What kind of garbage I throw away

Name of student: Date of start:

No	Kind of garbage	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
1	Food leftovers (Kg)								
2	Plastic (pieces)								
3	Paper (pieces)								
4	Glass (pieces)								
5	Metal-Aluminium (pieces)								
6	Paper towel (pieces)								
7	Electric devices (pieces)								
8	Batteries (pieces)								
9	Lamps (pieces)								
10	Plastic bags (pieces)								