Checklist on Flushing Water Tank Cleansing and Plumbing Inspection

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

Source of Flushing Supply ((Please indica	ate the flush	ing water supp	ly source by checkir	
ONE of the boxes listed bel	ow):				
Sea (Salt) water supplie	d by the Wate	er Authority			
☐ Temporary mains fresh	water for flus	shing supplie	d by the Water	Authority	
Sea (Salt) water supplie	d by own priv	vate source			
☐ Well water supplied by	own private s	ource			
Others, please specify:					
G1					
Cleansing of Flushing Water	er Tanks				
Name of building(s)	Date of last 2 inspections		No. of	Name of person / agent cleansing the	
			flushing		
	Date 1	Date 2	water tanks cleansed	flushing water tanks	
			Cicarisca	· · · · · · · · · · · · · · · · · · ·	
Please attach documentary	support on th	ne frequency	of cleansing w	rith dates. (e.g. copie	
signed completion certifica	tes or confine	ed space – P	ermit-to-Work	Certificates, which s	
the locations and dates of cl	leansing and s	signatures of	competent pers	ons).	
Any notification served to the	ne affected co	nsumers?	Yes / No*		
Any complaint caused by cl	eansing? Ye	es / No*			
If yes, actions taken to hand	le complaints	:			
	-				

D. Inspection of Plumbing related to Flushing Water Supply¹

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

Total no. of inspections in the pas	st 12 months:
Name of Licensed Plumber / Buil	lding Services Engineer** / Building Surveyor** employed for
inspection:	
	(Plumber's licence / Membership no., if applicable)
Documentary support for the ins	pection results shall be submitted in the format as shown on
Table 1 of page 3.	

^{*} please delete whichever not applicable.

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

^{**} Submission of proof of relevant qualifications is required.

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

Date(s) of inspection:

		Findings (✓ / ≭)	Follow up
Component	Action	Name(s) of building(s)	actions to be taken
Flushing water	Is there any leakage?		
pipe (from connection point, communal riser to communal downfeed)	Is there any serious corrosion to cause discolouration?		
,	Is the pump(s) functioning properly?		
Pump	Is there any sign of corrosion?		
	Is it installed for supply from a flushing water tank?		
Filter if installed	Is it maintained with replacement of filter cartridge in accordance to the instruction given by the supplier? 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?		
Flushing water tanks	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		
Y-Strainer/ Strainer (s) if	sealed and locked? Are the strainers functioning properly?		
installed	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.		

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Inspected by:	Plumber's Licence / Membership no.	<u>, if applicable)</u>