

KENYA SCHOOL WASTE & ENERGY AUDIT

For initial assessment of participation in the School Biogas Program | Complete readable in pen or pencil using the latest records available.

Please record invoice-based or measured facts. If a figure is unavailable, write "not available" - do not guess.

A. SCHOOL AND CONTACT DETAILS

School name: _____	County / Sub-county: _____
School address / location: _____	School type: ☐ Day ☐ Boarding ☐ Mixed
Principal name: _____	Principal phone: _____
Principal email: _____	Audit date: _____
Completed with (Anthony / school representative): _____	Role: _____

B. SCHOOL SIZE, MEALS AND OPERATING PATTERN

Students enrolled	_____ students	Average attendance	_____ students
Meals prepared	☐ Breakfast ☐ Lunch ☐ Supper	Meals served per day	_____ meals
Kitchen operating days	_____ / week	_____ / month	_____ / year
Current cooking equipment	☐ Firewood stove ☐ LPG stove ☐ Other: _____		

C. COOKING FUEL - ACTUAL MONEY SPENT

Essential: use the latest invoice or reliable record. State whether the amount covers a week, month or year. Do not estimate.

Fuel	Record date	Quantity	Actual spend (KES)	Amount covers
Firewood	Date: _____	Quantity / unit: _____	Amount paid KES: _____	☐ Week ☐ Month ☐ Year
LPG	Date: _____	Quantity / kg / cylinders: _____	Amount paid KES: _____	☐ Week ☐ Month ☐ Year
Other fuel: _____	Date: _____	Quantity / unit: _____	Amount paid KES: _____	☐ Week ☐ Month ☐ Year

D. KITCHEN WASTE, DISPOSAL AND SERVICES

Record actual waste quantities and any cost paid for collection, disposal or transport. Use the most reliable period available.

Food / kitchen waste quantity	_____ kg	☐ Day ☐ Week ☐ Month ☐ Year	How measured / source: _____
Waste-disposal / collection cost	KES _____	☐ Week ☐ Month ☐ Year	Paid to / purpose: _____
Water at kitchen?	☐ Yes ☐ No ☐ Intermittent	Electricity at kitchen?	☐ Yes ☐ No ☐ Intermittent
Current waste handling	☐ On site ☐ Collected ☐ Burned ☐ Fed to animals ☐ Other: _____	Fill in here additional important information:	

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School name: _____ Audit date: _____

E. ORGANIC WASTE AVAILABLE FOR BIOGAS

Use a kitchen log, weighing record, delivery record or other reliable source. If only weekly, monthly or annual data exists, enter that figure and period.

Source	Typical quantity	Period (tick one)	How measured / record source
Kitchen food waste	_____ kg	☐ Day ☐ Week ☐ Month ☐ Year	_____
Dining-hall / plate waste	_____ kg	☐ Day ☐ Week ☐ Month ☐ Year	_____
Market / nearby organic waste (if relevant)	_____ kg	☐ Day ☐ Week ☐ Month ☐ Year	_____
Other organic waste: _____	_____ kg	☐ Day ☐ Week ☐ Month ☐ Year	_____

F. SITE READINESS CHECK - OBSERVE AND TICK

At least 30-40 m2 suitable space for plant and waste receiving area	☐ Yes ☐ No ☐ Needs review	Location / note: _____
Water supply close to proposed site	☐ Yes ☐ No ☐ Needs review	Location / note: _____
Vehicle access for delivery / installation	☐ Yes ☐ No ☐ Needs review	Location / note: _____
Safe, secure area with controlled access	☐ Yes ☐ No ☐ Needs review	Location / note: _____
Space for fertilizer storage / use or sale	☐ Yes ☐ No ☐ Needs review	Location / note: _____

G. INITIAL PARTICIPATION AND ELIGIBILITY

KCB-financed programme initiative by LushBert - Kenya's innovative biogas, BSF and renewable-energy company; a German-Kenya joint venture.

School is interested in participating in the programme	☐ Yes ☐ No ☐ Needs more information
School is willing to provide reliable fuel, waste and operating records	☐ Yes ☐ No
School is willing to consider the KCB financing / credit process	☐ Yes ☐ No ☐ To be discussed
Main questions or concerns from school	_____
Anthony / assessor follow-up actions	_____

H. PRINCIPAL CONFIRMATION

I confirm that the information recorded above is true, valid and correct to the best of the school's records. I accept that LushBert LTD and KCB may use this information to assess the technical and financial feasibility of a LushBert biogas solution for the school, including potential KCB financing. This audit is an initial assessment only; it does not approve financing or oblige the school to participate.

Principal name (print): _____	Signature: _____
Date: _____	School stamp (if available): _____