

Palestinian Central Bureau of Statistics

Questionnaire of the Medical Environmental Survey\ Governmental and non- Governmental sector 2001

Name of the Establishment: **Number of the medical establishment:** **Governorate code** **Governorate name:**.....
Type Activity: ☐ 1. Primary Health Care Center 2. Secondary Health Care Center 3. Others..... **Locality code** **Locality name:**.....
ENOS: What is the Party of the centers: ☐ 1. Ministry of Health 2. UNRWA 3. Refits Friends Benevolent Society 4. Health Union Committees 5. Union of Palestine Health Care Relief Committees 6. Health Care Military Service 7. Others

| | | |
|-------------|---|--|
| EW01 | What is the Quantity of water consumed last month? | As in invoice <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (month / m3) If the invoice not available estimated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (month / m3) |
| EW02 | What is the method of wastewater disposal? | <input type="checkbox"/> 1. Public network 2. Tight Cesspit 3. Porous Cesspit 4. Others |
| EW03 | Is the wastewater Treated before disposal? | <input type="checkbox"/> 1. Totally 2. Partially 3. There is no treatment (Go To ES01) |
| EW04 | What is the method of the wastewater treatment? | <input type="checkbox"/> 1. Mechanical treatment 2. Chemical treatment 3. Biological treatment |
| ES01 | Does the waste separate before disposal? | <input type="checkbox"/> 1. Totally 2. Partially 3. There is no separation (Go To ES07) |

| Item | ES02 | ES03 | | ES04 | | | | | | | ES05 | | ES06 | |
|----------|---|--|----------------------------|---|---|----------------------|-------------------------------|----------------------|---|----------------------|--|----------------------|---|--|
| | Do you separate any type of the following waste? | What are the quantities of waste in the last month? | | Where did you put the waste after separation? (respectively, and Possible for 3choices) | | | | | | | What is the period of waste collection inside the establishment? | | What is the method of transferring wastes inside the establishment? | |
| | 1. Yes 2. No (Go to the next item) | Quantity | Units 1. Liter 2. kg | 1. Special nylon bags 3. Special carton box 5. Plastic cans | 2. Special plastic box 4. Special metal cans 6. Nylon bag | 7. Others..... | period 1. Week 2. Month | Number of times | 1. Manually 2. Special vehicles 3. Both 4. Other.... | | | | | |
| 1 | General waste <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 2 | Infectious waste <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 3 | Chemical & Pharmaceutical Waste <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 4 | Radio active waste <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 5 | Sharp waste <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 6 | Other..... <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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|-------------|---|---|---|----------------------|---|--|--|--|--|--|--|--|--|--|
| ES07 | What is the total quantity of the disposed waste last month? | Quantity <input type="text"/> <input type="text"/> <input type="text"/> (Units <input type="checkbox"/> 1. Liter 2. Kilo gram 3. Ton) | | | | | | | | | | | | |
| ES08 | Where did you put the non-separated wastes after collection? | First | Second | Third | 1. Special nylon bags 3. Special carton box 5. Plastic cans 7. Other | | | | | | | | | |
| | (respectively, and Possible for 3choices) | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2. Special plastic box 4. Special metal cans 6. Nylon bags 8. All types are separated | | | | | | | | | |
| ES09 | What is the method of transferring the non-separated waste inside the medical establishment? | <input type="checkbox"/> | 1. Manually 2. Special vehicles 3. Both 4. Other.... 5. All types are separated | | | | | | | | | | | |
| ES10 | How many times the non-separated waste were collected yesterday inside the establishment? | <input type="text"/> <input type="text"/> | (if the answer is zero then explain.....) (fill in 99 if the establishment separate all types of waste) | | | | | | | | | | | |
| ES11 | Usually how many times the non-separated waste were collected inside the establishment weekly? | <input type="text"/> <input type="text"/> | (fill in 99 if the establishment separate all types of waste) | | | | | | | | | | | |

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|-------------|--|--------------------------|---------------------------|--|--|--|--|--|--|--|--|--|--|--|
| ES12 | were the produced medical wastes treated? | <input type="checkbox"/> | 1. Yes 2. No (Go To ES18) | | | | | | | | | | | |
|-------------|--|--------------------------|---------------------------|--|--|--|--|--|--|--|--|--|--|--|

| Item | ES13 | ES14 | ES15 | ES05 | | ES06 | | | | | | | |
|------|--|--|--|--|--|--|----------|----------------------------|----------------|----------|----------------------------|--|--|
| | Are any of the following treatment methods used? | What is the used method in the treatment? | Who is the doer of medical waste treatment? | What is the period of waste collection inside the establishment? | | What are the type and the quantity of the treated waste? | | | | | | | |
| | 1. Yes 2. No (Go to the next item) | 1. Chemical Disinfection 2. Thermal Disinfection 3. Disinfection by radiation 4. Thermal isolation 5. Radio active isolation 6. Pressured 7. Crashed 8. Other | 1. The establishment 2. Another establishment that treats then returns the waste back 3. Another establishment that treats then disposal the waste | Number of time | period 1. Week 2. Month 3. Year | First marital | | | Second marital | | | | |
| | | | | | | Type of waste | Quantity | Units 1. liter 2. kg | Type of waste | Quantity | Units 1. liter 2. kg | | |
| 1 | Disinfection | | | | | | | | | | | | |
| 2 | Incineration | | | | | | | | | | | | |
| 3 | Open Burning | (Go To ES15) | | | | | | | | | | | |
| 4 | Storage | | | | | | | | | | | | |
| 5 | Mechanical treatment | | | | | | | | | | | | |
| 6 | Disposal it in Sewage | (Go To ES15) | | | | | | | | | | | |
| 7 | Other | | | | | | | | | | | | |

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|------|---|---|--|---|--|
| ES18 | Where the wastes are collected before disposal? | <input type="checkbox"/> | 1. Public container | 2. Container owned by the establishment | 3. Without container (Go To ES22) |
| ES19 | What is the type of container used for waste collection? | <input type="checkbox"/> | 1. Open container | 2. Closed container | 3. Other |
| ES20 | What is the material of the used container? | <input type="checkbox"/> | 1. Metallic container | 2. Plastic container | 3. Wooden container 4. Other |
| ES21 | What is the volume of the used container? | <input type="checkbox"/> <input type="checkbox"/> | Units (<input type="checkbox"/> 1. Cubic meter 2. Liter) | | |
| ES22 | Where is the place of the waste collection located before the final disposal? | <input type="checkbox"/> | 1. Inside the establishment building | 2. Inside the establishment court | 3. Outside the establishment (Determine the distance in meter) |
| ES23 | Who is the responsible doer for waste transportation from the establishment to the final disposal place? | <input type="checkbox"/> | 1. Medical establishment 4. UNRWA | 2. Local authority 5. Other | 3. Private contractor or |
| ES24 | Where is the final disposal place? | <input type="checkbox"/> | 1. Local authority dump | 2. Another dump | 3. Randomly thrown 4. Other 5. Dot not know |
| ES25 | How many time was the waste is transported to the final disposal place last week? | <input type="checkbox"/> <input type="checkbox"/> | (If the result for this Question is Zero Determine the reason) | | |
| ES26 | Which of the following problems faced the establishment during intifada (respectively, and Possible for 2choices) | First <input type="checkbox"/> Second <input type="checkbox"/> | 1. Disconnection of the electricity service 2. Disconnection of the water service 3. Disconnection of the Waste Collection service 4. Others | | |