## Checklist on Flushing Water Tank Cleansing

## and Plumbing Inspection

*(This form can be used for more than one building)*

#### Name of Building(s) inspected

#### Source of Flushing Supply (Please indicate the flushing water supply source by checking ONE of the boxes listed below):

□ Sea (Salt) water supplied by the Water Authority

□ Temporary mains fresh water for flushing supplied by the Water Authority

□ Sea (Salt) water supplied by own private source

□ Well water supplied by own private source

□ Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Cleansing of Flushing Water Tanks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of building(s)** | **Date of last 2 inspections** | | **No. of flushing water tanks cleansed** | **Name of person / agent cleansing the flushing water tanks** |
| **Date 1** | **Date 2** |
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Please attach documentary support on the frequency of cleansing with dates. (e.g. copies of signed completion certificates or confined space – Permit-to-Work Certificates, which show the locations and dates of cleansing and signatures of competent persons).

Any notification served to the affected consumers? Yes / No\*

Any complaint caused by cleansing? Yes / No\*

If yes, actions taken to handle complaints:

Actions taken to prevent future complaints:

##### D. Inspection of Plumbing related to Flushing Water Supply[[1]](#footnote-1)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of building(s)** | **No. of flushing water tanks / pumps inspected** | | **Communal riser / downfeed**  **(✓ / 🗶)** | | **Date of last 3 inspections** | | |
| **tanks** | **pumps** | **riser** | **downfeed** | **Date 1** | **Date 2** | **Date 3** |
|  |  |  |  |  |  |  |  |
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Total no. of inspections in the past 12 months:

Name of Licensed Plumber / Building Services Engineer[[2]](#footnote-2)\*\* / Building Surveyor\*\* employed for inspection:

(Plumber’s licence / Membership no., if applicable)

Documentary support for the inspection results shall be submitted in the format as shown on Table 1 of page 3.

*\* please delete whichever not applicable.*

**Table 1: Inspection Results (use additional pages if necessary)**

Date(s) of inspection: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Component** | **Action** | **Findings (✓ / 🗶)** | | | **Follow up actions**  **to be taken** |
| --- | --- | --- | --- | --- | --- |
| **Name(s) of building(s)** | | |
|  |  |  |  |
| Flushing water pipe (from connection point, communal riser to communal downfeed) | Is there any leakage? |  |  |  |  |
| Is there any serious corrosion to cause discolouration? |  |  |  |  |
| Pump | Is the pump(s) functioning properly? |  |  |  |  |
| Is there any sign of corrosion? |  |  |  |  |
| Filter if installed | Is it installed for supply from a flushing water tank? |  |  |  |  |
| Is it maintained with replacement of filter cartridge in accordance to the instruction given by the supplier? |  |  |  |  |
| Flushing water tanks | Is the flushing water dirty? |  |  |  |  |
| Are the tanks dirty? |  |  |  |  |
| Is there any cross connection between the flushing water tank and the fresh / fire service water tank? |  |  |  |  |
| Are the metallic components susceptible to corrosion? |  |  |  |  |
| Is there any sign of corrosion? |  |  |  |  |
| Are the overflow and warning pipes functioning and free from obstructions? |  |  |  |  |
| Are the access manholes provided with raised necks? |  |  |  |  |
| Are the access manhole covers sealed and locked? |  |  |  |  |
| Y-Strainer/ Strainer (s) if installed | Are the strainers functioning properly? |  |  |  |  |
| Is there any damage or leakage found at the strainers? |  |  |  |  |
| If considered necessary, clean the strainers in accordance with the procedures given by the suppliers. |  |  |  |  |

**Inspected by:**  (Plumber’s Licence / Membership no., if applicable)

1. Alternatively, the applicant may select to provide the following information/document that indicate the buildings under application are administered by a robust maintenance system (instead of filling in Part D and Table 1 of this form and submitting the document under item 3 of Part E of Form C) for WSD’s consideration:

   the names of the cluster of buildings under application;

   the composition and strength of the responsible maintenance team with adequate in-house qualified professionals and technical staff responsible for the concerned buildings;

   a copy of the maintenance contract;

   the mechanism in handling routine tasks and emergencies; and

   the relevant performance pledge/targets with respective statistics in the previous 12 months from the submission date of application [↑](#footnote-ref-1)
2. \*\* Submission of proof of relevant qualifications is required. [↑](#footnote-ref-2)