

Decentralized sanitation improvement program for select riverfront towns in Andhra Pradesh
Detailed survey for assessment of existing public toilets

1. General Profile			
1.1 Name of the respondent:			
1.2 Address / Location:			
1.3 Zone No. (I/II/III/IV.....etc.):			
1.4 Ward Number:			
1.5 Name of the Officer (SI/Other):			
Mobile/Contact No:			
1.6 Name of Supervisor:			
1.7 Date and Time of visit:			
2. Existing Land Use			
2.1 Type of Land Use (Residential/ Commercial/Semi Public/Slum/others):			
3. Personal Observations			
3.1 No. of Toilets			
Male:	Female:	PHC:	Children Friendly:
3.2 Is/are Caretakers on duty at the time of Visit?		(Yes/No)	
3.3 Have the deficiencies noticed in the earliest visit been removed?		(Are the latrine seats, Urinals, Wash basins, tiles, mosaic dado, floors etc. Clean?) (Yes/No)	
3.4 Separate entrance for Females?		(Yes/No)	
3.5 Is there Wash basin available?		(Yes/No)	
3.6 Source of Water (Own bore/ Municipal supply/Tanker/Other)			
3.7 Type of Water supply for each toilet (Tap/Common storage tank)			
3.8 Are the toilets becoming yellow or getting coated?		(Yes/No)	
3.9 Do all the doors have proper bolting arrangement?		(Yes/No)	
3.10 Does the building (doors/Windows etc.) need any repairs?		(Yes/No)	
3.11 Do the toilets get adequate ventilation and air circulation?		(Yes/No)	
3.12 Is the design as per the agreed norms and standards (including materials and construction)?		(Yes/No)	
3.13 Does the toilet provide access to differently-abled- with ramp and hand rail?		(Yes/No)	
3.14 Is the toilet block clean (both inside and outside)?		(Yes/No)	
3.15 Is there any leakage or seepage of		(Yes/No)	

water in/ around the toilet block?	
3.16 Is there chokage or obstruction in the flow of excreta or waste water?	(Yes/No)
3.17 Is the septic tank or soakage pit over flowing?	(Yes/No)
3.18 Is power supply available?	(Yes/No)
3.19 Do the electric wiring, boards, switches, etc. need any repairs?	(Yes/No)
3.20 Is there attachment to the septic tank from the toilet block?	(Yes/No)
3.21 Has soap powder being given to users for washing their hands?	(Yes/No)
3.22 Is there foul smell in the toilets?	(Yes/No)
3.23 Is the toilet pan/W.C in proper working condition?	(Yes/No)
3.24 Is the flush system properly working?	(Yes/No)
3.25 Is there a separate attendant for cleaning the toilet?	(Yes/No)
3.26 Are the complaint and suggestion book and complaint box available at the toilet block?	(Yes/No)
3.27 Is there a care taker room within the toilet block?	(Yes/No)
3.28 Does the care taker stay in the care taker room?	(Yes/No)
3.29 Are the cleaning materials (phenyl, etc.) adequately stored?	(Yes/No)
3.30 Is there a record of number of users and user charge collections?	(Yes/No)
3.31 Is there an O&M schedule?	(Yes/No)
3.32 Is there monitoring and inspections checklist and plan?	(Yes/No)
3.33 Are the urinals functional?	(Yes/No)
3.34 Is there user charge for urinals? If yes how much?	(Yes/No)
3.35 Is there landscaping and trees around the toilet block? If yes how well is it maintained?	(Yes/No)
3.36 Is the lighting system adequate and functional?	(Yes/No)
3.37 Is the safety and security of the toilet and users is adequate?	(Yes/No)
3.38 Is the solid waste collected from toilet?	(Yes/No)

3.39 Does the toilet block has proper signage?	(Yes/No)
3.40 Is there a good system for replacing faulty equipment and damaged material such as doors, pans, latches, electric cables, lights etc? Is it effective?	(Yes/No)
3.41 Is the condition of painting of walls etc. satisfactory?	(Yes/No)
3.42 Does the toilet provide towels and hand drying machine?	(Yes/No)
4. Feedback from Operator/ Supervisor	
4.1 Is there adequate quantity of water available during all the 24 hours?	(Yes/No)
4.2 Is the pumping plant functioning properly?	(Yes/No)
4.3 Do you maintain check list for cleaning of toilet block?	
4.4 Do you have a record the users?	
4.5 No. of Users per day	
Male:	Female: PWD: Children:
4.6 No. of Users per day	
Toilet:	Urinal: Bath: Washing:
4.7 Frequency of cleaning the toilet in a day? (Twice/Thrice/less than twice)	
4.8 Who does the cleaning of the toilet?	
4.9 How do you clean the toilet?	
4.10 Are the users happy with the cleanliness? What are the complaints that are frequently received from users?	
4.11 Do the municipality officials visit the toilet block regularly for monitoring and inspection?	
4.12 Have you paid any penalties for not adhering to the provisions of concession agreement?	
4.13 What are the operating hours of the toilet block? Are the adequate or needs to be increased?	
4.14 Do you receive any complaints from the nearby residents in managing the toilet?	
4.15 What are the sources of revenues for managing the toilet and are they adequate?	
4.16 How do you clean the Septic	

tank?	
4.17 Frequency of Septic tank cleaning?	
4.18 What is the cost of cleaning the septic tank?	
4.19 Do you have recording system for cleaning of septic tank?	(Yes/No)
4.20 If Yes, what is the frequency of cleaning of septic tank?	
4.21 What are your suggestions for improving the functioning of the toilet block?	

Respondent name:

Signature:

Interviewer name:

Signature:

Time/Date: