

LANDFILL INFRASTRUCTURE ASSESSMENT FORM

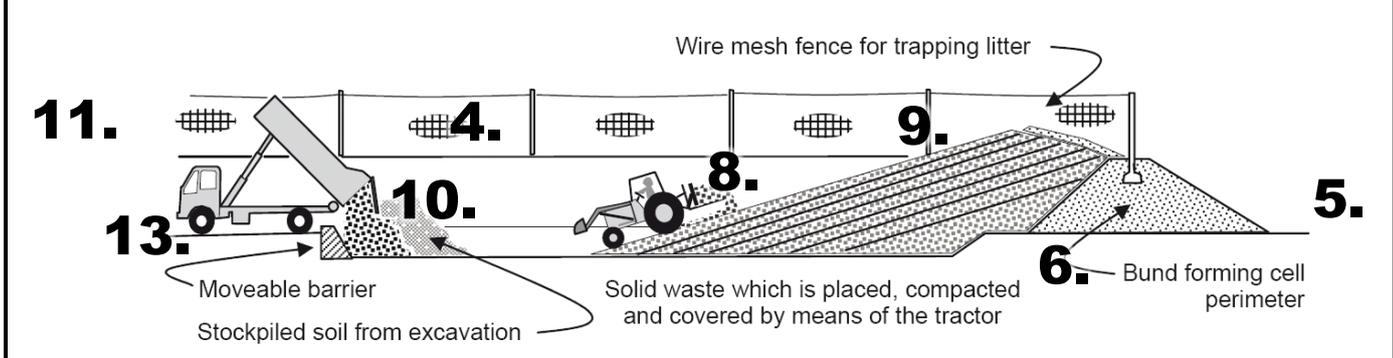
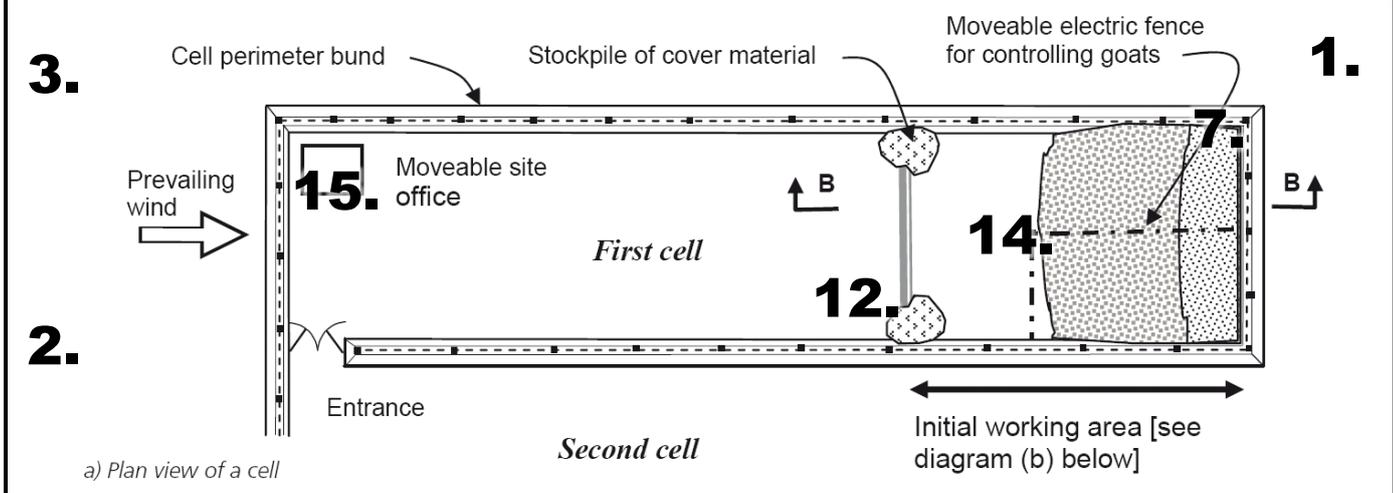
LANDFILL SANITARY SURVEY FORM

A. General Information

Location: Camp _____ Sector _____ Block _____ Community _____

GPS Long: _____° _____' _____" GPS Lat: _____° _____' _____" Number of toilet cubicles: _____

Contact person: _____ Position: _____ Date of visit: ____/____/____



B. Identification of risk factors

	Risk
1. Is there evidence of uncontrolled dumping of wastes outside of the landfill area?	Y <input type="checkbox"/> / N <input type="checkbox"/>
2. Are there any natural water bodies or drinking water supplies within 50m of the landfill?	Y <input type="checkbox"/> / N <input type="checkbox"/>
3. Are there any residential houses or shelters within 50m of the landfill?	Y <input type="checkbox"/> / N <input type="checkbox"/>
4. Is there a lack of fencing around the landfill area?	Y <input type="checkbox"/> / N <input type="checkbox"/>
5. Is there a lack of a surface water diversion canal around the landfill area?	Y <input type="checkbox"/> / N <input type="checkbox"/>
6. Is the landfill missing an impermeable rock or clay base layer preventing leaching of wastes into groundwater supplies?	Y <input type="checkbox"/> / N <input type="checkbox"/>
7. Is the landfill cell visibly cracked / broken / leaking / flooded in any way?	Y <input type="checkbox"/> / N <input type="checkbox"/>
8. Is there a lack of daily 20cm landfill soil cover to reduce disease vectors?	Y <input type="checkbox"/> / N <input type="checkbox"/>
9. Is there any evidence of fly infestation at the landfill site? (presence of one or more flies)?	Y <input type="checkbox"/> / N <input type="checkbox"/>
10. Are hazardous wastes allowed to enter the landfill (e.g. batteries, solvents, paints, varnishes, broken electrical equipment, medical wastes)?	Y <input type="checkbox"/> / N <input type="checkbox"/>
11. Is there evidence of any open burning of wastes in the displaced setting?	Y <input type="checkbox"/> / N <input type="checkbox"/>
12. Are wastes handled or transferred manually in any way during collection and disposal?	Y <input type="checkbox"/> / N <input type="checkbox"/>
13. Do waste collection staff lack basic personal protective equipment (gloves, boots, overalls)?	Y <input type="checkbox"/> / N <input type="checkbox"/>
14. Is the landfill full? (less than 0.5m remaining space in the pit)?	Y <input type="checkbox"/> / N <input type="checkbox"/>
15. Is there a lack of a functional hand-washing station and shower at the landfill site? (functional = soap + water + drainage)	Y <input type="checkbox"/> / N <input type="checkbox"/>
Total score of risks	_____ / 15

Signature of Inspector Community representative

Note: Risk score: 10-15 = very high, 6-9 = high, 3-5 = intermediate, 0-2 = low