Sanitation inspection form

Dry toilet with a single pit

I. GENERAL INFORMATION

A. Location
(Add specific information on the location. Add "NA" where information is not applicable.)

<table>
<thead>
<tr>
<th>Village/town</th>
<th>District</th>
<th>Province</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>National grid reference coordinates</th>
<th>GPS coordinates</th>
<th>Additional location information</th>
<th>Number of households served by this facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Setting
(Circle the relevant option: low, medium or high.)

<table>
<thead>
<tr>
<th>Population density</th>
<th>Accessibility for mechanical emptying</th>
<th>Risk to groundwater used for drinking</th>
<th>Water availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk of flooding</th>
<th>Soil hardness (rocky soil)</th>
<th>Soil permeability</th>
<th>Land availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

II. SANITATION SAFETY INSPECTION

IMPORTANT: Read the following notes before undertaking the sanitary inspection

1. Answer the questions by ticking (✓) the appropriate box. For guidance, refer to the illustration overleaf.
2. If there is no risk present, or a question does not apply to the pit being inspected, tick the NO box.
3. If a risk is present, tick YES. For important situations that require attention, note the actions to be taken. These notes can be used to develop a more detailed improvement plan, outlining what will be done, by whom, by when and what resources are required. For guidance, refer to the Management Advice Sheet.

### Sanitary inspection questions NO YES What action is needed?

**TOILET**

1. Is the toilet not accessible for all intended users?
The location (e.g. ensuring a clear and secure access path) and design should make it easy to use by all users including those with special needs or reduced physical mobility (e.g. the elderly, disabled, sick). This may include adding features like an access ramp, handrail etc.

2. Is the toilet superstructure absent, incomplete, damaged and/or does not provide privacy and security to the intended users?
Ingress of rainwater may cause the pit to fill up and overflow, while animals, rodents, insects etc. entering the toilet and/or pit can damage the facility and carry excreta to the community. A door lockable from the inside and a working light will help provide privacy and security to the user.

3. Is the toilet dirty with visible excreta on surfaces?
If the toilet is not kept clean, the users may be exposed to excreta when using the toilet and/or this may discourage toilet use.

4. Is anal cleansing material (e.g. toilet paper, leaves, water) absent or inappropriate for the technology?
If culturally appropriate facilities are not provided, users could be exposed to excreta. If anal cleansing material is not appropriate for the technology used, this may cause blockages or damages to the system.
### Sanitation inspection questions

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>What action is needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>🟦</td>
<td>🟦</td>
<td></td>
</tr>
</tbody>
</table>

**Are handwashing facilities absent inside or next to the toilet?**
Handwashing facilities consist of the presence of water and soap. They may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water.

| 🟦 | 🟦 | |

**Can flies and other insects easily enter and leave the pit/container/tank?**
Flies can carry disease from the excreta in the pit/container/tank to the local community.

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**Are there excreta overflowing from the squat hole, pan or pedestal; and/or are there ponds of effluent visible on the ground outside the toilet?**
If there are, users may be exposed to excreta.

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**Is the pit poorly maintained such that the cover slab is cracked or damaged, and/or the side walls are not stable?**
If the walls are not stable and/or the slab cracked, there may be a risk that the pit will collapse putting users at risk (e.g. falling into pit)

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**Is the bottom of the pit less than 1.5 m* from the water table where groundwater supply is used for drinking?**
If so, the pit may contaminate groundwater (e.g. by infiltration). This may pose health risks were groundwater is used for drinking.

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**Is the toilet and pit located within 15 m* of a well or hand pump that is used for drinking?**
Toilets close to groundwater supplies may affect water quality (e.g. by infiltration) and pose health risks to those relying on this water source for drinking.

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**Is the pit/container/septic tank located on higher ground from the drinking water source?**
Pollution on higher ground poses a risk, especially in the wet season, as faecal material may flow towards the water source below.

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**Is effluent flowing from the tank outlet to an open drain, water body or to open ground?**
If it is, the local community may be exposed to excreta.

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**Are the toilet and cartridges poorly maintained with broken components, visible cracks or defects in the side walls?**
If the walls are cracked, there may be a risk that the cartridge will leak exposing users, sanitation workers, and the local community to excreta.

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**Is the container/pit/septic tank not accessible for emptying?**
Workers need to be able to access the pit with tools and emptying equipment to safely remove faecal sludge. There should be at least one removable access hatch/cover/lid over a hole large enough for hoses to be inserted for emptying the pit/septic tank.

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**Is the pit/container/septic tank almost full?**

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**Total number of risks identified: **

| Total number of risks identified: | ...... | 13 |

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**These are general rules. Where groundwater is used for drinking, a risk assessment should take the following factors into account: type of containment technology, hydraulic load, depth to groundwater table and soil/type, horizontal and vertical distance from drinking-water source to containment technology, level of treatment if any applied to contaminated water before use.**

* NA = The question/risk factor is not applicable.**
III. ADDITIONAL DETAILS — remarks, observations, photographs and recommendations


IV. CORRECTIVE ACTIONS AGREED TO BE UNDERTAKEN

(Where possible, corrective actions should focus on addressing the most serious risks first. Use additional sheets if required.)

Action No.1: ...........................................................................................................................................................................

Date action should be completed: ..........................................................

Name of person responsible for action: ........................................................................................................................................

Signature of person responsible for action: .................................................. Date: ........................................

Action No.2: ...........................................................................................................................................................................

Date action should be completed: ..........................................................

Name of person responsible for action: ........................................................................................................................................

Signature of person responsible for action: .................................................. Date: ........................................

Action No.3: ...........................................................................................................................................................................

Date action should be completed: ..........................................................

Name of person responsible for action: ........................................................................................................................................

Signature of person responsible for action: .................................................. Date: ........................................

V. INSPECTION DETAILS

Name of inspector: ..........................................................................................................................................................

Designation of inspector: ..........................................................................................................................................................

Signature: .......................................................................................... Date: ........................................

Name of sanitation representative: ........................................................................................................................................

Signature: .......................................................................................... Date: ........................................