



DAVAO CITY WATER DISTRICT
Commercial Services Department
Customer Care Division

ONSITE WATER METER VERIFICATION REPORT

ACCOUNT HOLDER & METER DATA

ACCOUNT / JMS NO. : _____ DATE : _____

ACCOUNT NAME : _____

ADDRESS : _____

BRAND/SIZE : _____

METER IDENTIFIER : _____

LAST READING : _____

PHYSICAL CONDITION

I. CONNECTION TYPE:	II. PIPING CONDITION:	WATER METER COMPONENTS:
<input type="checkbox"/> Residential	<input type="checkbox"/> With Upstream pipe/tailpiece	<input type="checkbox"/> Lead Seal
<input type="checkbox"/> Commercial	<input type="checkbox"/> With Downstream pipe/tailpiece	<input type="checkbox"/> Lid Cover
	<input type="checkbox"/> With Stop-cock	<input type="checkbox"/> Regulator Cap
		<input type="checkbox"/> Others _____

METER TESTING

Time Started _____

Ambient Temperature before testing _____ Relative Humidity _____

ACTUAL TEST FLOW	TEST VOLUME	TIME, sec.	FLOW RATE	INITIAL READING	FINAL READING	VOLUME REGISTERED	EFFICIENCY TEST RESULT	REMARKS

Ambient Temp. after testing _____ Relative Humidity _____

Time Finished _____ Water Temperature _____

Pressure _____

REFERENCE STANDARD	ID CODE	FAILED	MAXIMUM PERMISSIBLE ERROR
<input type="checkbox"/> Calibrating bucket	_____	<input type="checkbox"/> Over-registered	$Q_T - Q_{MIN} \pm 5$
<input type="checkbox"/> Flushed and Rinsed	_____	<input type="checkbox"/> Under-registered	
<input type="checkbox"/> No Test done; Reason: _____			

FINDINGS/PROBLEMS	RECOMMENDATIONS
	<input type="checkbox"/> Change Meter <input type="checkbox"/> Laboratory Testing Others: _____ _____ _____

VERIFIED BY:	CUSTOMER CONFORMITY:	REVIEWED BY:
<i>Signature over Printed name</i>	<i>Signature over Printed name</i>	<i>Signature over Printed name</i>