



Rapid Appraisal Facility Tool

Disposal Facilities (Landfills and/or Open Dumps)

Questionnaire

GENERAL INFORMATION	
Country	
City/Municipality/Jurisdiction name	
Date Form Populated	
Surveyor Contact Information	
Name:	
Title:	
E-mail:	
Phone number (mobile):	
Phone number (office):	
DISPOSAL FACILITY INFORMATION	
Facility Name:	
Address:	
GPS Coordinates:	
Type of facility (select from list):	<input type="checkbox"/> Sanitary Landfill <input type="checkbox"/> Controlled Dump <input type="checkbox"/> Open Dump <input type="checkbox"/> Other
Facility ownership:	<input type="checkbox"/> Municipality/Local Government <input type="checkbox"/> Private <input type="checkbox"/> Combination Public/Private <input type="checkbox"/> Other
Does the facility have water, sewer and/or power (check all that apply)?	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Power <input type="checkbox"/> Septic Tank
Days of operation (check all that apply):	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Hours of Operation:	
Total number of <u>full-time</u> staff:	

How many full-time staff are women:	
If any full-time staff are women, what is their position/roles?	<input type="checkbox"/> Front Office <input type="checkbox"/> Administrative <input type="checkbox"/> Sorting Line/Floor <input type="checkbox"/> Other
Total number of <u>part-time</u> staff:	
How many part-time staff are women:	
If any part-time staff are women, what is their position/roles?	<input type="checkbox"/> Front Office <input type="checkbox"/> Administrative <input type="checkbox"/> Sorting Line/Floor <input type="checkbox"/> Other
Is there an entrance gate and fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a weighbridge or scale-house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," when was it last calibrated?	
Is there a gate attendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," how many:	
If "Yes," what is their gender (check all that apply):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
How do customers pay (check all that apply)?	<input type="checkbox"/> Cash <input type="checkbox"/> Direct Electronic Payments <input type="checkbox"/> Through a Billing System <input type="checkbox"/> No charge
What type of heavy equipment is being used at the site (check all that apply)?	<input type="checkbox"/> Dozers <input type="checkbox"/> Skip Loaders <input type="checkbox"/> Pick-up Trucks <input type="checkbox"/> Compactors <input type="checkbox"/> Dump Trucks <input type="checkbox"/> Back Hoes <input type="checkbox"/> Road Graders <input type="checkbox"/> Grapple Loader <input type="checkbox"/> Bucket Loader <input type="checkbox"/> Other
Is any of the heavy equipment broken or unusable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," list all heavy equipment that needs to be replaced:	
How many of the operators of this equipment are women?	

What personal protective equipment (PPE) is available to staff? (check all that apply):	<input type="checkbox"/> Protective Coveralls/Jumpsuits <input type="checkbox"/> Masks <input type="checkbox"/> Gloves <input type="checkbox"/> Shoes/Boots <input type="checkbox"/> Eye Protection <input type="checkbox"/> Other
Does PPE come in different sizes for men and women:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are waste pickers required to use health and safety equipment, such as gloves and respiratory masks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the site have a perimeter fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the disposal site have a bottom liner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," what type?	<input type="checkbox"/> Synthetic liner <input type="checkbox"/> Soil Liner <input type="checkbox"/> Clay Liner
Estimated daily volume of waste received (if known):	
Estimated daily weight of waste received (if known):	
What waste is accepted at the facility for disposal (check all that Apply)?	<input type="checkbox"/> Mixed waste <input type="checkbox"/> Biodegradable Waste <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Construction Debris <input type="checkbox"/> Tires <input type="checkbox"/> Other
Is there a landfill gas recovery system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," what type (check all that apply):	<input type="checkbox"/> Rock Chimneys <input type="checkbox"/> Trenches <input type="checkbox"/> Wells <input type="checkbox"/> Pipes
If "Yes," is gas collected or vented?	<input type="checkbox"/> Collected <input type="checkbox"/> Vented
If "Collected," is the gas used for energy generation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a landfill gas flaring system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there wetlands or other environmentally/culturally sensitive areas adjacent to or near the landfill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please detail:	
Approximate size of landfill/disposal site (in hectares):	
Is the waste being covered on a daily basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes," what type of cover is being used (check all that apply)?	<input type="checkbox"/> Soil <input type="checkbox"/> Tarps <input type="checkbox"/> Green Waste <input type="checkbox"/> Other
Are there animals feeding on the garbage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," check all that apply:	<input type="checkbox"/> Dogs/Cats <input type="checkbox"/> Cows <input type="checkbox"/> Pigs <input type="checkbox"/> Horses <input type="checkbox"/> Donkeys/ Mules <input type="checkbox"/> Rats <input type="checkbox"/> Elephants <input type="checkbox"/> Goats <input type="checkbox"/> Other
Does The Facility Have Pest Control:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," check all that apply:	<input type="checkbox"/> Spraying <input type="checkbox"/> Trapping <input type="checkbox"/> Other
Are there odors at the landfill/disposal site perimeter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are smoke or fires visible at the landfill/disposal site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," From active or closed cells (check all that apply):	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Both
Are there informal workers at the landfill/disposal site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," approximately how many informal pickers are there?	
If "Yes," approximately how many informal pickers are women?	
If "Yes," what materials are the pickers collecting (check all that apply)?	<input type="checkbox"/> Plastics <input type="checkbox"/> Aluminum/Tin <input type="checkbox"/> Cardboard <input type="checkbox"/> Other
If plastic materials are being collected, what resin types are being collected (check all that apply)?	<input type="checkbox"/> PET <input type="checkbox"/> HDPE <input type="checkbox"/> LDPE <input type="checkbox"/> PP <input type="checkbox"/> Other
Additional Notes:	