



**CLTS FORM #3 (2<sup>nd</sup> Page/Back) - ODF VERIFICATION OBSERVATIONS:**

*Please write your main comments for each village you verified. If you verified the village to be ODF, what makes you certain there is no open defecation? If you verified the village to be not-ODF, why doesn't the village quality yet for ODF status?*

Name of Village 1: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 2: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 3: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 4: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 5: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 6: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 7: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 8: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 9: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 10: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 11: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 12: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 13: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 14: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 15: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 16: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 17: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 18: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 19: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment:

Name of Village 20: \_\_\_\_\_ Name of Person Verifying: \_\_\_\_\_ ODF or not-ODF: \_\_\_\_\_

Comment: