton/y)	Nitrogen Oxide (ton/y)	Suspended Particulate Matter (ton/y)
1								
2								
3								
4								
5								
6								
7								

Table 5. Characteristics of Major 5 Waste Water discharged directly  
 Outside of the Factory

(Upper: at Present Situation, Lower: Environmental Passport)

No	Name of Waste Water discharged to the Outside of the Factory	Average Volume of Waste Water under operation (t/h)	Destination of the Waste Water P:Public Space or C:Centralized Sewage Plant	Concentration of Pollutants		
				BOD (mg/litter)	COD (mg/litter)	Suspended Solids (mg/litter)
1						
2						
3						
4						
5						

Table 6. Characteristics of Major 9 Waste Generated in the Factory and discharged from the Factory

(Upper: at Present Situation, Lower: Environmental Passport)

No	Name of the Waste generated in the Factory and discharged from the Factory	Amount of the Waste generated in the Factory (t/y)	<b>Category</b> 1.Waste Oil 2.Oil Sludge 3.Non-Oily Organic Sludge 4.Inorganic Sludge 5.Waste Chemicals 6.Burnable Solid Waste 7.Non-Burnable Solid Waste 8.Others	Percentage of the Waste discharged to outside from the Factory (%)	Major Chemical Component (Name of the Material)	
					Primary	Secondary
1						
2						
8						
9						

## 2.2.2 Questionnaire for Opinion Survey for Factories

### Questionnaire for Factory Survey

No. \_\_\_\_\_

#### General Information

Date : \_\_\_\_\_  
Name of Interviewee : \_\_\_\_\_  
: Position \_\_\_\_\_  
Name of Interviewer : \_\_\_\_\_  
Name of the factory : \_\_\_\_\_  
District : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone and facsimile number : Phone \_\_\_\_\_  
: Fax \_\_\_\_\_  
E-mail Address : \_\_\_\_\_

#### Questions

Q.1 How do you evaluate your factory regarding efforts to reduce adverse impact to the environment by the operation of the factory?

- [ ] 1. We do our best.  
[ ] 2. We make a certain efforts.  
[ ] 3. We do few efforts.  
[ ] 4. We do not make any efforts. (Please specify the reasons why you do not make any efforts:

Q.2 Please tick the following environmental conservation measures that your factory applies to and then specify target pollutants and their reduction methods.

[ ] 1. Air pollution measures  
Target pollutants: \_\_\_\_\_  
Reduction method: \_\_\_\_\_

[ ] 2. Water pollution measures  
Target pollutants: \_\_\_\_\_  
Reduction method: \_\_\_\_\_

[ ] 3. Hazardous waste treatment/disposal  
Target pollutants: \_\_\_\_\_  
Reduction method: \_\_\_\_\_

[ ] 4. Noise and vibration measures  
Target pollutants: \_\_\_\_\_  
Reduction method: \_\_\_\_\_

[ ] 5. Offensive odor measures  
Sources: \_\_\_\_\_  
Reduction method: \_\_\_\_\_

[ ] 6. Soil pollution measures  
Target pollutants: \_\_\_\_\_  
Reduction method: \_\_\_\_\_

[ ] 7. Other measures

Target pollutants: \_\_\_\_\_

Reduction method: \_\_\_\_\_

Q.3. What are the problems regarding environmental conservation of your factory?  
(Plural answers are acceptable):

[ ] 1. Lack of regulations and guidelines defining what to do.

[ ] 2. Lack of instruction by which we can identify what we should do for environmental conservation.

[ ] 3. Lack of information on technology for environmental conservation measures.

[ ] 4. Cost of environmental conservation measures is too high.

[ ] 5. Although we have introduced environmental conservation measure(s), it (those) has (have) not well functioned.

[ ] 6. Lack of financial supports, especially from the government.

[ ] 7. Financial limitation for environmental conservation measures.

[ ] 8. Others (Please specify \_\_\_\_\_)

Q.4 Does your factory pay for “environmental fund”? If yes, please answer the amount of annual payment, for what kinds of pollutants you paid and why you select payment instead of following emission standards? In case of No, please specify the reason you do not pay?

[ ] 1. Yes

Amount of payment: \_\_\_\_\_ Manat/year

For what kinds of pollutants: \_\_\_\_\_

Reason why you pay: \_\_\_\_\_

[ ] 2. No

Reason why you do not pay: \_\_\_\_\_

Q.5 Do you know the “Cleaner production technology (CPT)”? In case Yes, has your factory already introduced the CPT or do you have any plan to introduce it?

[ ] 1. Already introduced. (Year of introduction: \_\_\_\_\_)

[ ] 2. Have an introduction plan. (Proposed year of introduction: \_\_\_\_\_)

[ ] 3. I don't know.

Q.6 Does your factory have a plan to implement environmental conservation measures?

[ ] 1. Yes, we have.

[ ] 2. No, we do not.

Q.7 Do you need any financial support from the government if you implement environmental conservation measures or improve existing environmental conservation facility?

[ ] 1. Yes, we need full support.

[ ] 2. Yes, we need partial support.

[ ] 3. No, we could manage the finance for it.

Q.8 What kinds of support you need from the government to improve environmental conservation facility of your factory? (Plural answers are acceptable):

[ ] 1. Legislative arrangement (Please specify: \_\_\_\_\_)

[ ] 2. Soft loan for investment of environmental conservation facility.

[ ] 3. Tax exemption or reduction for investment of environmental conservation facility.

[ ] 4. Technical assistance and advise for the improvement.

[ ] 5. Provision of technical information for the improvement.

[ ] 6. Others (Please specify: \_\_\_\_\_)



Q.9 How do you treat/dispose hazardous wastes (HW) generated in your factory at present?

- 1. Treat/dispose HW within factory's compound.
- 2. Treat HW in our factory and entrust disposal of treated HW to the waste disposal agent.
- 3. Entrust all treatment/disposal works to the waste disposal agent.
- 4. Others (Please specify \_\_\_\_\_)

Q.10 What is your treatment/disposal plan of HW generated in your factory in future?

- 1. Treat/dispose HW within factory's compound.
- 2. Treat HW in our factory and entrust disposal of treated HW to the waste disposal agent.
- 3. Entrust all treatment/disposal works to the waste disposal agent.
- 4. Others (Please specify \_\_\_\_\_)

Q.11. In case you need to entrust treatment/disposal works to the waste disposal agent, what kinds of HW do you ask? Please specify kinds of HW and annual generation amount of it. (Up to three HWs)

- 1. Kinds of HWs ( \_\_\_\_\_ )  
Annual generation amount ( \_\_\_\_\_ ton/year)
- 2. Kinds of HWs ( \_\_\_\_\_ )  
Annual generation amount ( \_\_\_\_\_ ton/year)
- 3. Kinds of HWs ( \_\_\_\_\_ )  
Annual generation amount ( \_\_\_\_\_ ton/year)

Q.12 In case you need to entrust treatment/disposal works to the waste disposal agent, how much does your factory can pay for one ton of HW treatment/disposal?

- 1. Treatment cost ( \_\_\_\_\_ manat)
- 2. Disposal cost ( \_\_\_\_\_ manat)

Q.13 Your company is owned by;

- 1. state
- 2. private
- 3. joint organization

Q.14 What do you think about the future prospects of your company?

- 1. very good
- 2. good
- 3. fair
- 4. no good, but possible to continue running
- 5. no good, and may stop running
- 6. I do not know.

Q.15 Do you have a plan to increase or reduce the production scale in future?

- 1. to increase
- 2. to reduce
- 3. no change, and continue with the current scale
- 4. I do not know.

Q.16 In case the factory is located within or near the central part of the city, is it possible for you to move the factory out side the central part of the city?

- 1. Yes, it is possible, if another good location is provided.
- 2. Yes, with the conditions of \_\_\_\_\_.
- 3. No, we do not want to move from here.
- 4. I do not know.

-----*Thank you very much!!*-----

## 2.3 Opinion Survey for Medical Institutions

### Questionnaire for Medical Waste Management

No. \_\_\_\_\_

#### 1. General Information

Date : \_\_\_\_\_  
Name of Interviewee : \_\_\_\_\_  
: Position \_\_\_\_\_  
Name of Interviewer : \_\_\_\_\_  
Name of the medical institution : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone and facsimile number : Phone \_\_\_\_\_  
: Fax \_\_\_\_\_  
E-mail : Address \_\_\_\_\_

#### 2. General Questions of Interviewee

Q.1. What is the number of employee?

full-time [ ] persons  
part-time [ ] persons

Q.2. Category of the institution.

[ ] 1. General Hospital  
[ ] 2. Hospital  
[ ] 3. Clinic  
[ ] 4. Others (specify: \_\_\_\_\_)

Q.3. Type of institution:

[ ] 1. Public  
[ ] 2. Private  
[ ] 3. Others (specify: \_\_\_\_\_)

Q.4. Outline of institution:

1. Number of beds : \_\_\_\_\_ beds  
2. Bed occupation rate : \_\_\_\_\_ bed/day  
3. Season of high occupancy : \_\_\_\_\_  
4. Season of low occupancy : \_\_\_\_\_  
5. Number of out-patients : \_\_\_\_\_ /day

#### N.B.1 Definition of Medical (Infectious, Hazardous) and General Waste

a. For the purpose of this survey, medical wastes are defined as follows:

Medical wastes include following types of waste from medical care in this questionnaire.

- Infectious waste
- Hazardous waste

b. For the purpose of this survey, infectious wastes are defined as follows:

All pathological waste; liquid human blood and blood products and items saturated with human blood; cultures and stocks of infectious agents and associated biologicals (such as vaccines); culture dishes and equipment that has come in contact with any biological agent. Sharps that have been used in patient care, treatment, or in medical research; broken or unbroken glassware

- that have come into contact with any infectious agent; sharp items that are unused but pose a physical threat to those who subsequently handle these items. Items that are tainted with human blood, excrement, or any body fluid from humans or animals infected with contagious diseases; contaminated animal carcasses, body parts and bedding of all animals exposed to biological agents during clinical trials.
- c. For the purpose of this survey, hazardous wastes are defined as follows:  
Chemical waste, in solid, liquid, or gaseous states, used for diagnostic, treatment, or experimental purposes. Chemicals used for disinfection, preservation, and cleaning procedures; all pharmaceuticals that have past their expiry dates; any hazardous chemicals that are labelled as toxic, corrosive, flammable, reactive, cytotoxic, mutagenic, teratogenic, carcinogenic, or radioactive.
- d. For the purpose of this survey, general waste are defined as follows:  
General waste is all other waste types including packaging materials, kitchen waste, and other substances that do not require special handing and do not pose a threat to public and environmental health.

### N.B.2 Calculation of Waste Weight by Volume

The interviewer is requested to calculate the waste weight by applying conversion rate of **0.1 kg/litter** for weight to volume.

## 3. Medical Waste Management

### 3.1 Evaluation of the Present System

- Q.5. Which of the following phrases best represents the present management of medical waste in your institution?
- [ ] 1. Generally there are no problems with the present management.  
[ ] 2. The present system potentially poses a risk for the employees of the area of waste management.  
[ ] 3. The present system potentially poses a risk for the employees and patients.  
[ ] 4. The present management is satisfactory from the internal view point, but constitutes an unacceptable risk for the external environment.
- Q.6. Which of the following phrases better explain the present management of medical waste in the Baku city?
- [ ] 1. Generally there are no problems with the present management of the medical waste.  
[ ] 2. The present system potentially poses a risk for the employees of the area of waste management.  
[ ] 3. The present system potentially poses a risk for the employees and patients.  
[ ] 4. The present system potentially poses a risk for the public.  
[ ] 5. The present management is satisfactory from the internal view point, but constitutes an unacceptable risk for the external environment.  
[ ] 6. I don't know
- Q.7. How much responsibility has each of the following aspects in the present situation of the medical wastes? (please tick appropriate boxes)

Aspect \ Responsibility	Great responsibility	Considerable responsibility	Low responsibility	No responsibility	I don't know
Lack of legislation and regulations					
Lack of guidelines for the present management					
Lack of supervision and control by the authorities					
Lack of funds to carry out an appropriate management					

Lack of obedience to internal instructions					
Lack of training of the equipment					

### 3.2 Generation Amount

Q.8. How many kilograms of medical waste generated per week?

[ ] kg/week

[ ] bags/week

In case the answer is bags/week, please specify the volume of a bag.

[ ] liters/bag

### 3.3 Storage

Q.9. How do you store medical wastes?

[ ] 1. We mix them with general wastes all together.

[ ] 2. We store them separately. (Go to Q.11)

Q.10. Why don't you separate medical wastes?

[ ] 1. There is no reason to separate them.

[ ] 2. It is troublesome to separate them.

[ ] 3. The waste collectors separate them.

[ ] 4. Others ( specify : \_\_\_\_\_ )

(Go to Q13)

Q.11. How many categories of medical waste separated?

[ ] 1. One category

[ ] 2. Two categories

[ ] 3. More than two

Q.12. Please tick appropriate boxes on the answer table to indicate your separation manner of medical wastes.

Type of waste	separate storage	mixed storage
Blood		
Infectious agent, cultures, fungi		
Non anatomic waste that comes from the medical attention of patients and laboratories		
Pathological waste		
Sharp material (needles, surgical knives, etc.)		
Hazardous waste (chemicals, medicine)		
Radioactive waste		

### 3.4 Treatment and Recycling

Q.13. Are the medical wastes treated? (please tick appropriate boxes)

Answer Table			
Type of waste	Treatment method		
	On-site treatment	Off-site treatment	No treatment
Blood			
Infectious agent, cultures, fungi			

Non anatomic waste that comes from the medical attention of patients and laboratories			
Pathological waste			
Sharp material (needles, surgical knives, etc.)			
Hazardous waste (chemicals, medicine)			
Radioactive waste			
Mixed waste			

Q.14. How are they treated? (please tick appropriate boxes)

<b>Answer Table</b>		Treatment method						
Treatment method  Type of waste		1	2	3	4	5	6	7
		Incineration in an incinerator	Open burning	Open burial	Chemical disinfection	Autoclave (steam sterilization)	I don't know	Others
Blood								
Infectious agent, cultures, fungi								
Non anatomic waste that comes from the medical attention of patients and laboratories								
Pathological waste								
Sharp material (needles, surgical knives, etc.)								
Hazardous waste (chemicals, medicine)								
Radioactive waste								
Mixed waste								

Q.15. Does your institution have a recycling system? Do you recycle any wastes generated at your institution?

- [ ] 1. Yes, we recycle all waste types.  
 [ ] 2. Yes, but we recycle only general waste.  
 [ ] 3. Yes, but we recycle only medical waste that has undergone treatment, e.g. glassware.  
 [ ] 4. No. We do not recycle any of our waste.  
 [ ] 5. I don't know  
 [ ] 6. Others (please specify) \_\_\_\_\_

Q.16. Please fill up the followings, with regard to the recycled medical waste items.

- [ ] 1. Name of recycled medical waste item: \_\_\_\_\_  
 [ ] 2. Recycled amount: \_\_\_\_\_ kg/week  
 [ ] 3. Method of collection for the recycled medical waste item: \_\_\_\_\_  
 [ ] 4. Information of that recycling agent: \_\_\_\_\_

### 3.5 Waste Discharge

Q.17. How do you discharge medical wastes?

1. Separate store but mixed discharge.  
 2. Separate store and separate discharge. (Go to Q.19)  
 3. Mix store and mixed discharge. (Go to Q.20)

Q.18. In case of “separate store but mixed discharge”, who mixes them.

1. Collector  
 2. Our employee  
 3. Others (specify: \_\_\_\_\_ )

Q.19. Please tick appropriate boxes on the answer table to indicate your discharge manner of medical wastes.

Answer Table		
Type of waste	separate discharge	mixed discharge
Blood		
Infectious agent, cultures, fungi		
Non anatomic waste that comes from the medical attention of patients and laboratories		
Pathological waste		
Sharp material (needles, surgical knives, etc.)		
Hazardous waste (chemicals, medicine)		
Radioactive waste		

### 3.6 Collection

Q.20. Who collects medical wastes ?

1. Private company contracted by us  
 2. Private company contracted by municipality  
 3. Municipality  
 4. Others (specify : \_\_\_\_\_ )  
 5. No collection service

Q.21. How many times per week are they collected? Choose one of the following.

1. Every day  
 2. 5 or 6 times a week  
 3. 3 or 4 times a week  
 4. Twice a week  
 5. Once a week  
 6. Irregular

Q.22. How are the medical wastes finally disposed of? Choose one of the following.

1. We dispose of in our property.  
 2. We throw at public places.  
 3. They are disposed of at the landfill sites for municipal solid wastes without treatment.  
 4. They are disposed of at the landfill after treatment (by means of incineration, etc.)  
 5. I don't know.  
 6. Others (specify : \_\_\_\_\_ )

### 3.7 In House collection System

Q.23. Specify the present medical waste collection system in your institution. (please tick appropriate boxes)

Answer Table			
Type of waste	In house collection system		
	1	2	3
	We use a standard system with containers or colored bags with labels.	We use different types of labeled containers.	Others
Blood			
Infectious agent, cultures, fungi			
Non anatomic waste that comes from the medical attention of patients and laboratories			
Pathological waste			
Sharp material (needles, surgical knives, etc.)			
Hazardous waste (chemicals, medicine)			
Radioactive waste			
Mixed waste			

Q.24. Describe the present container for collection of medical waste in your institution. (please tick appropriate boxes)

Answer Table						
Type of Waste	Container	1	2	3	4	7
		We use hard plastic containers	We use cardboard boxes with a plastic bag liner	We use cardboard boxes without a plastic bag liner	We use only plastic bags	Others
Blood						
Infectious agent, cultures, fungi						
Non anatomic waste that comes from the medical attention of patients and laboratories						
Pathological waste						
Sharp material (needles, surgical knives, etc.)						
Hazardous waste (chemicals, medicine)						
Radioactive waste						
Mixed waste						

Q.25. Specify the collection frequency of the medical waste (of the department) in your institution. ( please tick appropriate boxes)

<b>Answer Table</b>			
Type of waste	In house collection frequency		
	1	2	3
	Two times per day	Once per day	Others
Blood			
Infectious agent, cultures, fungi			
Non anatomic waste that comes from the medical attention of patients and laboratories			
Pathological waste			
Sharp material (needles, surgical knives, etc.)			
Hazardous waste (chemicals, medicine)			
Radioactive waste			
Mixed waste			

Q.26. Are there cool storage points for pathological wastes in your institution?

1. Yes.  
 2. No.

Q.27. Are there (a) central waste collection point(s) in your institution?

1. Yes, there is one waste collection point.  
 2. Yes, there are more than one waste collection points.  
 3. No, the waste is collected directly from the patient's wards or the departments and sent away for treatment and/or disposal

Q.28. How is (are) this (these) central collection point(s) located? Are they (is it) (an) specially dedicated area(s) (i.e. separated from the other buildings)?

1. Yes.  
 2. No.

Q.29. How often are (is) the collection point(s) disinfected?

1. Once a week.  
 2. Two times per month.  
 3. Once a month.  
 4. Every 2-3 months.  
 5. Twice per year.  
 6. With less frequency.  
 7. When it is considered necessary.  
 8. Never.  
 9. Others (specify:\_\_\_\_\_)

Q.30. Are they (is it) enclosed with fence and locked?

1. Yes, but only for contaminated waste.  
 2. All collection points are closed with fence and locked.  
 3. Enclosed with fence but not locked.  
 4. Neither enclosed with fence nor locked.  
 5. Others (specify:\_\_\_\_\_)

Q.31. Describe the access to the collection point for the collection vehicles (trucks) and the procedure of waste loading.

1. There is a free access for the vehicles. The containers are emptied by haul-up (large containers) or by lift (medium-size containers).  
 2. There is a free access for the vehicles. The containers are emptied by lift.



3. There is a free access for the vehicles. The waste is loaded manually.  
 4. There is no direct access for vehicles. The waste is carried and loaded manually.  
 5. Others (specify: \_\_\_\_\_)
- Q.32. Specify the area of storage for hazardous waste (chemicals, medicines).  
 1. We have an area dedicated for the storage of hazardous waste.  
 2. We do not have an area exclusively dedicated for hazardous waste.
- Q.33. Is there any structure for the storage of radioactive wastes?  
 1. Yes - for short periods of storage only.  
 2. Yes - the waste is stored until the radiation has decreased.  
 3. No, because we do not generate radioactive wastes.  
 4. No, although we generate radioactive wastes.

## 4. General Wastes Management

### 4.1 Generation Amount

- Q.34. How many kilograms of general wastes **generated** per day?  
[ ] kg/day  
[ ] containers/day  
In case the answer is containers/week, please specify the volume of a container.  
[ ] liters/ container

### 4.2 Collection

- Q.35. Who collects general wastes ?  
 1. Private company contracted by us  
 2. Private company contracted by municipality  
 3. Municipality  
 4. Others (specify : \_\_\_\_\_ )  
 5. No collection service
- Q.36. How are they collected ?  
 1. Mixed collection with medical wastes.  
 2. Separate collection from medical wastes.  
 3. I do not know.
- Q.37. How many times per week are they collected? Choose one of the following.  
 1. Every day  
 2. 5 or 6 times a week  
 3. 3 or 4 times a week  
 4. Twice a week  
 5. Once a week  
 6. Irregular

## 5. Financial Matter

### 5.1 Medical waste

- Q.38. Specify the present **medical waste collection** costs:  
 1. Specifically \_\_\_\_\_ Manat/month  
 2. \*Approximately \_\_\_\_\_~ \_\_\_\_\_ Manat/month  
 3. We do not pay a collection fee.
- Q.39. Specify the present **medical waste treatment** costs (including the cost for self-treatment):  
 1. Specifically \_\_\_\_\_ Manat/month

- [ ] 2. \*Approximately \_\_\_\_\_~ \_\_\_\_\_ Manat/month  
[ ] 3. We have no treatment expenses.
- Q.40. Proper collection, treatment and disposal of medical wastes require a considerable cost. How much could you pay for proper collection, treatment and disposal of medical wastes ?
- [ ] 1. \_\_\_\_\_ Manat/kg  
[ ] 2. We do not want to pay for it.

## 5.2 General waste

- Q.41. Specify the present general waste collection costs:
- [ ] 1. Specifically \_\_\_\_\_ Manat/month  
[ ] 2. \*Approximately \_\_\_\_\_~ \_\_\_\_\_ Manat/month  
[ ] 3. We do not pay a collection fee.

## 6. Cooperation for Waste Management

- Q.42. Coping with wastes requires efforts of not only the municipality but also the general public. Do you think there is something which your institution can do for good waste management?
- [ ] 1. Yes.  
[ ] 2. No.  
[ ] 3. I don't know.  
[ ] 4. Others (specify: \_\_\_\_\_)
- Q.43. What do you think your institution can do? (plural answer question)
- [ ] 1. Discharging wastes neatly.  
[ ] 2. Minimizing waste generation.  
[ ] 3. Reusing wastes.  
[ ] 4. Recycling wastes.  
[ ] 5. Treating toxic/infectious wastes appropriately.  
[ ] 6. Raising the environmental awareness of the public.  
[ ] 7. Providing information to the public.  
[ ] 8. Researching activities.

***-----Thank you very much!!!-----***

## 2.4 Public Opinion Survey

### Questionnaire for Public Opinion Survey

No. \_\_\_\_\_

Date : \_\_\_\_\_  
Name of Interviewee : \_\_\_\_\_  
Name of Interviewer : \_\_\_\_\_  
District: : \_\_\_\_\_  
Address (Location) : \_\_\_\_\_

#### 1. General Questions

- Q.1. How many persons are there in your premises?
- Family [ ] persons  
Employee [ ] persons

- Q.2. What category is your building?  
[ ] 1. Detached house  
[ ] 2. Apartment building  
[ ] 3. Commercial building  
[ ] 4. Others (please specify : \_\_\_\_\_)
- Q.3. What is the business Category of the House?  
[ ] 1. Residence  
[ ] 2. Restaurant/catering shop  
[ ] 3. Retail (please specify : \_\_\_\_\_)  
[ ] 4. Others (please specify : \_\_\_\_\_)
- If the answer to 1.-Q-3 is 1: house is a residence, please answer 1.-Q-4 to 1.-Q-5.  
Others, please answer 1.-Q-6
- Q.4. Who earns living for your family? (plural answer)  
[ ] 1. Father  
[ ] 2. Mother  
[ ] 3. Children (please specify, how many children earns ?) : \_\_\_\_\_  
[ ] 4. Other family member (please specify : \_\_\_\_\_)
- Q.5. How much is total expenditure of your family per month?  
[ ] 1. Less than 200,000 Manat/month  
[ ] 2. 200,000 - 400,000 Manat/month  
[ ] 3. 400,001 - 1,500,000 Manat/month  
[ ] 4. 1,500,001 - 3,000,000 Manat/month  
[ ] 5. 3,000,001 - 5,000,000 Manat/month  
[ ] 6. More than 5,000,000 Manat/month
- Q.6. How many years have you been living in the present premise?  
[ ] 1. Less than 5 years  
[ ] 2. 5 - 9 years  
[ ] 3. 10 - 19 years  
[ ] 4. 20 years or more
2. Current Situation of Living Environment
- 2.1 Current Situation of Living Environment
- Q.7. How do you get drinking water for your daily life?  
[ ] 1. Water supply tap(s) in my premises.  
[ ] 2. A communal water supply tap in my area.  
[ ] 3. Well/groundwater.  
[ ] 4. Others (please specify : \_\_\_\_\_)
- Q.8. How much do you pay for water per month?  
(\_\_\_\_\_ Manat/month)
- Q.9. Do you have sewage service in your premise?  
[ ] 1. Yes  
[ ] 2. No (Go to Q.11.)
- Q.10. If yes, how much do you pay for sewage service per month?  
(\_\_\_\_\_ Manat/month)
- Q.11. If no in Q.10, what type of toilet facility do you use in your premises?  
[ ] 1. Flush toilet with septic tank  
[ ] 2. Pit latrine.  
[ ] 3. No toilet.  
[ ] 4. Others (please specify : \_\_\_\_\_)
- Q.12. Do you have refuse collection services?  
[ ] 1. Yes

[ ] 2. No (Go to Q.14.)

Q.13. If yes, how much do you pay per month for collection service?

(\_\_\_\_\_ Manat/month)

Q.14. If no in Q.12, how do you dispose you refuse?

[ ] 1. Open burning in the premise

[ ] 2. Buried in the premise

[ ] 3. Dumped in vacant lot

[ ] 4. I do not know.

[ ] 5. Others (please specify : \_\_\_\_\_ )

Q.15. Is there electricity supply in your premises?

[ ] 1. Yes

[ ] 2. No

Q.16. If yes, how much do you pay per month for electricity?

(\_\_\_\_\_ Manat/month)

## 2.2 Problems of the Living Conditions

Q.17. Please tick the degree of problems regarding basic infrastructure and services for living environment.

Answer Table					
	1. Much problem	2. Somehow problem	3. Little problem	4. Do not know	5. No problem
Water supply					
Storm water drainage					
Waste water collection					
Solid waste collection					
Electricity supply					
Hot water supply					
Access road to my premises					
Other					

Other (Please specify: \_\_\_\_\_ )

Q.18. Please tick the organization(s) that is (are) responsible in your opinion for the problem(s) regarding basic infrastructure and services for living environment.  
(Plural answer question)

Answer Table	Government	Municipalities	Citizens	Traffic & transport	Industries	All	Other	Do not know
Water supply								
Storm water drainage								
Waste water collection								
Solid waste collection								
Electricity supply								
Hot water supply								
Access road to my premises								
Other								

Q.19. Please tick the degree of problem in your daily life regarding the following environmental issues.

Answer Table					
	1. Much problem	2. Somehow problem	3. Little problem	4. Do not know	5. No problem
Air pollution					
Water pollution					
Refuse					
Insects					
Inundations					
Noise and vibration					
Lack of green areas					
Other					

Other (Please specify : \_\_\_\_\_ )

Q.20. Please tick the organization(s) that should be responsible in your opinion for the following environmental problems. (Plural answer question)

Answer Table	Government	Municipalities	Citizens	Traffic & transport	Industries	All	Other	Do not know
Air pollution								
Water pollution								
Waste								
Insects								
Inundations								
Noise and vibration								
Lack of environmental education								
Lack of green areas								
Other								

Q.21. In order to improve the basic infrastructure and services in your daily life what is the most important matter for you? Please choose one and describe the reason.

Answer Table	Check	Reasons
Water supply		
Storm water drainage		
Night soil collection		
Solid waste collection		
Electricity supply		
Hot water supply		
Access road to my premises		
Other		

Q.22. Which of the following problems requires an urgent solution? Please choose three items and describe the reasons.

Answer Table	Check	Reasons
Air pollution		
Water pollution		
Waste		
Insects		
Inundations		
Noise and vibration		
Lack of environmental education		
Lack of green areas		
Other		

3. Willingness to pay

Q.23. In your opinion what are necessary to improve environmental problems in your daily life? (Plural answers are acceptable):

- 1. Provisions of regulations and guidelines
- 2. Public awareness about environmental conservation.
- 3. Introduction of environmental conservation technology
- 4. Public fund aid for environmental conservation measures
- 5. Well function of the environmental conservation measures that have been introduced.
- 6. Others (Please specify \_\_\_\_\_ )

Q.24. Are you willing to cooperate to reduce problems which have negative impact on your premises?

- 1. Yes
- 2. No

Q.24a. (If the answer to Q.24 is “Yes”) How do you think what kind of participation you could take in solving these problems?

- 1. Willingness to pay for the improvement of the environmental conservation services
- 2. Participation in activities on gardening in our area
- 3. Participation in a public control of the environmental status
- 4. Participation in an ecological education of the population (lectures, meetings etc.).
- 5. Preparation of the publishing material (brochures, booklets etc.).
- 6. Others.

Q.25. Regarding city water supply service, the service charge is;

- 1. Expensive
- 2. Reasonable
- 3. Cheap
- 4. I do not know.

Q.26. Regarding sewerage service, the service charge is;

- 1. Expensive
- 2. Reasonable
- 3. Cheap
- 4. I do not know.

Q.27. Regarding refuse collection service, the service charge is;

- 1. Expensive
- 2. Reasonable
- 3. Cheap
- 4. I do not know.

Q.28. Regarding city water supply, if it is improved better than the present situation, do you mind paying more?

- 1. Yes, I mind paying more.
- 2. No, I do not mind paying more.
- 3. Do not know.

Q.29. Regarding sewerage, if it is improved better than the present situation, do you mind paying more?

- 1. Yes, I mind paying more
- 2. No, I do not mind paying more
- 3. Do not know.

Q.30. Regarding refuse collection service, if it is improved better than the present situation, do you mind paying more?

- 1. Yes, I mind paying more
- 2. No, I do not mind paying more
- 3. Do not know.

4. Willingness to cooperate for the improvement of living environment

Q.31. Are you familiar with “Environmentally Conscious Products”? (These are products which have no negative impact on organism and environment)

- 1. Yes
- 2. No (Go to Q.33)

Q.32. Which of the following statements regarding Environmentally Conscious Products is an appropriate description of your attitude?

- 1. I buy them even if they are a little bit more expensive than ordinary products.
- 2. I only buy them if the price is the same.
- 3. I don't think they are environmentally conscious products.
- 4. I am not interested in them.
- 5. Do not know.

Q.33. As for detergents used for laundry and dishes, do you know there are “no phosphate” and “conventional (phosphate)” detergents?

- 1. Yes
- 2. No

Q.34. What type of detergents is usually used in your premises?

- 1. No- phosphate
- 2. Phosphate
- 3. Do not know.

Q.35. What type of beer and soft drinks do you usually buy : canned or bottled or in polyethylene bottles?

- 1. Bottled beer and soft drinks
- 2. Bottled beer and canned soft drinks
- 3. Canned soft drinks and Bottled soft drinks
- 4. Canned beer and soft drinks
- 5. Soft drinks in polyethylene bottles
- 6. Do not buy. (Go to Q.37.)
- 7. Do not Know. (Go to Q.37.)

Q.36. Regarding previous question why do you buy those? (Plural answers are acceptable)

	Bottled beer	Bottled soft drinks	Canned beer	Canned soft drinks	Soft drinks in polyethylene bottles
It is lighter					

It is Cheaper					
It is tasty					
Convenient to carry					
Convenient to conserve					
More environmentally friendly					
Other					

Q.37. If the municipality would introduce a different waste collection system, such as segregating the waste into “easily decomposable” (food, gardening) and “recyclable” (metal, bottles), would you be willing to cooperate?

- [ ] 1. Yes (Go to Q.39.)  
 [ ] 2. No  
 [ ] 3. Do not know.

Q.38. Why would you not be willing (or do not know if would be willing) to cooperate with such a system?

- [ ] 1. Several containers and bags are needed.  
 [ ] 2. More work and effort are needed.  
 [ ] 3. Do not have time.  
 [ ] 4. It is very inconvenient.  
 [ ] 5. It could increase the collection fee.  
 [ ] 6. Other (please specify : \_\_\_\_\_ )

#### 5. Other questions

Q.39. How often does your family make an over night trip for holidays (e.g. to northern part of the peninsula)?

- [ ] 1. None  
 [ ] 2. Once a year  
 [ ] 3. Twice a year  
 [ ] 4. 3 – 4 times a year  
 [ ] 5. More than 5 times a year,

Q.39a. How many days in total your family spent out of town in 1999?  
 (\_\_\_\_\_ days)

Q.40. Approximately how much does your family spend for one trip?  
 (\_\_\_\_\_ Manat/trip)

Q.41. In your opinion for what sector the government allocates the budget more?  
 Please choose three items.

- [ ] 1. Social welfare  
 [ ] 2. Health  
 [ ] 3. Science and education  
 [ ] 4. Culture and sports promotion  
 [ ] 5. Transport sector improvement  
 [ ] 6. Agriculture and fishery  
 [ ] 7. Mining  
 [ ] 8. Utility improvement (electricity, telephone, water, sewerage, etc.)  
 [ ] 9. Economic and industrial development  
 [ ] 10. Promotion of employment opportunity  
 [ ] 11. Anti-pollution measures for the improvement of air/water quality  
 [ ] 12. Nature conservation  
 [ ] 13. National security  
 [ ] 14. Support of the State Staff  
 [ ] 15. Foreign relations



- [        ] 16. To nobody  
[        ] 17. I do not know

**-----Thank you very much!!!-----**

**Surveyor's Observation and Impression**

**A. Type of pavement of access road of the interviewee's house(or building)**

- [        ] 1. Asphalt/cement  
[        ] 2. Gravel  
[        ] 3. No pavement  
[        ] 4. Other (specify)

**B. How would you evaluate the attitude of the interviewee?**

- [        ] 1. Very cooperative  
[        ] 2. Cooperative  
[        ] 3. Uncooperative  
[        ] 4. Very uncooperative

**C. How do you rate the economic status of the household**

- [        ] 1. High  
[        ] 2. Higher middle  
[        ] 3. Middle  
[        ] 4. Lower middle  
[        ] 5. Low

**Comments**

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**Surveyor's Name** \_\_\_\_\_

**Checked by** \_\_\_\_\_

## 2.5 Waste Amount and Composition Survey

### Questionnaire for Waste Amount and Composition Survey

1. General Information

Date : \_\_\_\_\_  
Category of Generation Sources : \_\_\_\_\_  
Number of Interviewee : \_\_\_\_\_

District & Address : District \_\_\_\_\_  
: Address \_\_\_\_\_

## 2. General Information of Interviewee

Q.1. How many persons live in your house? : [ \_\_\_\_\_ ] persons

## 3. Waste Discharge Method

Q.2. Do you have waste collection service?

- [  ] 1. Yes.  
[  ] 2. No.

Q.3. Is waste self-disposed of in your house?

- [  ] 1. Yes. (Answer to Q.4 and Q.5)  
[  ] 2. No. (Go to Q.6)

Q.4. What kind of method is used for self-disposal?

- [  ] 1. Bury it in my backyard.  
[  ] 2. Burn it in my premise.  
[  ] 3. Dump it outside my premise.  
[  ] 4. Others (Please specify \_\_\_\_\_)

Q.5. How much amount of waste is self-disposed per week?

Amount? \_\_\_\_\_ [kg/week]

Q.6. Do you recycle waste in your house?

- [  ] 1. Yes. (Go to Q.7 and Q.8)  
[  ] 2. No. (Go to end)

Q.7. What type of waste do you recycle?

- [  ] 1. Kitchen waste.  
[  ] 2. Papers.  
[  ] 3. Textiles.  
[  ] 4. Plastics.  
[  ] 5. Metals.  
[  ] 6. Bottles and glasses.  
[  ] 7. Others (Please specify \_\_\_\_\_)

Q.8. How much amount of waste is recycled per week?

Amount? \_\_\_\_\_ [kg/week]

**-----Thank you very much!!!-----**

## 2.6 Survey on Recycling Activities

### 2.6.1 Questionnaire for Recycle Market Survey for Companies and/or Unions

## Questionnaire for Recycle Market Survey (For Company or Union)

### 1. General Information

Date : \_\_\_\_\_  
 Name of Interviewer : \_\_\_\_\_  
 Name of Interviewee : \_\_\_\_\_  
 Name of the company (union) : \_\_\_\_\_  
 District & Address : District \_\_\_\_\_  
 : Address \_\_\_\_\_  
 Phone facsimile number and email  
 : Phone \_\_\_\_\_  
 : Fax \_\_\_\_\_  
 : E-mail \_\_\_\_\_

### 1.1 General Information of Interviewee

Q.1. What is your position within the company (union)? [ \_\_\_\_\_ ]

Q.2. What is the number of employee? [ \_\_\_\_\_ ] persons

Q.3. Category of company (union):

[ \_\_\_\_\_ ] 1. Intermediary

[ \_\_\_\_\_ ] 2. Final user

Q.4. Type of company (union):

[ \_\_\_\_\_ ] 1. Private

[ \_\_\_\_\_ ] 2. Public

[ \_\_\_\_\_ ] 3. Others (specify: \_\_\_\_\_)

Q.5. Outline of company (union):

1. Year of established : \_\_\_\_\_

2. Name of main products or services : (1) \_\_\_\_\_

: (2) \_\_\_\_\_

: (3) \_\_\_\_\_

: (4) \_\_\_\_\_

3. Annual sales amount : (1) \_\_\_\_\_ Manat/year

: (2) \_\_\_\_\_ Manat/year

: (3) \_\_\_\_\_ Manat/year

: (4) \_\_\_\_\_ Manat/year

### 2. Products and Shipping

Q.6. What are production items of your company (union)?

Name of products	Type	Production item (please tick appropriate boxes)
Glass	Bottle	
	Crashed glass	
	Others	(Specify: _____ _____)
Non-Ferrous	Aluminum	
	Lead	
	Copper	
	Others	(Specify: _____ _____)
Ferrous	Can	
	Pipe	
	Structure steels	
	Used machine	
	Others	

		(Specify: _____ _____)
Paper	News paper	
	Magazine	
	Cardboard	
	Others	(Specify: _____ _____)
Plastic	Film	
	PET bottle	
	Others	(Specify: _____ _____)
Textile	---	(Specify: _____ _____)
Others		(Specify: _____ _____)

Q.7. What is the main client? (Please fill up table below)

Name of products	Domestic use			Export		
	1. Private company	2. Public company	3. Others (Specify☺)	Name of country (1)	Name of country (2)	Name of country (3)
	(Please tick appropriate boxes)					
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

Q.8 Annual shipping amount (please fill up table below)

Name of products	Domestic use			Export		
	1. Private company	2. Public company	3. Others	Country (1)	Country (2)	Country (3)
	(Ton/year)					
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

Q.9 How much is your shipping price?

Name of products	Type	Unit price (Manat/kg)
Glass	Bottle	
	Crashed glass	
	Others	
Non-Ferrous	Aluminum	
	Lead	
	Copper	
	Others	
Ferrous	Can	
	Pipe	
	Structure steels	
	Used machine	
	Others	
Paper	News paper	
	Magazine	
	Cardboard	
	Others	
Plastic	Film	
	PET bottle	
	Others	
Textile	---	
Others		

Q.10. Do you know what kind of final products will be produced? (Final user does not need to answer)

1. Yes	Specify			2. I don't know.
	Materials	Type	Final Product	
			:	
			:	
			:	
			:	
			:	

### 3. Major supplier

Q.11. What is major supplier(s) of your company? (please tick appropriate boxes or fill up below table)

Name of materials	1. Citizen	2. Industry	3. Middle man	4. Waste Collection Worker	5. Waste picker	6. Others (specify)
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

Q.12. Annual purchase amount

Name of materials	Suppliers					
	1. Citizen	2. Industry	3. Middle man	4. Waste Collection Worker	5. Waste picker	6. Others
	(Ton/year)					
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

Q.13. How much is your purchasing unit cost?

Name of materials	Suppliers					
	1. Citizen	2. Industry	3. Middle man	4. Waste Collection Worker	5. Waste picker	6. Others
	(Manat/kg)					
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

#### 4. Production process

Q.14. What is your production process?

Name of materials	1. Sorting	2. Crushing	3. Compaction	4. Washing	5. None	6. Others (specify)
	(Please tick appropriate boxes)					Processing name
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

#### 5. Opinion

Q.15. Do you think the recycle industry should cooperate with the Government in managing wastes?

- [     ] 1. Yes.  
 [     ] 2. No.  
 [     ] 3. I don't know.

[ ] 4. Others (specify: \_\_\_\_\_)

Q.16. How is the trend of your production amount?

[ ] 1. It is getting significantly higher.

[ ] 2. It is getting higher.

[ ] 3. It is relatively stable.

[ ] 4. It is getting lower.

[ ] 5. Others (specify: \_\_\_\_\_)

**-----Thank you very much!!!-----**

## 2.6.2 Questionnaire for Recycle Market Survey for Waste Pickers

### Questionnaire for Recycle Market Survey (For Waste Picker)

#### 1. General Information

Date : \_\_\_\_\_  
 Name of Interviewer : \_\_\_\_\_  
 Name of Interviewee : \_\_\_\_\_  
 Working Area : District \_\_\_\_\_  
 : Address \_\_\_\_\_

#### 1.1 General Information of Interviewee

Q.1. How old are you? : \_\_\_\_\_

Q.2. What is your monthly income? : \_\_\_\_\_ Manat/month

Q.3. Do you have other income source than recycling materials collection?

[ ] 1. Yes.

[ ] 2. No.

Q.4. Outline of your activity:

1. Working years \_\_\_\_\_ :
2. Name of main products or services : (1) \_\_\_\_\_  
 : (2) \_\_\_\_\_  
 : (3) \_\_\_\_\_  
 : (4) \_\_\_\_\_
3. Annual sales amount : (1) \_\_\_\_\_ Manat/year  
 : (2) \_\_\_\_\_ Manat/year  
 : (3) \_\_\_\_\_ Manat/year  
 : (4) \_\_\_\_\_ Manat/year

#### 2. Collection

Q.5. What items do you collect?

Name of products	Type	Production item (please tick appropriate boxes)
Glass	Bottle	
	Crashed glass	
	Others	(Specify: _____)

Non-Ferrous	Aluminum	
	Lead	
	Copper	
	Others	(Specify: _____)
Ferrous	Can	
	Pipe	
	Structure steels	
	Used machine	
	Others	(Specify: _____)
Paper	News paper	
	Magazine	
	Cardboard	
	Others	(Specify: _____)
Plastic	Film	
	PET bottle	
	Others	(Specify: _____)
Textile	---	(Specify: _____)
Others		(Specify: _____)

Q.6. What is the main client? (Please fill up table below)

Name of products	Domestic use			Export		
	1. Private company	2. Public company	3. Others (Specify☺)	Name of country (1)	Name of country (2)	Name of country (3)
	(Please tick appropriate boxes)					
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

Q.7. Annual collection amount (Please fill up table below)

Name of products	Domestic use			Export		
	1. Private company	2. Public company	3. Others	Country (1)	Country (2)	Country (3)
	(Ton/year)					
Glass						
Non-Ferrous						
Ferrous						
Paper						
Plastic						
Textile						
Others						

Q.8. How much is your sales price?



Name of products	Type	Unit price (Manat/kg)
Glass	Bottle	
	Crashed glass	
	Others	
Non-Ferrous	Aluminum	
	Lead	
	Copper	
	Others	
Ferrous	Can	
	Pipe	
	Structure steels	
	Used machine	
	Others	
Paper	News paper	
	Magazine	
	Cardboard	
	Others	
Plastic	Film	
	PET bottle	
	Others	
Textile	---	
Others		

Q.9. Do you know what kind of final products will be produced?

1. Yes	Specify			2. I don't know.
	Materials	Type	Final Product	
			:	
			:	
			:	
			:	
			:	
			:	

### 3. Opinion

Q.10. What matters do you worried about your work?

- 1. Sales price of collected materials.
- 2. Amount of materials that I can collect.
- 3. Health.
- 4. I don't worried about.
- 5. Others (specify: \_\_\_\_\_)

Q.11. How is the trend of your collection amount?

- 1. It is getting significantly higher.
- 2. It is getting higher.
- 3. It is relatively stable.
- 4. It is getting lower.
- 5. Others (specify: \_\_\_\_\_)

**-----Thank you very much!!!-----**