

**Name of the Establishment:** ..... **Number of the medical establishment:** **Governorate code** **Governorate name:**.....  
**Activity Type:**..... **Activity Code:** **Locality code** **Locality name:**.....  
**Interview result:** ☐ 1. Completed 2. Completely Closed 3. Temporarily Closed 4. Could not reach the address 5. Did not Practice any Activity in 2001  
6. Did not Practice Medical Activity 7. Refuse 8. Repeated 9. Other

<b>EW01</b>	<b>What is the Quantity of water consumed last month?</b>	As in invoice <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"/> ( month / m3 )				
<b>EW02</b>	<b>What is the method of wastewater disposal?</b>	<input type="text"/>	<b>1.</b> Public network	<b>2.</b> Tight Cesspit	<b>3.</b> Porous Cesspit	<b>4.</b> Others
<b>EW03</b>	<b>Is the wastewater Treated before disposal?</b>	<input type="text"/>	<b>1.</b> Totally	<b>2.</b> Partially	<b>3.</b> There is no treatment ( <b>Go To ES01</b> )	
<b>EW04</b>	<b>What is the method of the wastewater treatment?</b>	<input type="text"/>	<b>1.</b> Mechanical treatment	<b>2.</b> Chemical treatment	<b>3.</b> Biological treatment	
<b>ES01</b>	<b>Does the waste separate before disposal?</b>	<input type="text"/>	<b>1.</b> Totally	<b>2.</b> Partially	<b>3.</b> There is no separation ( <b>Go To ES07</b> )	

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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Determine:.....
2	Infectious waste	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Determine:.....
3	Chemical & Pharmaceutical Waste	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Determine:.....
4	Radio active waste	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Determine:.....
5	Sharp waste	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Determine:.....
6	Other.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Determine:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Determine:.....

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="text"/> 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="text"/>	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)			

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

ES18	Where the wastes are collected before disposal?		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?		1. Open container	2. Closed container	3. Other
ES20	What is the material of the used container?		1. Metallic container	2. Plastic container	3. Wooden container 4. Other
ES21	What is the volume of the used container?		Units ( 1. Cubic meter 2. Liter )		
ES22	Where is the place of the waste collection located before the final disposal?		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 transportion from the establishment to the final disposed place?		1. Medical establishment	2. Local authority	3. Private contractor or
ES24	Where is the final disposal place?		1. Local authority dump	2. Another dump	3. Randomly thrown 4. Other 5. Dot not know
ES25	How many time was the waste is transposed t to the final disposal place last week?		(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 Second	1. Disconnection of the electricity service 2. Disconnection of the water service 3. Disconnection of the Waste Collection service 4. Others		