SafiSan Construction Appraisal Form (CP3)

|  |  |  |
| --- | --- | --- |
|  | **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: |  |