

DOEHRS-IH EHM: EPW DETENTION FACILITY SANITATION REPORT

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1. FACILITY NAME:		2. FACILITY ADDRESS:			3. INSTALLATION:		4. START DATE (YYYYMMDD):		TIME: (HH:MM)									
							5. END DATE (YYYYMMDD):		TIME: (HH:MM)									
6. INSPECTOR (Surveyor)	a. Name (Last, First, M.) and Rank:			b. Phone:		c. Email:		d. Unit/Organization:										
7. PERSON IN CHARGE (PIC)	a. Name (Last, First, M.):			b. Phone:		c. Email:												
8. CONTRACTOR OPERATED (Select one)		Yes No	9. TYPE OF FACILITY (Select one)		a. Camp (temp shelters)		b. Hard site (fixed facilities)		c. Mixed									
10. TOTAL FACILITY SQUARE FOOTAGE			11. TOTAL NUMBER OF COMPOUNDS			12. MAX NUMBER DETAINEES PER COMPOUND												
13. AVG. NUM. DETAINEES PER COMPOUND			14. TOTAL MALES			15. TOTAL FEMALES												
16. TOTAL <17 YR (age)			17. TOTAL DETAINEES			This space left Blank												
18. INSPECTION TYPE (Select one)		a. Routine		b. Follow-Up		c. Complaint		d. Pre-Opening		e. Other (Specify) :								
Item	General and Housing				Yes	No	N/A	Item	Water Supply (continued)				Yes	No	N/A			
1	Facility at least 1 mile from mosquito breeding sites, industrial zones, and villages?							25	Maximum distance from housing to water point < 550 yds?									
2	Total camp population < 10,000 detainees?							26	Water quality IAW multi service manual for field water quality?									
3	Compounds < 1,000 detainees?							27	Handwashing basins/stations >= 6 per 100 detainees, soap present, good drainage?									
4	Openings, skylights, windows provide natural lighting throughout housing areas?							28	Each detainee has water collecting container that holds 2.5 to 5 gal, with narrow neck and/or cover?									
5	Space between shelters?	>24ft	8-24 ft	<8 ft				29	Showers: minimum 7 min per person once weekly?									
6	Roads between compounds > 30 ft wide?							30	All water points labeled as potable or non-potable in English and detainees' native language(s)?									
7	Program, work orders in place to correct previously noted deficiencies?							31	Clothing laundered at least weekly?									
8	Detainees are segregated by gender, age, status (EPW vs. CI), nationality, and medical status?							32	Laundry (field/commercial) wash cycles at least 15 min at 130 degrees F?									
9	Housing areas at least 100 ft from well or surface water point?							33	One laundry (hand) basin for every 100 detainees, if required?									
10	Covered personal living space?	> 71 ft²	40-71 ft²	< 40 ft²				34	At least 1 shower for every 25 detainees?									
11	Beds/mats separated by minimum distance of 2.5 ft?							35	Hot water temperature for bathing and hand washing is between 95 degrees F and 120 degrees F?									
12	Existing structures approved for occupancy by engineers?							Item	Food Service				Yes	No	N/A			
13	Flooring?	Ground/concrete		Removable (e.g., pallets)					36 Facilities meet all DoD sanitation requirements?									
14	Air circulation (per person)?	≥12 ft³		≥6-11 ft³					37 Inspection report completed?									
15	Ventilation?	≥33%		10-32%		<10%			38 Field kitchens located at least: i) 300 feet upwind from latrines? ii) 50 feet from wash-up areas and sanitation centers? iii) 100 feet upwind from waste disposal sites (grease traps, soakage pits, and garbage pits)? iv) 100 feet from water sources? v) 150 feet upwind from incinerators? Specify items that are "NO" (e.g. "i, iv")									
16	Protection from direct/indirect fire (hard structures or bunkers for 100% of population)?																	
17	Clear emergency exits and fire-fighting equipment?																	
18	Interior lighting >= 20 foot-candles at 30 in. from floor?																	
19	Firebreaks 100 ft wide every 1000 feet?							39	Detainees receive 3 meals per day at regular intervals, with no more than 14 hrs between meals?									
20	No standing water?							40	Procedures in place for notifying medical authority of suspected food borne disease outbreak?									
Item	Water Supply				Yes	No	N/A	41	Food is procured from approved sources; meets nutritional and cultural requirements?									
21	Potable water provided at 4 gal/person/day; 8 gal/person/day if preparing food?							Item	Waste Management				Yes	No	N/A			
22	Potable water for religious/cultural practices (additional 0.5 - 1.5 gal/person/day)?							42	Latrines are provided at ratios of 1 for every 25 males and 1 for every 17 females?									
23	Water for anal washing provided (additional 0.25 - 0.5 gal/person/day)?							43	Toilet paper is available at all times and protected from rain?									
24	At least one water point per 250 people?							44	Adequate facilities, on or off site for disposal of solid waste?									

Item	Waste Management <i>(continued)</i>	Yes	No	N/A	Item	Vector/Pest Control	Yes	No	N/A
45	Liquid waste disposed of in appropriate method; grease traps are present if indicated?				56	No evidence of insect or rodent infestation?			
46	Latrine areas have adequate drainage and are maintained daily to ensure sanitary conditions?				57	Vector pest surveillance and control conducted as appropriate?			
47	Handwashing devices are co-located with latrines, at least 1 for every 5 latrines?				58	Appropriate measures taken to prevent exposure to insects?			
48	33-gallon refuse containers are provided, 1 for every 25 detainees?				59	Clothing and bedding laundered at least every 14 days to prevent lice infestation?			
49	Adequate collection frequency for solid waste, at least weekly. Containers clean?				60	Detainee shelter constructed and maintained to prevent harborage?			
50	The latrine or urinal site chosen at least 300 ft downwind from food service areas of the internment facility and at least 100 ft from water supplies?				61	Detainees screened for lice and other vector-borne diseases during medical screenings?			
51	Latrines placed at least 50 ft from dwellings but no more than 150 ft to encourage use?				62	Bedding aired and washed regularly?			
52	a. Latrines and urinals at least 300 ft from any water source? b. The bottom of the latrine at least 5 ft above the water table? Drainage or spillage must not pool, cause flooding or erosion, or run towards any surface water or shallow groundwater source.				63	No animals are present within the facility perimeter?			
		Item	Communicable Disease Control	Yes	No	N/A			
					64	Medical surveillance data collected and forwarded to medical authority for analysis?			
53	Privacy screens provided for latrines; unless security issue?				65	Detainees weighed monthly and results documented?			
54	Medical waste is disposed of properly?				66	Detainees immunized IAW theater detainee health policy?			
55	Facilities and procedures available for handling contaminated waste, including laundry?				67	Communicable disease screening documented at entry and monthly thereafter?			
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					69	Personal hygiene supplies provided?			
					70	Facility sanitation & hygiene SOP in place?			

19. OVERALL REMARKS (Describe individual item deficiencies here)

14. INSPECTION RATING:	Satisfactory	Unsatisfactory	15. FOLLOW-UP REQUIRED:	Yes	No	16. FOLLOW UP NLT DATE (YYYYMMDD)
17. SIGNATURE: <i>Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and date scheduled for follow-up inspection (unsatisfactory inspections only).</i>						
a. Inspector Signature						b. DATE (YYYYMMDD):
c. Person In Charge Signature						d. DATE (YYYYMMDD):