

Drinking Water Safety Plans for Buildings Audit Checklist (Example)

Name of Building: _____

Audit ref.: _____

No.	Item to be examined	✓ / ✗ / NA	Documents/Records/ Components inspected	Remarks
1	Is the implementing WSP up to date?			
2	Is designated person specified in the WSP?			
3	Are general descriptions of the building available in the WSP?			
4	Have water quality tests been conducted as specified in the WSP with relevant records?			
5	Are records of previous audits available?			
6	Have audits been undertaken at least once every two years?			
7	Have findings of previous audits been appropriately followed up?			
8	Are records of previous WSP reviews available?			

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9	Have WSP reviews been conducted at least once every two years?			
10	Is/Are the plumbing diagram(s) in the WSP accurate? (Please randomly select and inspect at least two plumbing components included in the diagram(s) and check if the components are as described in the records.)			
11	Has a risk assessment been conducted with reference to WSD's template?			
12	Have the building management staff undertaken general checking appropriately with record maintained?			
13	Have water quality complaints from residents/water users been handled and documented?			

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14	<p>Is the building management staff competent to perform general checking?</p> <p>(Please ask the responsible person to demonstrate checking of two items randomly selected from Part E Table I.)</p>			
15	<p>Has cleansing of water storage tank(s) been done in accordance with the typical frequency in the WSP?</p>			
16	<p>Have point-of-use devices, e.g. water filters, water dispensers, wall-mounted dispensers, been properly maintained?</p>			
17	<p>Have qualified persons been engaged to conduct specific checking appropriately with record maintained?</p>			
18	<p>Have appropriate corrective actions been undertaken timely if the checking targets were not met?</p>			

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19	If abnormalities were observed during the checking or inspections, have these abnormalities been rectified or addressed timely?			
20	Are appropriate supporting programmes, e.g. routine flushing or maintenance programme, available?			

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Other observations/recommendations *(use additional sheets if necessary)*:

Auditor's Name & Signature*: _____

Post Title: _____

Date: _____

*The Auditor should not be involved in the implementation of the WSP for the above-audited building.

Designated Person's Name & Signature: _____

Post Title: _____

Date: _____