National Environmental Standards and Regulations Enforcement Agency (NESREA)

(Partnership and Education Department)

Data Collection Tool for Environmental Awareness/Sensitization Exercise

ID: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| * 1. General information | *Make Entry Here* |
| * + 1. Type of facility/business environment (Tick applicable) |  |
| * + - 1. Artisanal fabricator (e.g. mechanic, welder) |  |
| * + - 1. Food and beverages vendor |  |
| * + - 1. Mart/departmental stores |  |
| * + - 1. Electrical/electronics dealer |  |
| * + - 1. Clothier/boutique/tailor |  |
| * + - 1. Automobile/Spare parts dealer |  |
| * + - 1. Printer/bookstore |  |
| * + - 1. White collar office (e.g. law firm, travel agency)       2. Schools       3. Factory/industry       4. Residential areas       5. Market/abattoirs       6. Hospital environment |  |
| * + - 1. Others (Specify) |  |
| * + 1. No. of persons/ working here (where applicable) |  |
| * + 1. Role of respondent at the establishment (Tick) |  |
| * + - 1. Owner/Proprietor |  |
| * + - 1. Employee |  |
| * + - 1. Association leader |  |
| * + - 1. Visitors/customers |  |
| * + - 1. Others (Specify): |  |

|  |  |
| --- | --- |
| * 1. Knowledge/Attitude/Practice | *Make Entry Here* |
| * + 1. What is the most common waste produced at this establishment? |  |
| * + 1. Who does the cleaning? | Contractors/Shop Owners/Nobody/Others |
| * + 1. At what time is the cleaning done? | Morning Only/Afternoon/Morning & Evening |
| d. Do you have a waste bin?  d.i. if yes, how do you empty your waste?  d.ii If no, how then do you dispose of your waste | Yes  No  No access |
| e. Who evacuates the waste? | i. Government  ii. Private collectors  iii. others |
| 1. How often is waste evacuated? | i. Daily  ii. At least twice a week  iii. weekly  iv. Fortnightly  v. Not sure |
| 1. Do you know the effect of dirty environment on your health?   i.If yes, what is the effect? | Yes /No     * + 1. Sickness     2. Dirty environment     3. Poor aesthetics     4. Bad odour     5. Breeding of mosquitoes |
|  |  |
| * + 1. At what time is the waste evacuated? | * Morning * Afternoon * Evening or   Night |
| * + 1. ) |  |
|  |  |
| 1. Conveniences |  |
| * + - 1. Do you have a toilet? | (Yes/No) |
| * + - 1. Is it a private or public toilet? | (Yes/No) |
| * + - 1. Do you use the toilet? | (Yes/No) |
| * + - 1. If no, why? |  |
| * + - 1. If public: |  |
| * + - * 1. Who manages it | Facility managers/Government/Others |
| * + - * 1. Free or paid? | (Yes/No) |
| 2b(i) . Where do you eat?(Tick) | * Restaurant |
|  | * Bukka |
|  | * Mobile food |
|  | Vendor   * I bring my own food |
|  | * Others (Specify) |
|  |  |
| ii. Do you know that the nature of your work can affect your health/environment? | (Yes/No) |
| iii. If Yes, what is the effect? |  |
| 2c. Have you heard about waste segregation? | (Yes/No) |
| ii. If yes, what have you done? |  |
| .if no, enlighten citizenry. |  |
|  |  |

|  |  |
| --- | --- |
| * 1. Perceptions | *Make Entry Here* |
| * + 1. Have you heard of NESREA before? | (Yes/No) |
| * + 1. Have you ever been visited by NESREA officers before? | (Yes/No) |
| * + 1. If yes, what changes have you made since the last visit? |  |
| * + 1. Do you find the visit useful? | (Yes/No) |
| * + 1. Give your comments about this exercise |  |
| * 1. Observations of the Team | *Make Entry Here* |
| a. Do you own a generator? | Yes/No  Not in use |
| 1. Does the Generator emit smoke? | Yes/No  Not in use |
| 1. Is the generator noisy? | Yes/No  Not in use |
| 1. Are there other sources of smoke and noise pollutions? | Yes/No |
|  |  |
|  |  |
| 1. Is there any visible waste receptacle? | Yes/No |
| * + 1. If yes, who provides it? | * Market Authority * Local government * Waste Vendors   Others |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |