SafiSan Construction Appraisal Form (CP3)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | **CONSTRUCTION APPRAISAL SHEET ID:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | Linked to **APPLICATION ID:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **1.** | **Information on the applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 Inspection Date: | | | | Day: | |  | | | | Month: | | | | |  | | | Year: | | |  | | | | | | 1.2 WSP office: | | | | | |  | | | | | | | |
| 1.3 Family name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | 1.4 First name: | | | | | |  | | | | | | | |
| 1.5 ID no.: | | |  | | | | | | | | | | | | | | | | | | | | | | | | 1.6 Tel. no.: | | | | | |  | | | | | | | |
| **2.** | **Information on the completion and the quality of the technical works and approval** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 Completion Date: | | | | Day: |  | | | Month: | | | | |  | | | Year: | | |  | | | | 2.2 Eligibility | | | | | | Water toilets eligible? | | | | | | |  | Dry toilets eligible? | | |  |
| 2.3No. | 2.4 Toilet Model | | | 2.5 Toilet Technology | | | | | | | 2.6 Picture Name | | | | | | | | | | 2.7 Toilet Type? | | | | | | | | 2.8 Toilet ID | | | | | 2.9 Appraisal | | | | 2.10 Approved? | | |
| New | | | | Rehabilitated | | | | 1st | | | 2nd |
| 1. |  | | |  | | | | | | |  | | | | | | | | | |  | | | |  | | | |  | | | | |  | | |  |  | | |
| 2. |  | | |  | | | | | | |  | | | | | | | | | |  | | | |  | | | |  | | | | |  | | |  |  | | |
| 3. |  | | |  | | | | | | |  | | | | | | | | | |  | | | |  | | | |  | | | | |  | | |  |  | | |
| 4. |  | | |  | | | | | | |  | | | | | | | | | |  | | | |  | | | |  | | | | |  | | |  |  | | |
| 5. |  | | |  | | | | | | |  | | | | | | | | | |  | | | |  | | | |  | | | | |  | | |  |  | | |
| 2.11 Artisan Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 2.12 Artisan Tel. no.: | | | | | |  | | | | |
| 2.13 Overall Rating Artisan Work: | | | | | | | Very Good: | | | | | | |  | | | Good: | | | | |  | | Fair: | | | |  | | Poor: | |  | | | Very Poor: | | | |  | |
| 2.14 Reasons for non-approval | | | | | | | | | | | | | | | | | | | | Explain: | | | | | | | | | | | | | | | | | | | | |
| Poor workmanship | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | |
| Dimension/Material not as recommended | | | | | | | | | | | | | | | | | |  | |
| Missing components/fixtures | | | | | | | | | | | | | | | | | |  | |
| Sludge storage facility not in place | | | | | | | | | | | | | | | | | |  | |
| Not connected to sewer where onsite storage is not applicable | | | | | | | | | | | | | | | | | |  | |
| Others: | | | | | | | | | | | | | | | | | |  | |
| 2.15 Follow-up actions required: | | | | | | | Yes: | | | | |  | | | No: | | |  | | Explain: | | | | | |  | | | | | | | | | | | | | | |
| 2.16 Hand-washing facility installed? | | | | | | | Yes: | | | | |  | | | No: | | |  | | Explain: | | | | | |  | | | | | | | | | | | | | | |
| 2.17 Manuals & mainstreaming products in place? | | | | | | | Yes: | | | | |  | | | No: | | |  | | Explain: | | | | | |  | | | | | | | | | | | | | | |
| 2.18 All works have been approved by WSP? | | | | | | | Yes: | | | | |  | | | No: | | |  | | Explain: | | | | | |  | | | | | | | | | | | | | | |
| 2.19 Re- Appraisal required? | | | | | | | Yes: | | | | |  | | | No: | | |  | | Explain: | | | | | |  | | | | | | | | | | | | | | |

X

PROJECT INSPECTOR

|  |  |
| --- | --- |
| Name: |  |

X

APPLICANT

|  |  |
| --- | --- |
| Name: |  |

X

WSP REPRESENTATIVE

|  |  |
| --- | --- |
| Name: |  |

X

PROJECT SUPERVISOR

|  |  |
| --- | --- |
| Name: |  |