**Internal/External Audit** (cross out if inappropriate)

| **No.** | **Item to be examined** | **✓ / 🗶 / NA** | **Documents/Records/ Components inspected** | **Remarks** |
| --- | --- | --- | --- | --- |
| 1 | Is the implementing WSP up to date? |  |  |  |
| 2 | Has a designated person been assigned to be responsible for the WSP? |  |  |  |
| 3 | Are general descriptions of the building available in the WSP? |  |  |  |
| 4 | Are types of water supply specified in the WSP? |  |  |  |
| 5 | Are records of water quality testing available? |  |  |  |
| 6 | Have water quality tests been conducted as specified in the WSP? |  |  |  |
| 7 | Are records of previous audits available? |  |  |  |
| 8 | Have audits been undertaken at least once every two years? |  |  |  |
| 9 | Have findings of previous audits been appropriately followed up? |  |  |  |
| 10 | Are records of previous WSP reviews available? |  |  |  |
| 11 | Have WSP reviews been conducted at least once every two years? |  |  |  |
| 12 | Is the plumbing system of the building described in WSP, e.g. schematic water supply flow diagrams? |  |  |  |
| 13 | Is the aforementioned description up to date and accurate? |  |  |  |
| 14 | Are all principal components of the plumbing system, e.g. water storage tanks, booster pumps etc., included in the aforementioned description with reference to WSD’s WSPB(Hospital) template? |  |  |  |
| 15 | Please inspect at least two plumbing components. Are the components in good conditions or as described in the records? |  |  |  |
| 16 | Have major hazards/hazardous events of the plumbing system been identified in the WSP with reference to WSD’s WSPB template? |  |  |  |
| 17 | Have the risks been systemically assessed in the WSP with reference to WSD’s WSPB template? |  |  |  |
| 18 | Have control measures for the risks been identified in the WSP? |  |  |  |
| 19 | Have monitoring procedures including targets been derived in the WSP? |  |  |  |
| 20 | Have building/facility management staff undertaken general checking as specified in the WSP? |  |  |  |
| 21 | Have water quality complaints from patients/staff been handled and documented? |  |  |  |
| 22 | Has training been provided to building/facility management staff to perform general checking? |  |  |  |
| 23 | Has cleansing of water storage tank(s) been done in accordance with the typical frequency in the WSP? |  |  |  |
| 24 | Have point-of-use devices, e.g. water filters, water dispensers, wall-mounted dispensers, been properly maintained? |  |  |  |
| 25 | Is heat exchanger/storage type water heater operated at 60oC or above?  |  |  |  |
| 26 | Is water temperature at hot water taps maintained to be at 55oC or above[[1]](#footnote-2)? |  |  |  |
| 27 | Is residual chlorine /disinfectant used detectable at cold water taps[[2]](#footnote-3)? |  |  |  |
| 28 | Have qualified persons been engaged to conduct checking as specified in the WSP? |  |  |  |
| 29 | Are the checking records appropriately completed and maintained? |  |  |  |
| 30 | Have appropriate corrective actions been undertaken timely if the checking targets were not met? |  |  |  |
| 31 | If abnormalities were observed during the checking or inspections, have these abnormalities been rectified or addressed timely? |  |  |  |
| 32 | Are appropriate supporting programmes, e.g. routine flushing or maintenance programme, available? |  |  |  |

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

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If water temperature is not measured, please check with the designated person the measure taken to control microbiological growth in internal hot water pipes. [↑](#footnote-ref-2)
2. If free residual chlorine is not measured, please check with the designated person the measure taken to control microbiological growth in internal cold water pipes. [↑](#footnote-ref-3)