

## 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

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

# 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 (River/Spring) <input type="checkbox"/>	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) <b>2A</b>	No of Buildings Collecting <b>2C</b>	Average Roof Area (m <sup>2</sup> ) <b>2D</b>	Measured Flow (litres/min) <b>2F</b>	Amount Available (litres) <b>2H</b>	Number of Distribution Points
	Supply per year (litres per year) <b>2E = 2C x 2D x 0.7 x Av_Rainfall_per_year x 1000</b> 0.7 is efficiency factor x 1000 to convert m <sup>3</sup> to litres				
Supply per day (litres/day) <b>2B = 2A x 1440 mins</b>			Supply per day (litres/day) <b>2G = 2F x Minutes Used/Day</b>		Measured Flow (litres/min)
Water Quality Result	Water Quality Result	Water Quality Result	Water Quality Result	Water Quality Result	Water Quality Result

#### Uses of the system

Drinking  Food Preparation  Hand Washing  Bathing  Toilets

Other (Please explain)  .....

#### Treatment Methods

Filtration  Chlorine  UV Light

Other (Please explain)  .....

### 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  <b>3A</b>	Estimated Daily Usage (litres per day) [3B = 3A * N litres/day] <b>3B (Select value for N)</b>	Storage Required (litres) [3C = 3B] <b>3C</b>	Estimated Usage by Population per year (litres per year) [3D = 3A * N l/day * 365] <b>3D</b>

*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

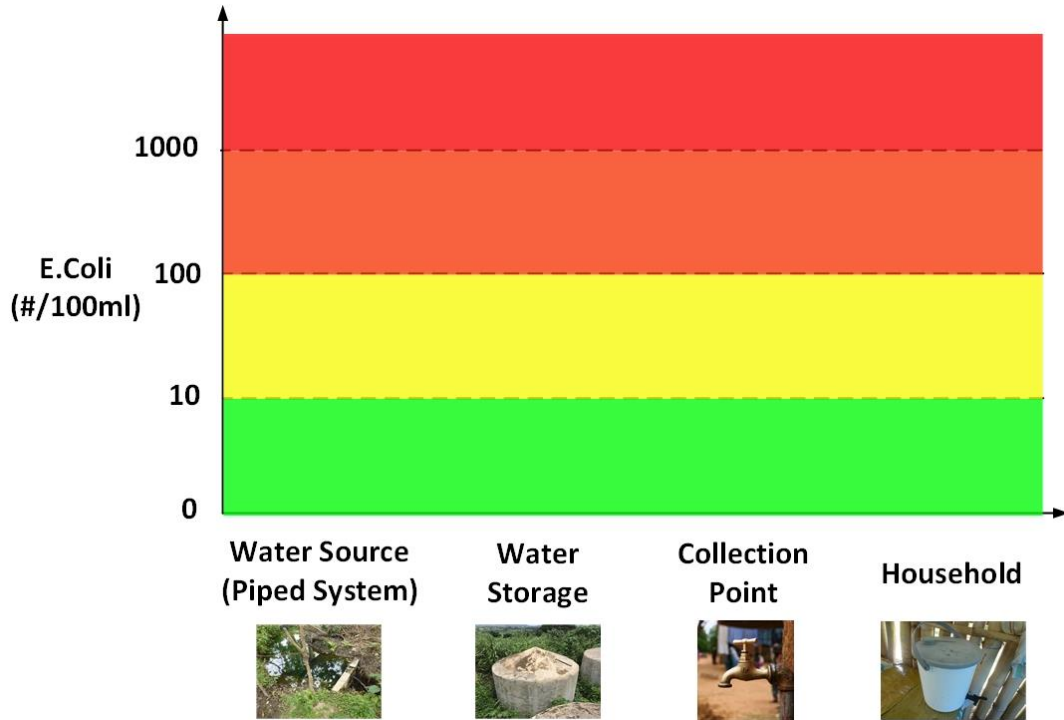
Community Drought Risk and Preparedness			
<i>Risk Factors</i>	<i>Mitigation Measures</i>	<i>Risk</i>	<i>Improvements</i>
Significant dry periods >3months <input type="checkbox"/> Variation in source water level/s <input type="checkbox"/> Significant leaks in system <input type="checkbox"/> Other (Please 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 (Action Needed Now) <input type="checkbox"/> Medium (Upgrades Needed) <input type="checkbox"/> Low (No Action Required) <input type="checkbox"/>	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			
<i>Risk Factors</i>	<i>Mitigation Measures</i>	<i>Risk</i>	<i>Improvements</i>
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 (Action Needed Now) <input type="checkbox"/> Medium (Upgrades Needed) <input type="checkbox"/> Low (No Action Required) <input type="checkbox"/>	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

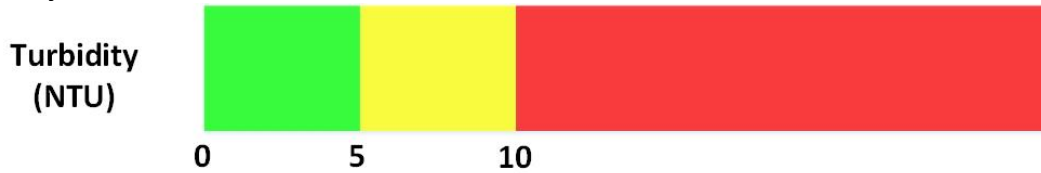
## Section 3B – Assessment (Water Safety)

### Water Quality Results

#### E.Coli Results



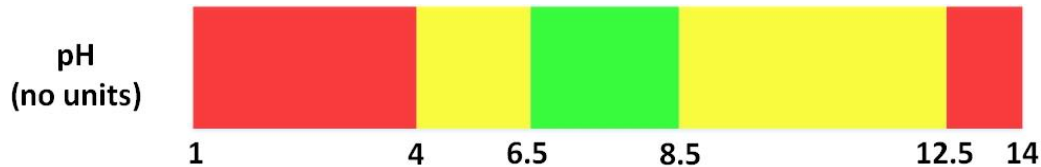
#### Turbidity Results



#### Conductivity Results



#### pH Results



# 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"/>		
<i>Hazard</i>	<i>Contamination Source (Tick if present)</i>	<i>Current Control Measures (Tick if present)</i>	<i>Risk</i>	<i>Improvements Required</i>
Bacteria in Water	Human houses upstream <input type="checkbox"/> Farm animals nearby/upstream <input type="checkbox"/> Crop farming nearby/upstream <input type="checkbox"/> Toilet within 30m <input type="checkbox"/> <i>Other (Please list)</i>	Fencing around source <input type="checkbox"/> Intake screen present <input type="checkbox"/> Gravel or Sand Filter <input type="checkbox"/> Established water protection zone <input type="checkbox"/> <i>Other (Please list)</i>	<i>High</i> <input type="checkbox"/> <b>(Action Needed Now)</b> <i>Medium</i> <input type="checkbox"/> (Upgrades Needed) <i>Low</i> <input type="checkbox"/> (No Action Required)	Establish a water protection zone <input type="checkbox"/> Build Fence <input type="checkbox"/> Install screen <input type="checkbox"/> Install Filter <input type="checkbox"/> Move Source <input type="checkbox"/> Move Toilet <input type="checkbox"/> <i>Other or Temporary Improvements (Please list)</i>
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"/> <i>Other (Please list)</i>	Gravel or Sand Filter <input type="checkbox"/> Established water protection zone <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"/>	Establish a water protection zone <input type="checkbox"/> Install Filter <input type="checkbox"/> Move Source <input type="checkbox"/> <i>Other or Temporary Improvements (Please list)</i>



# Drinking Water Safety & Security Plan

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

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Water Source – Spring Source		Do you use a Spring Source? (Please Tick)    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hazard	Contamination Source <i>(Tick if present)</i>	Current Control Measures <i>(Tick if present)</i>	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"/> <i>Other (Please list)</i>	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"/> <i>Other (Please list)</i>	High <input type="checkbox"/> <b>(Action Needed Now)</b> 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"/> <i>Other or Temporary Improvements (Please list)</i>
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"/> <i>Other (Please list)</i>	Gravel or Sand Filter <input type="checkbox"/> Established water protection zone <input type="checkbox"/> <i>Other (Please list)</i>	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"/> <i>Other or Temporary Improvements (Please list)</i>

# Drinking Water Safety & Security Plan

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

# 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"/>			N <sup>o</sup>
	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"/>	Tank cover in place <input type="checkbox"/>	<b>High</b> <input type="checkbox"/>	Install inlet mesh/sieve <input type="checkbox"/>
	Tap is leaking <input type="checkbox"/>	Tank inlet has mesh/sieve <input type="checkbox"/>	<b>(Action Needed Now)</b>	Install first flush filter <input type="checkbox"/>
	Water collection area is dirty / standing water <input type="checkbox"/>	First flush filter <input type="checkbox"/>	<b>Medium</b> <input type="checkbox"/>	Repair cracks <input type="checkbox"/>
	Pollution (e.g. trees, Excreta etc) near system <input type="checkbox"/>	<i>Other (Please list)</i>	(Upgrades Needed)	Repair/replace tap <input type="checkbox"/>
	Collection bucket dirty <input type="checkbox"/>		<b>Low</b> <input type="checkbox"/>	Add drainage/clean collection area <input type="checkbox"/>
	<i>Other (Please list)</i>		(No Action Required)	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"/>		Install Filter <input type="checkbox"/>
	<i>Other (Please list)</i>	<i>Other (Please list)</i>	<b>High</b> <input type="checkbox"/>	Repair/replace/paint roof <input type="checkbox"/>
			<b>Medium</b> <input type="checkbox"/>	<i>Other or Temporary Improvements (Please list)</i>
			<b>Low</b> <input type="checkbox"/>	

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

# Drinking Water Safety & Security Plan

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

# 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 <i>(Tick if present)</i>	Current Control Measures <i>(Tick if present)</i>	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"/> <i>Other (Please list)</i>	Tank cover in place <input type="checkbox"/> Tank inlet has mesh/sieve <input type="checkbox"/> Tank has air vent <input type="checkbox"/> <i>Other (Please list)</i>	High <input type="checkbox"/> <b>(Action Needed Now)</b> 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"/> <i>Other or Temporary Improvements (Please list)</i>
Chemicals in Water	Pipes are corroded <input type="checkbox"/> <i>Other (Please list)</i>	Treatment Filter <input type="checkbox"/> <i>Other (Please list)</i>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Replace corroded pipe <input type="checkbox"/> Install Filter <input type="checkbox"/> <i>Other or Temporary Improvements (Please list)</i>
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"/> <i>Other (Please list)</i>	Overflow pipe (clean) <input type="checkbox"/> Float valve <input type="checkbox"/> <i>Other (Please list)</i>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Install overflow pipe <input type="checkbox"/> Install float valve <input type="checkbox"/> <i>Other or Temporary Improvements (Please list)</i>

# 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"/> <i>Other (Please list)</i>	Fence around stand pipe <input type="checkbox"/> Drainage area/channel <input type="checkbox"/> <i>Other (Please list)</i>	High <input type="checkbox"/> <b>(Action Needed Now)</b> 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"/> <i>Other or Temporary Improvements (Please list)</i>
Chemicals in Water	Pipes are corroded <input type="checkbox"/> <i>Other (Please list)</i>	Plastic piping <input type="checkbox"/> <i>Other (Please list)</i>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	N° Replace corroded pipe/s <input type="checkbox"/> <i>Other or Temporary Improvements (Please list)</i>



# 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 <i>(Tick if present)</i>	Current Control Measures <i>(Tick if present)</i>	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>	High <input type="checkbox"/> <b>(Action Needed Now)</b>  Medium <input type="checkbox"/> (Upgrades Needed)  Low <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>	High <input type="checkbox"/>  Medium <input type="checkbox"/>  Low <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"/>
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### 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?
<b>5A Primary Water Source</b> <input type="checkbox"/> Type.....			
<b>5B Secondary Water Source</b> <input type="checkbox"/> Type.....			
<b>5C Water Storage</b> <input type="checkbox"/> Type.....			
<b>5D Water Treatment</b> <input type="checkbox"/> Type.....			
<b>5E Water Distribution</b> <input type="checkbox"/> Type.....			
<b>5F Primary Toilet Type</b> <input type="checkbox"/> Type.....			
<b>5G Secondary Toilet Type</b> <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?

<b>Emergency – What will you do in an emergency?</b>			
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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)