

# EXAMPLE

## Checklist when testing drinking water systems

### TO BE FILLED IN BY LIVESTOCK BREEDER / VETERINARIAN

**Veterinary practice:** .....

Veterinary practice contact: .....

Name of livestock breeder: .....

Address: .....

City: .....

Type of farm: .....

Number of animals: .....

Sections: .....

Number per section: .....

Stables per section: .....

**Water usage** Tap water / well water \*

**Purification systems**

Deferrization installation yes / no\*

Softening installation yes / no\*

Reverse osmosis yes / no\*

**Sampling** Date of sampling: .....(dd/mm/yy)

Take three samples of the drinking water.

Locations	Tests	Performed
Source	Chemical and bacteriological	Yes / no*
Float tank/piping*	Bacteriological	Yes / no*
Drinking station	Bacteriological	Yes / no*

### Inventory of drinking water supplements

- ..... - .....

- ..... - .....

- ..... - .....

- ..... - .....

### Manner of cleaning

Cleaning agent: ..... Concentration: .....

Time needed for cleaning agent to work: .....

Cleaning frequency: .....

### Drinking water system

Float tanks or break tanks yes / no\* open / closed\*

accessibility: ++ / + / ± / - / -- \*

hygiene: ++ / + / ± / - / -- \*

Connections to float tanks Extend out into float tank yes / no\*

Bends and sags Unnecessary bends yes / no\*

Sagging piping yes / no\*

\* circle that which applies

Piping material*		
Main piping	Iron or galvanised iron / PVC / Polyethylene / Stainless steel	
Piping in the section	Iron or galvanised iron / PVC / Polyethylene / Stainless steel	
Piping to which the animals have access	Iron or galvanised iron / PVC / Polyethylene / Stainless steel	
<b>Plastic piping attached to steel pipe</b>		yes / no*
<b>Drinking water pipes in the vicinity of heating pipe</b>		yes / no*
<b>Dead-end piping</b>		yes / no*
	Terminated with plug or drain tap	yes / no*
<b>Couplings</b>	iron	yes / no*
	Excess glue	yes / no*
<b>Piping diameter</b>	Unnecessarily large piping diameter	yes / no*
<b>Watering stations</b>	Water spillage	++ / + / ± / - / --
Water flow nipples/drinking troughs in ml/min:		
1st nipple	.....	6 .....
2nd nipple	.....	7 .....
3rd nipple	.....	8 .....
4	.....	9 .....
5	.....	10 .....
Hygiene at watering stations		++ / + / ± / - / -- *
	Possible to excrete into station	yes / no*
<b>Dosing equipment</b>		yes / no*
	Mechanical / electric*	

\* circle that which applies

**TO BE FILLED IN BY VETERINARIAN**

Assess abnormal water testing results based on the following criteria:

Location:	Criteria:	Result:
.....	.....	.....
.....	.....	.....

Cause of the problem:

.....

.....

Solution to the problem:

.....

.....

Recommendations to avoid the problem in the future:

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