

Drinking Water Source Inspection Checklist

Date of Inspection:

Inspection Location / Water Source Name:

Inspector Name:

Responsible Personnel / Contact:

General Information

Item	Yes	No	N/A	Comments
Source is protected from contamination (animals, waste, run-off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Area around source is clean and free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fence or protective barrier is intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Access to source is controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Warning signs posted (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Water Quality Observations

Item	Yes	No	N/A	Comments
No visible oil, foam, or foreign material on water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No unusual color, odor, or taste observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No signs of algal growth or blooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Infrastructure Condition

Item	Yes	No	N/A	Comments
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Intake structure in good repair

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Protective covers or hatches present and secure

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No evidence of vandalism or damage

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Additional Notes

Inspector Signature:

Date:

Responsible Personnel Signature:

Date: