



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

**ASSESSMENT OF THE SOURCE OF DRINKING WATER SUPPLIED BY THE HOTELS, LODGES
AND GUEST HOUSES IN MPUMALANGA**

Name of the lodge/ hotel/guest house	
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Contact Details	Physical Address:			
	Postal Address:			
	Telephone number:			
	Fax number			
E-mail address				
Source of drinking/ potable water supply for the hotel/lodge or guest house	Local Municipality	Yes	No	
	In-house water purification works	Yes	No	
If you have answered yes to in-house water purification works, please answer the questions below				
1. Supply System	1.1. Name of abstraction point (River, Borehole)			
	1.2. Water Safety Plan in place ,If yes proof must be provided		Yes	No
	1.3. Have you registered your water use (in case you are taking water directly from the resource: river/borehole, etc) with the Department?		Yes	No
	1.4. If yes in 1.3 above, what is the registration number?			
2. Treatment Processes	2.1. Design Capacity average inflow and outflow respectively		Inflow:	
			Outflow:	
	2.2. Processes of the works to treat Water			
3. Is the Works registered	3.1. Is the Water Treatment Works (raw water for drinking) Registered with DWA and which Class		Yes	No
	3.2. What is the number of Process Controllers per shift? and classification			
	3.3. What is the classification of the Water Treatment Works?			
4. Incident Protocol in place	4.1. Is there an incident Protocol? to specify alert level, response time ,roles and responsibilities			

	4.2. What are the different alert levels?		
	4.3. What are the different response times?		
	4.4. What are the roles and responsibilities of those stakeholders identified in the incident protocol?		
5.Compliance Monitoring Programme	5.1. What is number of sites that are being monitored?		
	5.2. Give the description of the sites in 5.1.		
	5.3. What is the number of Determinants analyzed on daily and monthly basis (attach report)?		
6.Lab used and Accreditation Method	6.1. What is the name of Laboratory used for samples analysis services?		
	6.2. What is the method used by the lab in 6.1?		
7.By Laws	7.1. Does the institution have proof of by-laws clause in practice? What are the relevant details?	Yes	No

I, (full names and surname)
as the(authorized representative) of the facility
confirm that the information submitted above it correct.

Signature: Authorized Representative

Date

Place