## **Unsanctioned Encampment Health & Safety Assessment**

Date & Time of
Assessment
Form Completed By
(Name & Organization)

**Encampment Location** 

## **Number of People Staying in Encampment (approx.)**

Total People	approx.   exact (circle one)
Males	approx.   exact (circle one)
Females	approx.   exact (circle one)
Pregnant Females	approx.   exact (circle one)
Children	approx.   exact (circle one)