

Appendix B. CHECKLIST FOR CENSUS SURVEY OF BUILDING & CONTAINMENT ASSESSMENT FOR IMIS

Date: __/__/----

Surveyor Name:

Respondent Name:

Respondent Gender (Male/Female/Others): Respondent Contact Number:

Owner Information

1. Owner Name:

2. Owner Gender:

- i. Male
- ii. Female
- iii. Others

3. Owner Contact Number:

Building Information

4. Main Building:

- i. Yes
- ii. No

5. (If Q. 4 is “No”) BIN of Main Building:
6. Ward Number:
7. Road Code (RXXXX):
8. Road Name:
9. Tax Code/ Holding ID (XX-XXX-XXXX-XX):
10. House Address:
11. Structure Type:
 - i. RCC
 - ii. Load bearing with cement mortar
 - iii. Load bearing with mud/lime mortar
 - iv. Wooden/Mud/CGI /Temporary
 - v. Steel structure
 - vi. Other (Specify):
12. Year of Construction (YYYY AD):
13. Number of Floor (including ground floor):
14. Functional Use of Building:
 - i. Residential
 - ii. Commercial
 - iii. Mixed (Residential and Commercial)
 - iv. Offices
 - v. Educational
 - vi. Hospital/clinic
 - vii. Industrial
 - viii. Assembly
 - ix. Other (Specify):
15. Subcategory according to Functional Use:

16. Office or Business Name (List out names):

17. Number of Households:

18. Population of Building:

- i. Male:
- ii. Female:
- iii. Others:

If differently abled:

- iv. Male:
- v. Female:
- vi. Others:

Low Income Community Information

19. Is Low-Income Household:

- i. Yes
- ii. No

20. Located in Low Income Community:

- iii. Yes
- iv. No

21. (If Q. 20 is "Yes") Low Income Community Name:

Water Source Information

22. Main Drinking Water Source:

- i. Jar Water
- ii. Rainwater
- iii. Spring/River/Canal
- iv. Private Tanker water
- v. Tube well
- vi. Dug well
- vii. Deep boring
- viii. Pond
- ix. Municipal/Public water supply
- x. Others

23. (If Q. 22 "Municipal/Public water supply") Water Supply Customer ID:
24. (If Q. 22 "Municipal/Public water supply") Water Supply Pipeline Code:

25. Well in Premises:

- i. Yes
- ii. No

26. (If Q. Error! Reference source not found., "Yes") Distance of Well from Closest Containment (m):

Solid Waste Management Information

27. Do you have a solid waste collection service:

- iii. Yes
- iv. No

28. (If Q. 27 "Yes") Solid Waste Service Provider:

29. (If Q. 27 "Yes") Solid Waste Management Customer ID (if any):

Toilet & Containment Information

30. Presence of Toilet:

- i. Yes
- ii. No

31. (If Q. 30 "No") Defecation Place:

- i. Community Toilet
- ii. Open Defecation
- iii. Shared Toilet
- iv. Others (Specify):

32. (If Q. 31 "Community Toilet") Community Toilet Name:

33. (If Q. 30 "Yes") Number of Toilets:

34. (If Q. 30 "Yes") Households with Shared Toilet:

35. (If Q. 30 “Yes”) Population that uses Shared Toilet:

36. (If Q. 30 “Yes”) Toilet Connection:

- i. Sewer Network
- ii. Drain Network
- iii. Septic Tank
- iv. Pit/ Holding Tank
- v. Onsite Treatment (e.g., Anaerobic Digester/ Biogas, DEWATS)
- vi. Composting Toilet (e.g., Ecosan, UDDT, etc.)
- vii. Water Body
- viii. Open Ground
- ix. Community Toilet
- x. Open Defecation
- xi. Shared Containment

37. (If Q. 36 “Septic Tank”) Containment Type:

- i. Septic Tank connected to Sewer Network
- ii. Septic Tank connected to Drain Network
- iii. Septic Tank connected to Soak Pit
- iv. Septic Tank connected to Water body
- v. Septic Tank connected to Open Ground
- vi. Septic Tank without Outlet Connection
- vii. Septic Tank with Unknown Outlet Connection

38. (If Q. 36 “Pit / Holding Tank”) Containment Type:

- i. Double Pit
- ii. Permeable/ Unlined Pit/Holding Tank
- iii. Lined Pit connected to a Soak Pit
- iv. Lined Pit connected to Water Body
- v. Lined Pit connected to Open Ground
- vi. Lined Pit connected to Sewer Network
- vii. Lined Pit connected to Drain Network
- viii. Lined Pit without Outlet
- ix. Lined Pit with Unknown Outlet Connection

39. (If Q. 36 “Septic Tank” or “Pit/Holding Tank”) Containment Volume (m3):

40. (If Q. 36 “Septic Tank”) Does septic tank have at least 2 chambers, outlet at top, sealed/lined base, and walls:

- i. Yes

- ii. No
- iii. Don't know

41. (If Q. 36 "Septic Tank" or "Pit/Holding Tank") Containment Construction Date (YYYY AD):

42. (If Q. 36 "Septic Tank" or "Pit/Holding Tank") Containment Location?

- i. Inside the building footprint
- ii. Outside the building footprint

43. (If Q. 36 "Septic Tank" or "Pit/Holding Tank") Containment Accessible to Desludging Vehicle?

- i. Yes
- ii. No

44. (If Q. 36 = "Septic Tank" or "Pit/Holding Tank") Have you ever emptied your "Septic Tank" or "Pit/Holding Tank":

- i. Yes
- ii. No

45. (If Q43 is "Yes") Last emptied date (year):

46. (If Q. 36 "Sewer Network" or Q. 37 "Septic Tank connected to Sewer Network" or Q. 38 "Lined Pit connected to Sewer Network") Sewer Code:

47. (If Q. 36 "Drain Network" or Q. 37 "Septic Tank connected to Drain Network" or Q. 38 "Lined Pit connected to Drain Network") Drain Code:

48. (If Q36 "Shared Containment") BIN of Pre-Connected Building:

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