

## APPENDIX

### Checklist for Inspection of Sanitary Conditions of Drinking Water Supply in Schools

School no.....School name.....Location.....

List of observations	Point no.....	Point no.....
1. Type of water source	<input type="radio"/> Tap water <input type="radio"/> Underground water <input type="radio"/> Rain water	<input type="radio"/> Tap water <input type="radio"/> Underground water <input type="radio"/> Rain water
2. Type of drinking water dispenser	<input type="radio"/> Water cooler tank <input type="radio"/> Multiple-faucet basin <input type="radio"/> No container, water dispensed directly form tap or filter	<input type="radio"/> Water cooler tank <input type="radio"/> Multiple-faucet basin <input type="radio"/> No container, water dispensed directly form tap or filter
3. Surrounding area of water dispenser	<input type="radio"/> Clean <input type="radio"/> Dirty <input type="radio"/> Dirty and wet	<input type="radio"/> Clean <input type="radio"/> Dirty <input type="radio"/> Dirty and wet
4. Is water filter used?	<input type="radio"/> Yes, <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Appearance of the water filter	<input type="radio"/> New <input type="radio"/> Old and rusty <input type="radio"/> Old but not rusty Date of installation .....	<input type="radio"/> New <input type="radio"/> Old and rusty <input type="radio"/> Old but not rusty Date of installation.....
6. How long is the water filter used after installation?	<input type="radio"/> Less than 1 year <input type="radio"/> 1 - 3 years <input type="radio"/> 3 – 5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than 1 year <input type="radio"/> 1 - 3 years <input type="radio"/> 3 – 5 years <input type="radio"/> More than 5 years
7. If water cooler tank is used, how often is it cleaned?	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> quarterly <input type="radio"/> Half year <input type="radio"/> Once a year <input type="radio"/> Never Last cleaning / investigation (Date).....	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> quarterly <input type="radio"/> Half year <input type="radio"/> Once a year <input type="radio"/> Never Last cleaning / investigation (Date).....
8. Has the drinking water quality previously been examined?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. Is(Are) there person(s) responsible for cleaning the water tank(s)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Inspector..... Date of inspection.....