**Latrine**

Environmental Sample Collection Form

**Sample ID Collection Date Collection Time**

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

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\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

**Neighborhood**

🞎 11. A

🞎 22. B

🞎 33. C

🞎 44. D

🞎 55. E

**Weather Condition (select one) Did it rain in this neighborhood yesterday?**

🞎 Sunny 🞎 Cloudy 🞎 Yes

🞎 Raining 🞎 No

**Type (select one; if other, please explain)**

🞎 Flush to pit 🞎 Flush to septic tank

🞎 Piped to sewage system or elsewhere 🞎 Pit latrine with slab or water seal

🞎 VIP 🞎 Compost toilet

🞎 Open pit latrine 🞎 Hanging toilet

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Toilets Per Block**

**Number of Toilets in Block with Feces Visible on Walls and/or Slabs**

**Number of Toilet Users per Day**

**Handwashing Station Present?**

🞎 Yes 🞎 No

**Enumerator Name**

**Notes**

**Did you take a photo?**

🞎 Yes

🞎 No