COMUNA: \_\_\_\_\_\_\_\_\_ BARRIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENCUESTADOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO. DE ORDEN** | **DIRECCION** | **CASA** | | | **DEPOSITOS** | | | | | | | | | | | | | | **POBLACION** | | | | | | | **IDENTIFICACION** | |
| N° MANZANA | **N|INSPECCION** | **Con A,A** | **TANQUES ALTOS** | | **TANQUES BAJOS** | | **LLANTAS** | | **ELEMENTOS INSERVIBLES** | | **DIVERSOS** | | **SUMIDEROS ,SIFONES** | | **TOTAL** | | **Nº DE GESTANTES** | **Nº MAYORES DE 60 AÑOS** | **Nº MENORES DE EDAD** | **N° PERS. AFRODESEN** | **N° PERS .INDIGENA** | **N° PERS. LGTBI** | **TOTAL, PERS. VIVIENDA** | **NUMERO DE CEDULA DE QUIEN ATENDIO LA VISITA** | **FIRMA DE QUIEN ATENDIO LA VISITA** |
|  | |  | |
| **INSPECC** | **Con A,A** | **INSPECC** | **Con A,A** | **INSPECC** | **Con A,A** | **INSPECC** | **Con A,A** | **INSPECC** | **Con A,A** | **INSPECC** | **Con A,A** | **INSPECC** | **Con A,A** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | FIRMA DEL FUNCIONARIO |  |