

Excreta Disposal and Personal Hygiene	Type/Cause of Flood	Reporting Unit	Form
Flood # (for area this year):	Operations Period:	Date/Time Prepared:	Prepared by:
Location:	No. of Households	Est. Size of Pop	
Type of Area: <input type="checkbox"/> Urban	<input type="checkbox"/> Sub-urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Industrial
Observation Operation			
Agency/Organization: _____			
Survey Method: <input type="checkbox"/> Aerial <input type="checkbox"/> Ground Survey <input type="checkbox"/> Interview			
GPS Location: _____			
Excreta Disposal and Personal Hygiene			
Is there a sewerage/excreta disposal system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, has the system been damaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Est. no. of houses with septic tanks?	How many damaged?		
Est. no. of houses with pit latrines?	How many damaged?		
Have existing toilets been repaired where necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have exposed pit toilets been treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have damaged septic tanks been rehabilitated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have chemical toilets been used where required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are basic sanitation services available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, what type of latrine is recommended for construction?			
<input type="checkbox"/> Individual <input type="checkbox"/> Collective <input type="checkbox"/> Portable			
For construction of latrines, have the following been considered:			
<input type="checkbox"/> Soil conditions <input type="checkbox"/> Topographical conditions <input type="checkbox"/> Proximity to coastal environment			
<input type="checkbox"/> User access <input type="checkbox"/> Presence of surface or groundwater			
Are the ground conditions suitable for latrine construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, are latrines with removable tanks recommended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are facilities available for the transport of the excreta to a suitable site for burial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the no. of latrines suitable for the no. of persons at the shelter?			
(1 latrine per 25 women; 1 latrine & 1 urinal per 35 men)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are basic handwashing facilities provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are these facilities easily accessible or located within close proximity to latrines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are handwashing facilities adequate for the number of people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have provisions been made for washing, cleaning and bathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is water available in adequate quantities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the shelters overcrowded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Response Actions			

Priority: <input type="checkbox"/> High <input type="checkbox"/> Low			
Team Leader	Date	Time	Distribution: