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**TOILET INFRASTRUCTURE SANITARY SURVEY FORM**

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| **COMMUNAL TRENCH LATRINE** | | | |
| 1. **General Information**   Location: Camp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sector \_\_\_\_\_\_\_\_\_\_\_\_ Block \_\_\_\_\_\_\_\_\_\_\_ Community \_\_\_\_\_\_\_\_\_\_\_\_\_\_  GPS Long: \_\_\_\_\_°\_\_\_\_\_\_\_ʹ\_\_\_\_\_\_\_ʺ GPS Lat: \_\_\_\_\_°\_\_\_\_\_\_\_ʹ\_\_\_\_\_\_\_ʺ Number of toilet cubicles: \_\_\_\_\_\_  Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of visit: \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_ | | | |
| 4.  11.  9.  8.  6.  5.  3.  2.  1.  12.  7.  10. | | | |
| 1. **Identification of risk factors** | | **Risk** |  |
| 1. Are the pit walls visibly cracked / broken / leaking / flooded? | | Y 🞏 / N 🞏 |  |
| 1. Is the toilet pit full? (less than 0.5m remaining space in the pit)? | | Y 🞏 / N 🞏 |  |
| 1. Is the toilet block unsanitary? (traces of faeces anywhere inside the toilet facilities)? | | Y 🞏 / N 🞏 |  |
| 1. Is there any evidence of fly infestation?   (presence of one or more flies in the cubicle during the assessment period)? | | Y 🞏 / N 🞏 |  |
| 1. Are there any drinking water sources within 10m of the toilet facility? | | Y 🞏 / N 🞏 |  |
| 1. Is there evidence of open defecation anywhere around the toilet block? | | Y 🞏 / N 🞏 |  |
| 1. Is there a lack of a privacy screen around the toilet block? | | Y 🞏 / N 🞏 |  |
| 1. Is there a lack of privacy inside any of the toilet cubicles?   (for example - is any of the plastic sheeting missing or ripped)? | | Y 🞏 / N 🞏 |  |
| 1. Are any of the toilet cubicles missing a functional security lock? | | Y 🞏 / N 🞏 |  |
| 1. Is there a lack of adequate night-time security lighting within 3m of the toilet block?   (adequate lighting = at least 100 lumens / m2) | | Y 🞏 / N 🞏 |  |
| 1. Is there a lack of a functional hand-washing station within 10m of the toilet?   (functional = soap + handwashing water + drainage) | | Y 🞏 / N 🞏 |  |
| 1. Is there a lack of handrails for vulnerable groups (elderly / infirm / disabled / children)? | | Y 🞏 / N 🞏 |  |
| **Total score of risks** | | **/ 12** |  |
|  | | | |
| **Signature of Inspector ………………………….…..** | **Community representative ……………….……………..** | | |

**Note:** Risk score: 9-12 = very high, 6-8 = high, 3-5 = intermediate, 0-2 = low