



CHECKLIST FOR DRINKING WATER PROJECT :

SAFETY INSPECTION CHECKLIST FOR DRINKING WATER FACILITY

Date: Time: Location: Inspected by:

Sr. No	Items to be Checked	Status		Corrective Action	Responsible Person	Target Date
		Acceptable	Not Acceptable			
1	Proper Foundation & Flooring.					
2	Water drainage					
3	Water Leak if any.					
4	Are water taps being closed properly?					
5	Water Tank covered/Locked					
6	Periodical cleaning of water Tank.					
7	Periodical cleaning of water Tank.					
8	Is Water quality accepted?					
9	Is Water analysis report available?					
10	Is there any chance for mix up?					
11	Are proper signs available? (Drinking water only, Save water etc.).					
12	Others (if any).					

Remarks:

P&A Manager
Name & Sign.

HSE Officer

Cc: Site Project Manager/Construction Manager