## Small Drinking Water System (SDWS) Self-Inspection Checklist

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| **SDWS Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Staff Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| Check the information below to ensure your SDWS meets the legal requirements: | Yes | No | N/A |
| [Notification and Designated Operator](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators#4bf593c7-949a-4765-9c2b-34cdb1eff7c9) | | | |
| I have notified the health unit, in writing, of the proposed date I intend to begin supplying water again after not providing water for 60 days or more (e.g., seasonal SDWS). |  |  |  |
| I notify the health unit whenever there are changes to my SDWS (e.g., installation, alteration, extension). |  |  |  |
| I have designated a trained operator to carry out routine maintenance, operational checks and monitoring for my system. |  |  |  |
| I have completed the Laboratory Services Notification (LSN) Form and sent it to the local public health unit. |  |  |  |
| [Maintenance and Operation](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators#6227314c-869e-4f96-8494-10e88f19bf8b) | | | |
| I maintain all equipment in proper working order. |  |  |  |
| I maintain the system and equipment in a safe and sanitary condition. |  |  |  |
| I ensure my system provides water that is free from total coliform and *E. coli.* |  |  |  |
| I ensure the well and reservoir are constructed and maintained to protect the water from contamination. |  |  |  |
| [Sampling and Testing](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators" \l "8df5d9df-5098-4615-9a39-2787f71fc0ac) | | | |
| I take drinking water samples at the frequency outlined in my site-specific directive. |  |  |  |
| I collect drinking water samples from a point that is representative of the water being delivered to users. |  |  |  |
| I submit samples to a licensed laboratory for testing. |  |  |  |
| I monitor and record free available chlorine residual at the same time I collect water samples for bacteriological testing (if required for my system). |  |  |  |
| I monitor for turbidity (NTU) using a turbidity meter (if required for my system). |  |  |  |
| [Records](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators#879f368d-40e7-4274-a80f-d2ceb3ae0076) and [Signs](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators#8370bbfa-f0cf-4459-a57f-24f2ec4384f5) | | | |
| I keep water treatment equipment maintenance records for 5 years or for as long as the treatment equipment is in use. |  |  |  |
| I make the documents below available free-of-charge during normal business hours at a location accessible to the public:   * Test results * Directives and orders for my system * A copy of [O. Reg. 319/08](https://www.ontario.ca/laws/regulation/080319#top) |  |  |  |
| I keep these documents for a minimum of 5 years. |  |  |  |
| I post warning signs at all at service connections, taps or other water delivery devices warning the public not to drink the water (if required for my system). |  |  |  |
| [Treatment](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators#071b55fb-fafc-4ad7-a077-9ad94deeec7a) | | | |
| I operate and maintain water treatment equipment according to manufacturer's instructions. |  |  |  |
| I keep written operating instructions and manuals near water treatment equipment. |  |  |  |
| I maintain replacement parts for equipment that requires periodic replacement. |  |  |  |
| I ensure water treatment equipment is in operation while water is being supplied. |  |  |  |
| I ensure the free chlorine residual is never less than 0.05 milligrams per litre in my distribution system. |  |  |  |
| I store and handle chemical supplies and other necessary materials in a safe and secure manner. |  |  |  |
| I provide disinfection equipment that has a built-in fail-safe design that stops the delivery of water to users if disinfection is not performing to standard (if required for my system). |  |  |  |
| [Reporting and Corrective Actions](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators#7dfae290-23f2-4b06-8597-0647c1e8ec18) | | | |
| I report immediately adverse test results (e.g., low [chlorine residual](https://www.ontario.ca/page/providing-safe-drinking-water-public-guide-owners-and-operators-non-residential-and-seasonal#Chlorineresidual), UV issues and other problems related to improper disinfection) to the health unit and take corrective action. |  |  |  |
| I ensure corrective action is taken in accordance with [*O. Reg 319*](https://www.ontario.ca/laws/regulation/080319) and the directions provided by the local public health unit. |  |  |  |
| I provide written notice of an adverse water quality incident within 24 hours of the verbal report. |  |  |  |
| I provide written notice that the adverse water quality incident is resolved within 7 days after the issue is resolved. |  |  |  |
| Notes: | | | |
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**Resources**

[Ontario Regulation 319/08: Small Drinking Water Systems](https://www.ontario.ca/laws/regulation/080319)

[SMDHU Website for Small Drinking Water System Owners and Operators](https://www.simcoemuskokahealth.org/HealthUnit/Workplaces/Businesses/DrinkWaterOperators#_)