

WATER OPERATIONS & MAINTENANCE SELF-AUDIT CHECKLIST

WATER LOSS MONITORING

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Conducts water audits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Identifies unaccountable water losses? |
| | | Loss percentage _____ |

Reduces distribution system loss and misuse:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Distribution system preventative maintenance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Replace / upgrade / install water meters? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure accurately account for consumption? |
| <input type="checkbox"/> | <input type="checkbox"/> | Implement a water conservation / education program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Identify assets and implement a replacement program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Track leaks, repairs, and inspections through (GIS)? |

VALVE EXERCISING

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has a valve exercise program been established? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a standard operating procedure (SOP) for valve exercising? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have specific goals been set for the number of valves (of all kinds) to be exercised in a week, month, and year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are measurements in place to verify exercise goals are met? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a capital improvement program for replacement of defective valves? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are valve activation directions standardized, or are valve turning directions (left and right-turn) adequately marked? |

HYDRANT MAINTENANCE & TESTING

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Annual inspection and testing of hydrants? |
| <input type="checkbox"/> | <input type="checkbox"/> | Develop procedures for opening/closing hydrants to minimize potential damage to distribution system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of test results? |
| <input type="checkbox"/> | <input type="checkbox"/> | Identify repair needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Identify closed system valves and heavily tuberculated mains? |

MAINTENANCE MANAGEMENT

Yes **No**
 Maintenance information systems?
Type? (maintenance records, SCADA, GIS and departmental system databases)

How information is collected: (i.e. 5x8 card, work order, direct computer input, etc.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Identifies information needed to be collected?
<input type="checkbox"/>	<input type="checkbox"/>	Type of discrepancy or failure?
<input type="checkbox"/>	<input type="checkbox"/>	Action taken?
<input type="checkbox"/>	<input type="checkbox"/>	Cause of failure?
<input type="checkbox"/>	<input type="checkbox"/>	Date reported?
<input type="checkbox"/>	<input type="checkbox"/>	Date completed?
<input type="checkbox"/>	<input type="checkbox"/>	Identifies assets to be maintained?
<input type="checkbox"/>	<input type="checkbox"/>	Treatment facilities/pump stations?
<input type="checkbox"/>	<input type="checkbox"/>	Distribution system?
<input type="checkbox"/>	<input type="checkbox"/>	Reservoir/tank sites?
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle/mobile equipment?
<input type="checkbox"/>	<input type="checkbox"/>	Organizational duplication prevented?
<input type="checkbox"/>	<input type="checkbox"/>	Internal work order flow procedures established?
<input type="checkbox"/>	<input type="checkbox"/>	Maintenance programs developed?
<input type="checkbox"/>	<input type="checkbox"/>	Treatment facilities / pump stations?
<input type="checkbox"/>	<input type="checkbox"/>	Distribution system?
<input type="checkbox"/>	<input type="checkbox"/>	Reservoir/ tank sites?
<input type="checkbox"/>	<input type="checkbox"/>	Vehicles and mobile equipment?
<input type="checkbox"/>	<input type="checkbox"/>	Obsolescence planning?