**Rapid Sanitation Assessment**

|  |  |  |
| --- | --- | --- |
| Municipality | Village | MGRS Grid Ref |
| Agency | Name of assessor | Date |
| Source of information (give as much detail as possible – *give a telephone of someone in the village if possible*) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TRANSMISSION FACILITIES** | TREATMENT FACILITIES | RELATIONSHIP TO WATER SYSTEM | SOLID WASTE FACILITIES | REFUSE COLLECTION SYSTEMS | DUMPS/ PROCESSING FACILITIES | NIGHT SOIL SYSTEM (USES OF HUMAN EXCREMENT) |
| LOCATIONS/QUALITY |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMMUNICABLE DISEASES** | ENDEMIC | CHRONIC | EPIDEMICS | SEXUALLY TRANSMITTED | PREGNANCY/CHILDBIRTH | NUTRITIONAL | ANIMAL |
| Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| SPECIFY |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **OWNERSHIP OF TRANSMISSION/ TREATMENT FACILITIES** | OWNER OF SOURCE/WATER/TRANSMISSION FACILITY | LOCATION/ TEL. NUMBER/ EMAIL |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INDIGENOUS SEWAGE REQUIREMENTS** | WINTER | SPRING | SUMMER | AUTUMN |
|  |  |  |  |

|  |  |
| --- | --- |
| Action |  |
| Recommendation |  |