National Changhua University of Education Dengue FeverMosquitoes Source Checklist

Date of Inspection: Inspected by:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Week 1 | | | Week 2 | | | | | Week 3 | | Week 4 | | | | |  | Week 1 | | | | Week 2 | | | | | Week 3 | | | | | Week 4 | | | | |
| I. Are there any of the following waste containers outdoors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Empty bottles or cans | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Are all of these removed? (if not, immediately remove them) | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Pots or water tanks | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Cups, dishes, plates, or bowls | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Pans or kettles | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Styrofoam or plastic products | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Buckets (wooden, iron, plastic) | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Waste tires | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Other (any waste containers or miscellaneous objects) | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Drainage along roof, canvas, canopy | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Are they clogged or have stagnant water? (if yes, immediately dredge them) | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Mailbox | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Is there any stagnant water inside? | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Wigglers inside ditches | Yes□ | | No□ | Yes□ | | No□ | | Yes□ | | No□ | | Yes□ | | No□ | | Is the ditch clogged? (if yes, immediately dredge the ditch) | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| II. Are there any of the following containers in departments/institutes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Flower disc, vase, or container with aquatic plants | Yes□ | No□ | | | Yes□ | | No□ | Yes□ | | No□ | Yes□ | | No□ | | Is the water changed once a week and the container scrubbed clean? | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Watering can, base plate of flower pots | Yes□ | No□ | | | Yes□ | | No□ | Yes□ | | No□ | Yes□ | | No□ | | Is the water emptied once a week? | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Water containers (tanks, cement tanks, buckets, pots) | Yes□ | No□ | | | Yes□ | | No□ | Yes□ | | No□ | Yes□ | | No□ | | Are the containers sealed? | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Flooded basement | Yes□ | No□ | | | Yes□ | | No□ | Yes□ | | No□ | Yes□ | | No□ | | Is the water removed? | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Defrosting tray of refrigerator, base of water dispenser | Yes□ | No□ | | | Yes□ | | No□ | Yes□ | | No□ | Yes□ | | No□ | | Is the water emptied once a week? | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |
| 1. Unused containers placed outside | Yes□ | No□ | | | Yes□ | | No□ | Yes□ | | No□ | Yes□ | | No□ | | Are the containers placed upside down to remain dry? | | Yes□ | | No□ | | | Yes□ | | No□ | | | Yes□ | | No□ | | Yes□ | | No□ | |

**~~Immediately take action to reduce sources to eliminate Dengue Fever~~Made on April 30th, 2015**