

Drinking Water Safety Plan for Buildings Audit Checklist (Example for Hospitals)

Name of Hospital: _____

Audit ref.: _____

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?			

**Drinking Water Safety Plan for Buildings
Audit Checklist (Example for Hospitals)**

Name of Hospital: _____

Audit ref.: _____

No.	Item to be examined	✓ / ✗ / NA	Documents/Records/ Components inspected	Remarks
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?			

**Drinking Water Safety Plan for Buildings
Audit Checklist (Example for Hospitals)**

Name of Hospital: _____

Audit ref.: _____

No.	Item to be examined	✓ / ✗ / NA	Documents/Records/ Components inspected	Remarks
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?			

**Drinking Water Safety Plan for Buildings
Audit Checklist (Example for Hospitals)**

Name of Hospital: _____

Audit ref.: _____

No.	Item to be examined	✓ / ✗ / NA	Documents/Records/ Components inspected	Remarks
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?			

Drinking Water Safety Plan for Buildings Audit Checklist (Example for Hospitals)

Name of Hospital: _____

Audit ref.: _____

No.	Item to be examined	✓ / ✗ / NA	Documents/Records/ Components inspected	Remarks
25	Is heat exchanger/storage type water heater operated at 60°C or above?			
26	Is water temperature at hot water taps maintained to be at 55°C or above ¹ ?			
27	Is residual chlorine /disinfectant used detectable at cold water taps ² ?			
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?			

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.

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.

**Drinking Water Safety Plan for Buildings
Audit Checklist (Example for Hospitals)**

Name of Hospital: _____

Audit ref.: _____

No.	Item to be examined	✓ / ✗ / NA	Documents/Records/ Components inspected	Remarks
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?			

**Drinking Water Safety Plan for Buildings
Audit Checklist (Example for Hospitals)**

Name of Hospital: _____

Audit ref.: _____

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

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: _____