

## Village / Area ODF Verification Form

Village: \_\_\_\_\_ GVH: \_\_\_\_\_ TA: \_\_\_\_\_ Health Centre: \_\_\_\_\_

Date: \_\_\_\_\_ Triggering date (if applicable): \_\_\_\_\_ ODF self-declaration date: \_\_\_\_\_

Number of Households (Inhabitants are under one roof and/or eating from the same pot) : \_\_\_\_\_ Village population : \_\_\_\_\_

Household Name											
<b>ODF Criteria</b>	1	Does the Household have a latrine or are they sharing a latrine (if shared verify the latrine they are using) (Y/N)									
	2	Is it used? Are there signs of faeces in the pit? (Y/N)									
	3	Does the latrine allow for safe disposal into pit or other receptacle? (Y/N)									
	4	Is the latrine safe from collapse? (Y/N)									
	5	Does the superstructure provide privacy? (Y/N)									
	6	Is the latrine 'not' full? (Y/N)									
	7	Is it at least 30 meters from a water source? (Y/N)									
		If 1-7 are Yes (Y) than this household is ODF									

**OTHER SANITATION FACTORS TO LOOK FOR TO BECOME ODF++**

<b>ODF ++</b>	8	Smooth /cleanable floor (Y/N)									
	9	Tight fitting lid on top of the hole (Y/N)									
	10	Handwashing station with water and soap/ash ((Y/N)									
	11	Are the institutions in the community ODF? (Y/N)									

ODF Declaration Questions	
Are there visible signs of Open Defecation in the village? (Y/N)	
Are all households using a latrine? (Y/N)	
Do all households verified have YES responses for questions 1-7? (Y/N)	
If you have answered YES to these three questions the village can be declared ODF (Y/N)	

**ODF Status Granted (Circle)**                      **YES**                      **NO**

Recommendations / Comments:

Signatures of  
Verification Team:

Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____