**Annex 1**

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## **Job Report**

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| A. Preparation of Job Report |
| Job Report will be used for the selection.  Submission: **To be submitted together with your Application Form.**  Note: Application without this Job Report shall not be duly considered for selection.　Please submit in form of Microsoft word data so that JICA Kansai can translate it into Japanese more efficiently. |

\*Please answer clearly and concisely. You may expand the space of each row and column of the format, if necessary.

**1. Personal Profile**

|  |  |
| --- | --- |
| Name: |  |
| E-mail address: |  |
| Country / City: |  |
| Organization name: |  |
| Position/title: |  |
| Your experience on the municipal solid waste management (\*Not only your present position but also previous jobs related with solid waste management. Please also write years that you were engaged in those positions.): | |

**2. Organization Profile**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year of establishment: |  | Number of staff: |  | Annual budget (US$): |  |
| Purposes/Goals: | |  | | | |
| Major target group/area: | |  | | | |
| Major area/type of activities (\*An itemized style): | |  | | | |
| Major associated organizations: | |  | | | |

**3. Organization Chart**

Please indicate a structure chart of your organization. Describe responsibility/function of each section and the number of officers in each section. In addition, show breakdown numbers of field workers such as waste collectors and operators at final disposal site.

**4. Questionnaire sheet on your task on solid waste management**

You are required to collect and specify the following information and data necessary for the program activities such as presentation of Job Report, practical sessions, discussion, preparation of Action Plan, and others.

1. **Outline of your responsibility**

|  |  |
| --- | --- |
| Name of area (city/municipality) |  |
| Population of the area (city/municipality) |  |
| Total area of the city/municipality | km2 |
| Total generated amount of solid waste in your area | tons/year |
| Problems on solid waste management | (Please specify) |

**(2) Waste collection services**

|  |  |
| --- | --- |
| Target waste to be collected and transported | □Household waste,  □Waste by business activities,  □Office waste  □Industrial waste,  □Others (please specify): |
| Providers who collect and transport waste  What kinds of waste are collected by respective provider? | □Local government,  □Private sector,  □Others (please specify): |
| Waste discharging/collection system | □Door to door collection,  □Station collection,  □Bell collection,  □If you may have special collection system, please specify: |
| Collection vehicle type(s) and numbers  If you use another equipment for collection service, please specify. | Type:  Number: |
| Collection fee system and how to charge the collection fee | US$/month/household |
| Coverage rate of waste collection services in the area | % |
| Remarks | (Please specify) |

1. **Intermediate Treatment**

|  |  |
| --- | --- |
| Composting | □Yes, □No |
| Recycling facility | □Yes, □No |
| Waste to energy plant | □Yes, □No |
| Other intermediate treatment applied in your area(s) | (Please specify) |
| Remarks | (Please specify) |

1. **Final disposal site**

|  |  |
| --- | --- |
| Type of final disposal site | □Open dumping,  □Sanitary landfill,  □Others (please specify): |
| Name and Location of FDS (GPS data) | Name of FDS:  (N/S: / W/E: ) |
| Total area/capacity of FDS | ha / m3 |
| Disposal amount of waste | t/day |
| Remaining period of the final disposal site | year and　　　month |
| Are there waste pickers in the final disposal site and its surroundings? | □Yes, □No |
| Remarks | (Please specify) |

1. **3Rs (Reduce, Reuse, and Recycle)**

|  |  |
| --- | --- |
| What action(s) are you taking to promote 3Rs in your area(s)? | (Please specify) |
| Is there any law/regulation to promote 3Rs in your country? | □Yes, □No |
| If yes, please itemize the name of the law/regulation and the year enacted. |  |
| Remarks | (Please specify) |

1. **Hazardous waste**

|  |  |
| --- | --- |
| Are there any special treatment methods for medical waste? | (Please specify) |
| Are there any special treatment procedures for industrial waste? (e.g., heavy metals, toxic chemicals, construction waste, etc.) | (Please specify) |

1. **Others**

|  |  |
| --- | --- |
| What is the most serious problem / challenge to fulfill your task? | (Please specify) |

|  |
| --- |
| B. Presentation of Job Report |
| * Accepted participants are requested to prepare for making a presentation of Job Report at the beginning of the second phase. * The objectives of ‘Job Report Presentation’ session are sharing the current situation of your services in order to explore further improvement by exchanging knowledge among other participants, Japanese lecturers and concerning attendants. |

**Format:**

* Please modify your Job Report (made in the section A above) into presentation using Microsoft PowerPoint®.
* Please visualize it by using pictures or maps etc.
* One presentation per one participant

**Language:** English

**Presentation Time:** A presentation time per a participant is within 15 minutes. The presentation session will be held at the beginning of the program. Details are to be informed after acceptance notifications.

**Audience of your presentation:** Some of Japanese lectures/experts, officers of Osaka city or other municipalities, private firms and other organizations involved in the program.