



Administration, Operation and Maintenance of a Water System Survey

Date: _____

Location: _____

Interviewer: _____

Participants:

Name	Title

Administrative Responsibility

Who is responsible? *(Check the correct one)*

Community	<input type="checkbox"/>	
Government	<input type="checkbox"/>	Who: _____
Private Company	<input type="checkbox"/>	Who: _____
Other: _____	<input type="checkbox"/>	

How long has the responsible party been in charge of the system? ____

How long has the interviewee held administrative responsibility? *(Check the correct one)*

< 2 years	2-4 years	+ 4 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water fees/charges:

Type of Connection	Fee	How long has this been the fee
New house connection		
Public tap stand		
Household water connection		

Payment delinquency rate: *(Check the correct one)*

<20%	20%-50%	+50%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the water committee have? *(Check the correct ones)*

	Yes	No
Registry of users	<input type="checkbox"/>	<input type="checkbox"/>
Meeting minutes book	<input type="checkbox"/>	<input type="checkbox"/>
Work log book	<input type="checkbox"/>	<input type="checkbox"/>
Inventory book	<input type="checkbox"/>	<input type="checkbox"/>
Accounting book	<input type="checkbox"/>	<input type="checkbox"/>
Construction plan/blueprint	<input type="checkbox"/>	<input type="checkbox"/>
Annual work plan	<input type="checkbox"/>	<input type="checkbox"/>
Annual budget	<input type="checkbox"/>	<input type="checkbox"/>
Redesign plan	<input type="checkbox"/>	<input type="checkbox"/>
Tools	<input type="checkbox"/>	<input type="checkbox"/>

Manuals		
Other		

Operation and Maintenance

Number of operators: _____

Who is responsible for performing operation and maintenance? _____

Who is responsible for supporting the operator? _____

Are there tools available (see tool and material inventory list)? *(Check the correct one)*

Yes	No

Are there sufficient tools? *(Check the correct one)*

Yes	No

Number of hours worked per week for system operator: *(Check the correct one)*

As required	<4 hours	4-10 hours	10-20 hours	+20 hours

Payment to the operator:

Frequency	
Amount	

Is there a work log? *(Check the correct one)*

Yes	No

Is the work log filled out? *(Check the correct one)*

Yes	No

How is the work log done? *(Check the correct one)*

Notebook	Oral report	Inspection	Other

How often is the work log filled out? *(Check the correct one)*

Monthly	Bi-monthly	Quarterly	Bi-annual	Annual	Other

Who is responsible for completing the work log regularly and accurately? *(Check the correct one)*

President of water committee	Member of water committee	Operator	Other

Jobs performed: *(Check the correct ones)*

	Yes	No	Monthly	Bi-monthly	Quarterly	Bi-annual	Annual	As needed
Disinfection of facilities								
Maintenance of facilities								
Repair of facilities								
Repair of pipes								
Sanitary inspection								
Other								

Has there been discontinued water service? *(Check the correct one)*

Yes	No

Service restrictions? *(Check the correct one)*

In all places	In some places

Date of last service interruption: _____

Reason for service interruption: *(Check the correct one)*

Maintenance	Repair	Problem with the water source	Other

Duration of last interruption: *(Check the correct one)*

Less than 4 hours	4 to 12 hours	1-2 days	More than 2 days

Did you make any preparations before the service interruption? *(Check the correct one)*

Yes	No	Told the users before	Other

Did you take any precautionary measures at the time of reinstalling the service? *(Check the correct one)*

Yes	No	System disinfection	Other

Frequency of system interruptions: *(Check the correct one)*

Monthly	Bi-monthly	Quarterly	Bi-annual	Annual	Other

Training for the Water Committee

Was training done? *(Check the correct one)*

Yes	No

Who participated in the training? *(Check the correct one)*

	Yes	No
President		
Secretary		
Treasurer		
Vocal		
Operator		
Community members		

Who was training done by? *(Check the correct one)*

Private company	Non-profit	Local government	Other

When? *(Check the correct one)*

Before system construction	During system construction	After system construction

Who was trained? *(Check the correct one)*

Operators	Water Committee	Large group	Total population

How long was the training? *(Check the correct one)*

Less than a day	1-2 days	2-5 days	1 week	More than 1 week

Topics covered during the training: *(Check the correct ones)*

	Training topics covered		Are they sufficient		Participants
	Yes	No	Yes	No	
System administration					
System operation					
System maintenance					
Hygiene					

Was training sufficient to handle all issues? *(Check the correct one)*

Yes	No

What training topics were missing?

General Observations:
