

Public Sanitation: Assessment of Existing Infrastructure

Questionnaire

General Information

Q 1	Toilet facilities	Answer	Remarks
	No. of toilets		
	No. of female toilets		
	No. of bathrooms for females		
	No. of male toilets		
	No. of urinals <u>or</u> length of urine walls		
	No. of bathrooms for males		
	No. of hand washing facilities (male section)		
	No. of hand washing facilities (female section)		
	No. of shared hand washing facilities		
	No. of storage rooms		
	No. of water kiosks		

Hand sketch of the facility (outline).

Please indicate main measurements, roads, distance to other buildings, landmarks etc.

Q 2 How does the public facility **dispose of its wastewater?**

- On-site
- Connection to the public sewer system
- Don't know
- Other

Please specify using the box below

Q 3 If the facility disposes off **on-site**, how?

- Septic tank with soak pit / drainage field
- Conservancy tank
- Cesspit
- Pit latrine (please indicate No.)
- Digester connected to: _____
- Don't know
- Other

Please specify!

Facilities for Men and Women

Q 4	Toilet (please tick if available)	M ¹	F	Remarks
	Squatting pan (material: _____)	<input type="checkbox"/>	<input type="checkbox"/>	
	Sitting pan (material: _____)	<input type="checkbox"/>	<input type="checkbox"/>	
	Pit (key) hole	<input type="checkbox"/>	<input type="checkbox"/>	
	Urinal (material: _____)	<input type="checkbox"/>	<input type="checkbox"/>	
	Plastic cisterns	<input type="checkbox"/>	<input type="checkbox"/>	
	Ceramic cisterns	<input type="checkbox"/>	<input type="checkbox"/>	
	Buckets for flushing	<input type="checkbox"/>	<input type="checkbox"/>	
	Flushing device	<input type="checkbox"/>	<input type="checkbox"/>	
	Flushing device for urinal	<input type="checkbox"/>	<input type="checkbox"/>	
	Toilet paper holders	<input type="checkbox"/>	<input type="checkbox"/>	
	Sanitary bin	<input type="checkbox"/>	<input type="checkbox"/>	
	Coat hooks	<input type="checkbox"/>	<input type="checkbox"/>	
	Doors (material: _____)	<input type="checkbox"/>	<input type="checkbox"/>	
	Lockable doors	<input type="checkbox"/>	<input type="checkbox"/>	
	Light (inside the compartment)	<input type="checkbox"/>	<input type="checkbox"/>	
	Light (outside the compartment)	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Please specify!

Please describe the general condition of the toilets

¹ M = Male; F = Female

Q 5	Shower (please tick)	M	F	Remarks
	Shower head			
	Bucket			
	Doors (material: _____)			
	Lockable doors			
	Light (inside)			
	Coat hooks			
	Warm water available			
	Other			

Please specify!

Please describe general condition of the shower(s)!

Q 7	Hand washing section (please tick)	M	F	Remarks
	Taps (Please specify kind and condition below!)			
	Barrel filled with water			
	Soap holder			
	Soap			
	Bin			
	Mirror			
	Towels (fabric)			
	Towels (disposable)			
	Lightning			
	Other			

Please specify!

Please describe the general condition!

Water Supply Situation

Q 8 Do you have a **water meter**?

Yes

No

Don't know

Q 9 Do you have **water storage facilities**?

Yes

No

Don't know

If yes, please specify number, material and storage volume!

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Q 10 How often do you receive water per week?

24 hrs supply

_____ times per week, for _____ hours

Less than once per week

Don't know

Other

Please specify!

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Thank your respondents for the information they have provided you with!