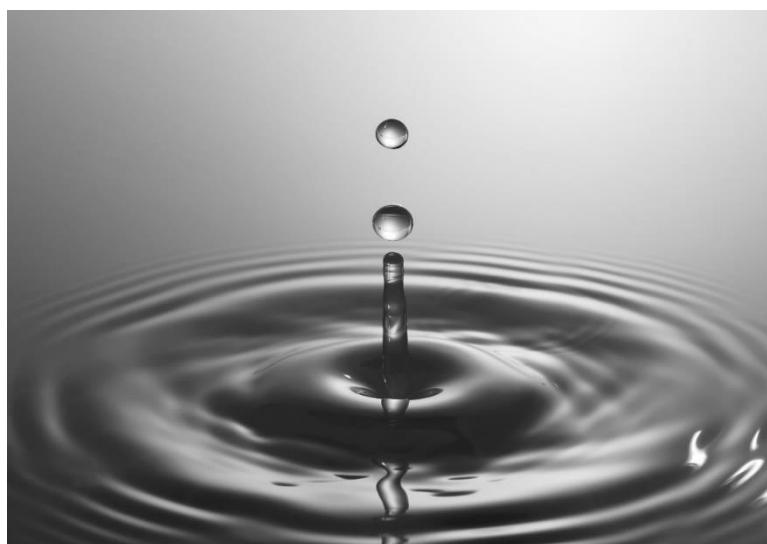


Drinking Water Safety & Security Plan

Community Drinking Water Safety & Security Plan (DWSSP)



Community Details	
Village Name	
Area/Province	
No of Households	
Village Population	
Village Contact Person	
Revision No:	Date:

Drinking Water Safety & Security Plan

Section 1 – Water Committee			
Name	Current Role in Water Committee / Community	Skills Available / Interest in the Water Supply	Contact Details (Address/Phone/E-mail)

Drinking Water Safety & Security Plan

Section 2 – Description of Current Supply

System Map/Flow Diagram

Please draw a map/flow diagram of the current water and waste system
If map is attached separately, please tick here ☐

Drinking Water Safety & Security Plan

Section 2 – Description of Current Supply

Existing Water Supply

Piped Supply <input type="checkbox"/> (River/Spring)	Rainwater Capture <input type="checkbox"/>		Groundwater <input type="checkbox"/>	Water Storage <input type="checkbox"/>	Water Distribution <input type="checkbox"/>
Measured Flow from Source (litres/min) 2A	No of Buildings Collecting 2C	Average Roof Area (m ²) 2D	Measured Flow (litres/min) 2F	Amount Available (litres) 2H	Number of Distribution Points
	Supply per year (litres per year) 2E = 2C x 2D x 0.7 x Av_Rainfall_per_year x 1000 0.7 is efficiency factor x 1000 to convert m ³ to litres				
Supply per day (litres/day) 2B = 2A x 1440 mins			Supply per day (litres/day) 2G = 2F x Minutes Used/Day		Measured Flow (litres/min)
Water Quality Result	Water Quality Result		Water Quality Result	Water Quality Result	Water Quality Result
<i>Uses of the system</i> Drinking <input type="checkbox"/> Food Preparation <input type="checkbox"/> Hand Washing <input type="checkbox"/> Bathing <input type="checkbox"/> Toilets <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>					
<i>Treatment Methods</i> Filtration <input type="checkbox"/> Chlorine <input type="checkbox"/> UV Light <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>					
Existing Waste System					
Number of Rubbish Pits					
Type of Toilets				Number of Each Type	
VIP (pit and bush)					
Septic Tank					
Pour-Flush					
Other (Please list)					

Drinking Water Safety & Security Plan

Section 3A –Assessment (Water Access/Availability)

Water Availability

Number of People in Community 3A	Estimated Daily Usage (litres per day) [3B = 3A* N litres/day] 3B (Select value for N)	Storage Required (litres) [3C = 3B] 3C	Estimated Usage by Population per year (litres per year) [3D = 3A*N l/day *365] 3D

Water Quantity – Piped Supply System or Groundwater Source

Is the supply in **2B/2G** enough to meet demand **3B**? Yes ☐ No ☐

If NO, look to improve the system design to increase flow (Please tick) ☐

Is this source available at all times during the year? Yes ☐ No ☐

If NO, develop/strengthen Additional Water Source/s (Please tick) ☐

Water Quantity – Rainwater Capture (**ONLY ANSWER IF RWC IS ONLY WATER SOURCE**)

Is the supply in **2E** enough to meet demand **3D**? Yes ☐ No ☐

If NO, develop Additional Water Source/s (Please tick) ☐

Water Storage – Piped Supply System

Is the current storage **2H** enough to meet the required storage amount **3C**?

Yes ☐ No ☐ **(If NO, add More Storage)**

How much extra Storage is required? litres

Number of tanks required $\left[\frac{\text{Storage Required}}{5000 \text{ OR } 10000} \right]$ tanks

Water Quantity – Distribution Points

Are flow rates **more** than 6 litres/min at the tapstand/s? Yes ☐ No ☐

If NO, look to improve the system design to increase distribution flow (Please tick) ☐

REMEMBER: Doing this can change pressures and flows in the system. It is important to get some technical assistance when planning to change flows in the distribution system.

Water Access (Only Upgrade if enough water is supplied by the system)

Water Access

Do more than 5 households share 1 distribution point? Yes ☐ No ☐

Are any distribution points more than 200m away (2-3mins walk)? Yes ☐ No ☐

If YES to either question, then you need extra distribution points (Please Tick) ☐

REMEMBER: Doing this can change pressures and flows in the system. It is important to get some technical assistance when planning to increase the distribution system.

How many extra points are required? **PLEASE MARK ON COMMUNITY MAP**

Drinking Water Safety & Security Plan

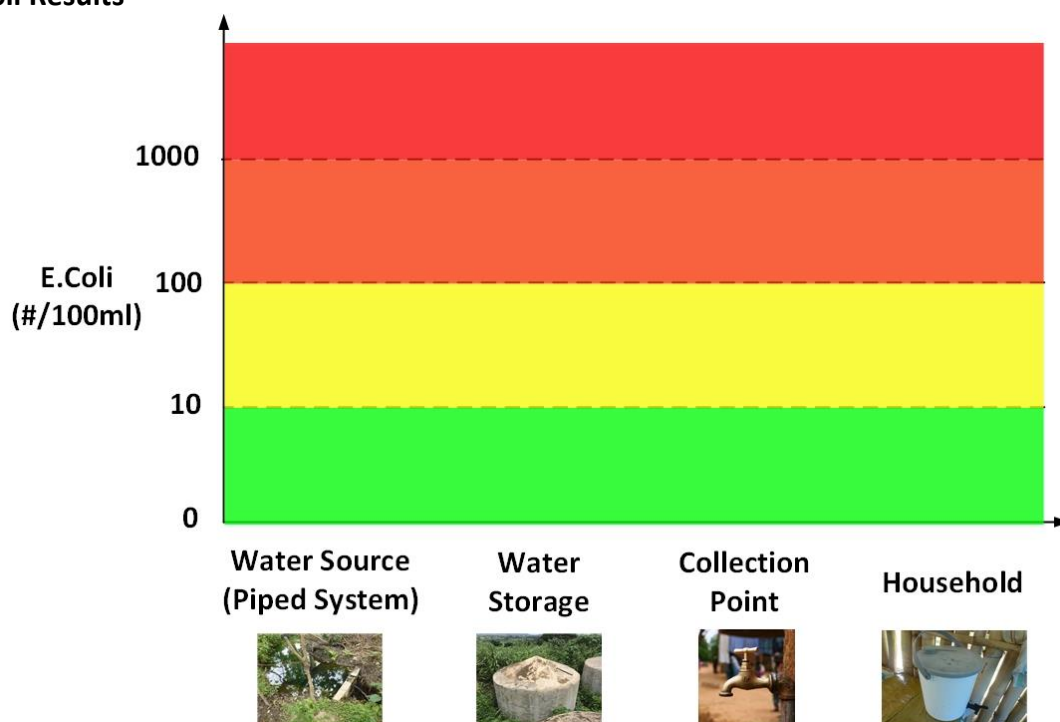
Community Drought Risk and Preparedness			
Risk Factors	Mitigation Measures	Risk	Improvements
Significant dry periods >3months <input type="checkbox"/> Variation in source water level/s <input type="checkbox"/> Significant leaks in system <input type="checkbox"/> Other (Please list)	High storage capacity <input type="checkbox"/> Multiple water sources <input type="checkbox"/> Water resource management (WRM) undertaken <input type="checkbox"/> HWTS prepared <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> (Action Needed Now) Medium <input type="checkbox"/> (Upgrades Needed) Low <input type="checkbox"/> (No Action Required)	Fix/optimize system <input type="checkbox"/> Increase storage <input type="checkbox"/> Develop additional source <input type="checkbox"/> Implement WRM <input type="checkbox"/> Prepare HWTS <input type="checkbox"/> Other (Please list)
Community Flood Risk and Preparedness			
Risk Factors	Mitigation Measures	Risk	Improvements
Significant periods of heavy rain causing unusable dirty river, spring or well water <input type="checkbox"/> Damage to intake, pipes, tanks <input type="checkbox"/> Other (Please list)	High storage capacity <input type="checkbox"/> Multiple water sources <input type="checkbox"/> Good spring or well-head protection <input type="checkbox"/> Water resource management (WRM) undertaken <input type="checkbox"/> HWTS prepared <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> (Action Needed Now) Medium <input type="checkbox"/> (Upgrades Needed) Low <input type="checkbox"/> (No Action Required)	Fix/optimize system <input type="checkbox"/> Increase storage <input type="checkbox"/> Develop additional source <input type="checkbox"/> Implement WRM <input type="checkbox"/> Prepare HWTS <input type="checkbox"/> Other (Please list)

Drinking Water Safety & Security Plan

Section 3B – Assessment (Water Safety)

Water Quality Results

E.Coli Results



Turbidity Results

Turbidity
(NTU)



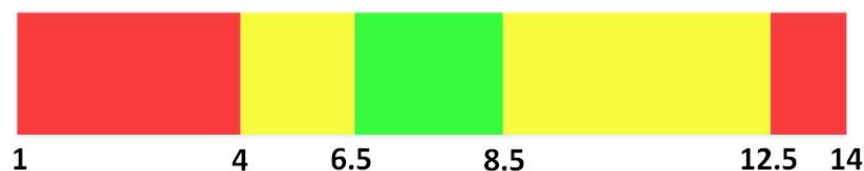
Conductivity Results

Conductivity
($\mu\text{s}/\text{cm}$)



pH Results

pH
(no units)



Drinking Water Safety & Security Plan

Water Safety Plan – Risk Assessment				
Water Source – Surface Water Source		Do you use a Surface Water Source? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Human houses upstream <input type="checkbox"/>			Establish a water protection zone <input type="checkbox"/>
	Farm animals nearby/upstream <input type="checkbox"/>	Fencing around source <input type="checkbox"/>	High <input type="checkbox"/>	Build Fence <input type="checkbox"/>
	Crop farming nearby/upstream <input type="checkbox"/>	Intake screen present <input type="checkbox"/>	(Action Needed Now)	Install screen <input type="checkbox"/>
	Toilet within 30m <input type="checkbox"/>	Gravel or Sand Filter <input type="checkbox"/>	Medium <input type="checkbox"/>	Install Filter <input type="checkbox"/>
	Other (Please list)	Established water protection zone <input type="checkbox"/>	(Upgrades Needed)	Move Source <input type="checkbox"/>
		Other (Please list)	Low <input type="checkbox"/>	Move Toilet <input type="checkbox"/>
			(No Action Required)	Other or Temporary Improvements (Please list)
Chemicals in Water	Use of pesticides in area <input type="checkbox"/>	Gravel or Sand Filter <input type="checkbox"/>		Establish a water protection zone <input type="checkbox"/>
	Waste water discharge in area <input type="checkbox"/>	Established water protection zone <input type="checkbox"/>	High <input type="checkbox"/>	Install Filter <input type="checkbox"/>
	Algae present at source <input type="checkbox"/>	Other (Please list)	Medium <input type="checkbox"/>	Move Source <input type="checkbox"/>
	Other (Please list)		Low <input type="checkbox"/>	Other or Temporary Improvements (Please list)

Drinking Water Safety & Security Plan

<p>Bad Colour or Taste</p>	<p>Soil Erosion at source <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p>Gravel or Sand Filter <input type="checkbox"/></p> <p>Storage and settlement tanks <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p><i>High</i> <input type="checkbox"/></p> <p><i>Medium</i> <input type="checkbox"/></p> <p><i>Low</i> <input type="checkbox"/></p>	<p>Install Filter <input type="checkbox"/></p> <p>Install Storage <input type="checkbox"/></p> <p><i>Other or Temporary Improvements (Please list)</i></p>
<p>Bad Flow or Pressure</p>	<p>High pressure in taps <input type="checkbox"/></p> <p>Significant leaks in pipes <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p>Minimum Head Device <input type="checkbox"/></p> <p>Pressure Box <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p><i>High</i> <input type="checkbox"/></p> <p><i>Medium</i> <input type="checkbox"/></p> <p><i>Low</i> <input type="checkbox"/></p>	<p>Install Head Device <input type="checkbox"/></p> <p>Install Pressure Box <input type="checkbox"/></p> <p><i>Other or Temporary Improvements (Please list)</i></p>

Drinking Water Safety & Security Plan

Water Source – Spring Source		Do you use a Spring Source? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Animals can access source <input type="checkbox"/> Spring box/cover is dirty <input type="checkbox"/> Silt/soil/dirt near source <input type="checkbox"/> Surface water can flow into spring water <input type="checkbox"/> Toilet within 30m <input type="checkbox"/> Other (Please list)	Spring box and cover <input type="checkbox"/> Fencing around source <input type="checkbox"/> Air vent (Clean) <input type="checkbox"/> Diversion ditch <input type="checkbox"/> Established water protection zone <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> (Action Needed Now) Medium <input type="checkbox"/> (Upgrades Needed) Low <input type="checkbox"/> (No Action Required)	Establish a water protection zone <input type="checkbox"/> Build Fence <input type="checkbox"/> Build spring box <input type="checkbox"/> Install/Clean cover, vent <input type="checkbox"/> Dig diversion ditch <input type="checkbox"/> Move Toilet <input type="checkbox"/> Other or Temporary Improvements (Please list)
Chemicals in Water	Use of pesticides in area <input type="checkbox"/> Waste water discharge in area <input type="checkbox"/> Algae present at source <input type="checkbox"/> Other (Please list)	Gravel or Sand Filter <input type="checkbox"/> Established water protection zone <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Establish a water protection zone <input type="checkbox"/> Install Filter <input type="checkbox"/> Move Source <input type="checkbox"/> Other or Temporary Improvements (Please list)

Drinking Water Safety & Security Plan

<p>Bad Colour or Taste</p>	<p>Silt/soil/dirt near source <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p>Gravel or Sand Filter <input type="checkbox"/></p> <p>Storage and settlement tanks <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p><i>High</i> <input type="checkbox"/></p> <p><i>Medium</i> <input type="checkbox"/></p> <p><i>Low</i> <input type="checkbox"/></p>	<p>Install Filter <input type="checkbox"/></p> <p>Install Storage <input type="checkbox"/></p> <p><i>Other or Temporary Improvements (Please list)</i></p>
<p>Bad Flow or Pressure</p>	<p>High pressure in taps <input type="checkbox"/></p> <p>Significant leaks in pipes <input type="checkbox"/></p> <p>Overflow water at source <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p>Overflow pipe (clean) <input type="checkbox"/></p> <p>Pressure Box <input type="checkbox"/></p> <p><i>Other (Please list)</i></p>	<p><i>High</i> <input type="checkbox"/></p> <p><i>Medium</i> <input type="checkbox"/></p> <p><i>Low</i> <input type="checkbox"/></p>	<p>Install Head Device <input type="checkbox"/></p> <p>Install Pressure Box <input type="checkbox"/></p> <p><i>Other or Temporary Improvements (Please list)</i></p>

Drinking Water Safety & Security Plan

Water Source – Rainwater Capture			Do you use a Rainwater Capture? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Roof is dirty <input type="checkbox"/>	Tank cover in place <input type="checkbox"/> Tank inlet has mesh/sieve <input type="checkbox"/> First flush filter <input type="checkbox"/> <i>Other (Please list)</i>	High <input type="checkbox"/> (Action Needed Now) Medium <input type="checkbox"/> (Upgrades Needed) Low <input type="checkbox"/> (No Action Required)	Nº
	Gutters are dirty <input type="checkbox"/>			Clean roof/gutters <input type="checkbox"/>
	Open access to tank <input type="checkbox"/>			Install covers on tank <input type="checkbox"/>
	Tank is cracked <input type="checkbox"/>			Install inlet mesh/sieve <input type="checkbox"/>
	Tap is leaking <input type="checkbox"/>			Install first flush filter <input type="checkbox"/>
	Water collection area is dirty / standing water <input type="checkbox"/>			Repair cracks <input type="checkbox"/>
	Pollution (e.g. trees, Excreta etc) near system <input type="checkbox"/>			Repair/replace tap <input type="checkbox"/>
	Collection bucket dirty <input type="checkbox"/>			Add drainage/clean collection area <input type="checkbox"/>
	<i>Other (Please list)</i>			Remove pollution <input type="checkbox"/>
			<i>Other or Temporary Improvements (Please list)</i>	
Chemicals in Water	Roof is corroded/rust <input type="checkbox"/>	First flush Filter <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Install Filter <input type="checkbox"/>
	<i>Other (Please list)</i>	<i>Other (Please list)</i>		Repair/replace/paint roof <input type="checkbox"/>
				<i>Other or Temporary Improvements (Please list)</i>

Drinking Water Safety & Security Plan

Water Source – Groundwater		Do you use a Groundwater Source? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Toilet within 10m of well <input type="checkbox"/>	Fence around well <input type="checkbox"/>	High <input type="checkbox"/> (Action Needed Now) Medium <input type="checkbox"/> (Upgrades Needed) Low <input type="checkbox"/> (No Action Required)	Establish a water protection zone <input type="checkbox"/>
	Toilets above well height <input type="checkbox"/>	Well is sealed to 3m depth <input type="checkbox"/>		Move toilets <input type="checkbox"/>
	Other pollution within 10m of well e.g. rubbish <input type="checkbox"/>	Drainage channel installed <input type="checkbox"/>		Build fence around well <input type="checkbox"/>
	Standing water within 2m of well <input type="checkbox"/>	Established water protection zone <input type="checkbox"/>		Repair/Install concrete <input type="checkbox"/>
	Broken drainage channel <input type="checkbox"/>	Other (Please list)		Line well to 3m depth <input type="checkbox"/>
	Surface water can enter From broken wall <input type="checkbox"/>			Repair well wall <input type="checkbox"/>
	Cracks in concrete wall <input type="checkbox"/>			Clean well area <input type="checkbox"/>
	Collection bucket dirty <input type="checkbox"/>			Remove pollution <input type="checkbox"/>
	Other (Please list)			Other or Temporary Improvements (Please list)
Chemicals in Water	Use of pesticides in area <input type="checkbox"/>	Water treatment system <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Establish a water protection zone <input type="checkbox"/>
	Waste water discharge in area <input type="checkbox"/>	Established water protection zone <input type="checkbox"/>		Install Treatment <input type="checkbox"/>
	Other (Please list)	Other (Please list)		Move Source <input type="checkbox"/>
				Other or Temporary Improvements (Please list)

Drinking Water Safety & Security Plan

Water Pump		Does your system have a water pump? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Toilet near pump <input type="checkbox"/>	Protective structure for pump <input type="checkbox"/>	High <input type="checkbox"/> (Action Needed Now)	Establish protection zone <input type="checkbox"/>
	Animals can access pump <input type="checkbox"/>	Fence around pump <input type="checkbox"/>		Clean pump and area <input type="checkbox"/>
	Pump is dirty <input type="checkbox"/>	Adequate drainage around pump <input type="checkbox"/>		Build protective structure <input type="checkbox"/>
	Surface water can access the pump <input type="checkbox"/>	Established protection zone <input type="checkbox"/>	Medium <input type="checkbox"/> (Upgrades Needed)	Build fence <input type="checkbox"/>
	Standing water in pump area <input type="checkbox"/>	Diversion ditch <input type="checkbox"/>	Low <input type="checkbox"/> (No Action Required)	Move toilet <input type="checkbox"/>
	Other (Please list)	Other (Please list)		Dig diversion ditch <input type="checkbox"/> Other or Temporary Improvements (Please list)
Chemicals in Water	Pipes are corroded <input type="checkbox"/>	Plastic piping (where appropriate) <input type="checkbox"/>	High <input type="checkbox"/>	Replace corroded pipe <input type="checkbox"/>
	Other (Please list)	Other (Please list)	Medium <input type="checkbox"/>	Other or Temporary Improvements (Please list)
			Low <input type="checkbox"/>	
Damaged Pump	Exposed location <input type="checkbox"/>	Protective structure for pump <input type="checkbox"/>	High <input type="checkbox"/>	Remove debris <input type="checkbox"/>
	Debris loose/overhanging <input type="checkbox"/>	Other (Please list)	Medium <input type="checkbox"/>	Build protective structure <input type="checkbox"/>
	Other (Please list)		Low <input type="checkbox"/>	Other or Temporary Improvements (Please list)

Drinking Water Safety & Security Plan

Water Storage – Storage Reservoir			Do you use Water Storage? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Open access to tank <input type="checkbox"/> Vents/screens are dirty <input type="checkbox"/> Tank is cracked <input type="checkbox"/> Pipes are leaking <input type="checkbox"/> Dirty inside tank <input type="checkbox"/> Other (Please list)	Tank cover in place <input type="checkbox"/> Tank inlet has mesh/sieve <input type="checkbox"/> Tank has air vent <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> (Action Needed Now) Medium <input type="checkbox"/> (Upgrades Needed) Low <input type="checkbox"/> (No Action Required)	Install covers on tank <input type="checkbox"/> Install inlet mesh/sieve <input type="checkbox"/> Install air vent <input type="checkbox"/> Repair cracks <input type="checkbox"/> Repair/replace pipes <input type="checkbox"/> Clean tank <input type="checkbox"/> Other or Temporary Improvements (Please list)
Chemicals in Water	Pipes are corroded <input type="checkbox"/> Other (Please list)	Treatment Filter <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Replace corroded pipe <input type="checkbox"/> Install Filter <input type="checkbox"/> Other or Temporary Improvements (Please list)
Bad Flow or Pressure	High pressure in taps <input type="checkbox"/> Low pressure in taps <input type="checkbox"/> Significant leaks in pipes <input type="checkbox"/> Other (Please list)	Overflow pipe (clean) <input type="checkbox"/> Float valve <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Install overflow pipe <input type="checkbox"/> Install float valve <input type="checkbox"/> Other or Temporary Improvements (Please list)

Drinking Water Safety & Security Plan

Water Distribution – Stand Pipes		Do you use a Stand Pipes? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Leaks in surrounding pipes <input type="checkbox"/> Animals access to area <input type="checkbox"/> Standing water in collection area <input type="checkbox"/> Rubbish/pollution near tap stand <input type="checkbox"/> Tap stand is cracked <input type="checkbox"/> Taps are leaking <input type="checkbox"/> Other (Please list)	Fence around stand pipe <input type="checkbox"/> Drainage area/channel <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> (Action Needed Now) Medium <input type="checkbox"/> (Upgrades Needed) Low <input type="checkbox"/> (No Action Required)	N° Build fence/s <input type="checkbox"/> Install drainage <input type="checkbox"/> Repair/replace pipe/s <input type="checkbox"/> Repair/replace pipe stand/s <input type="checkbox"/> Repair/replace tap/s <input type="checkbox"/> Clean collection area/s <input type="checkbox"/> Other or Temporary Improvements (Please list)
Chemicals in Water	Pipes are corroded <input type="checkbox"/> Other (Please list)	Plastic piping <input type="checkbox"/> Other (Please list)	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	N° Replace corroded pipe/s <input type="checkbox"/> Other or Temporary Improvements (Please list)

Drinking Water Safety & Security Plan

Water Consumers – Households			Was this assessed during the visit? (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hazard	Contamination Source (Tick if present)	Current Control Measures (Tick if present)	Risk	Improvements Required
Bacteria in Water	Non-covered storage <input type="checkbox"/> Containers are dirty <input type="checkbox"/> Household Rainwater <input type="checkbox"/> Dirty buckets for collection <input type="checkbox"/> <i>Other (Please list)</i>	HH Chlorine tablets <input type="checkbox"/> UV treatment <input type="checkbox"/> Boil water <input type="checkbox"/> Sealed storage containers <input type="checkbox"/> First Flush on Rainwater <input type="checkbox"/> <i>Other (Please list)</i>	<i>High</i> <input type="checkbox"/> (Action Needed Now) <i>Medium</i> <input type="checkbox"/> (Upgrades Needed) <i>Low</i> <input type="checkbox"/> (No Action Required)	Obtain sealed storage containers <input type="checkbox"/> Clean/disinfect storage Containers & buckets <input type="checkbox"/> Begin boiling water <input type="checkbox"/> Begin UV treatment <input type="checkbox"/> Install first flush <input type="checkbox"/> Obtain chlorine tablets <input type="checkbox"/> <i>Other or Temporary Improvements (Please list)</i>
Chemicals in Water	House pipes/storage is corroded <input type="checkbox"/> <i>Other (Please list)</i>	Treatment to remove chemicals <input type="checkbox"/> <i>Other (Please list)</i>	<i>High</i> <input type="checkbox"/> <i>Medium</i> <input type="checkbox"/> <i>Low</i> <input type="checkbox"/>	Replace corroded pipe <input type="checkbox"/> Install Treatment <input type="checkbox"/> <i>Other or Temporary Improvements (Please list)</i>

Drinking Water Safety & Security Plan

Section 3C – Assessment (Sanitation System)

Toilet Sanitary Survey Result

How many toilets need **replacing**?

How many toilets need **upgrading**?

Replace/Install New Toilets

Are you replacing or installing new toilets? (Please tick) Yes ☐ No ☐

Toilet Options (Please indicate the type and amount of toilets required)

VIP Toilet <input type="checkbox"/> Number Required	Pour Flush Toilet <input type="checkbox"/> Number Required	Septic Tank Toilet <input type="checkbox"/> Number Required Has soil permeability test been performed? Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---	---

Upgrade Existing Toilets

Do existing toilets require upgrading? (Please tick) Yes ☐ No ☐

What toilet type/s do you want to upgrade? (Please tick all relevant ones)

VIP Toilet ☐ Pour Flush Toilet ☐ Septic Tank Toilet ☐

VIP Toilet – Number requiring upgrade.....

Number requiring repairs to structure

Number requiring vent in super structure

Number requiring a vent with flywire

Number requiring upgrade of slab/riser

Number that would require lining of pit

Number requiring collection pit at adequate depth

Pour Flush Toilet – Number requiring upgrade.....

Number requiring repairs to structure

Number requiring venting in the super structure

Number requiring upgrade of slab/riser

Number of collection pits requiring a cover for access

Number of collection pits requiring a vent

Number that would require lining of pit

Septic Tank Toilet – Number requiring upgrade.....

Number requiring repairs to structure

Number requiring vents

Number with drainpipes requiring a vent

Number with drainpipes requiring inspection access

Number requiring a new septic tank

Number requiring a drainage trench

Drinking Water Safety & Security Plan

Section 4 – Improvement Plan					
Problem/Hazard	Improvement Required	Who	Timeframe	Cost	Status (Tick when complete)
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>

Drinking Water Safety & Security Plan

Problem/Hazard	Improvement Required	Who	Timeframe	Cost	Status (Tick when complete)
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>
					Implemented <input type="checkbox"/>

Drinking Water Safety & Security Plan

Section 5 – Community Management

Monitoring Schedule

System Component (Tick if present)	What?	How Often?	Who?
5A Primary Water Source <input type="checkbox"/> Type.....			
5B Secondary Water Source <input type="checkbox"/> Type.....			
5C Water Storage <input type="checkbox"/> Type.....			
5D Water Treatment <input type="checkbox"/> Type.....			
5E Water Distribution <input type="checkbox"/> Type.....			
5F Primary Toilet Type <input type="checkbox"/> Type.....			
5G Secondary Toilet Type <input type="checkbox"/> Type.....			

Drinking Water Safety & Security Plan

Maintenance – What actions are needed if something is broken?			
Activity	How Often?	Who?	What is needed?

Drinking Water Safety & Security Plan

Community Training – What do you need to teach the community?			
Activity	How Often?	Who?	What is needed?
Emergency – What will you do in an emergency?			
Activity	How Often?	Who?	What is needed?

Drinking Water Safety & Security Plan

Appendix 1

Water Quality Results

System Part	Position and Time	Temp (°C)	pH	TDS (mg/L)	Conductivity (µs/cm)	Turbidity (NTU)	Res Chlorine [if used] (mg/L)	E.Coli (#/100ml)	Total Coli (#/100ml)