**Public Latrine Swabs**

Environmental Sample Collection Form

**Sample ID Collection Date Collection Time**

Day Month Year

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

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

Hour Minute AM/PM

**Do you have a GPS device?**

🞎 Yes

🞎 No

*If you have a GPS device, create a waypoint, record coordinates, and answer the following questions.*

*If you do not have a GPS device, skip to neighborhood.*

**GPS Device ID Waypoint Label GPS Latitude (N, S) GPS Longitude (W, E)**

c

c

**Neighborhood**

🞎 Peoplestown

🞎 Neighborhood X

**Number of Stalls Number of Stalls with Feces Visible on Walls and/or Slabs:**

**Number of Toilet Users per Day: Handwashing Station Present?**

🞎 Yes 🞎 No

**Names of all staff involved in collecting this sample (separated by comma)**

**Notes**