



DAVAO CITY WATER DISTRICT
 General Services Department
 Water Meter Maintenance Division

VERIFICATION ONSITE & INSPECTION WORKSHEET

ACCOUNT HOLDER & METER DATA

ACCOUNT NUMBER : _____ DATE : _____
 ACCOUNT NAME : _____
 ADDRESS : _____
 BRAND/SIZE : _____
 METER IDENTIFIER : _____
 LAST READING : _____

PHYSICAL CONDITION

I. CONNECTION TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	II. PIPING CONDITION: <input type="checkbox"/> With Upstream pipe/tailpiece <input type="checkbox"/> With Downstream pipe/tailpiece <input type="checkbox"/> With Stop-cock	III. WATER METER PHYSICAL STATUS: <input type="checkbox"/> Tampered <input type="checkbox"/> Misaligned <input type="checkbox"/> Blurred <input type="checkbox"/> Stuck-up <input type="checkbox"/> Broken Lens <input type="checkbox"/> Normal Others _____	WATER METER COMPONENTS: <input type="checkbox"/> Lead Seal <input type="checkbox"/> Lid Cover <input type="checkbox"/> Regulator Cap Others _____
IV. LEAK TESTING <input type="checkbox"/> No Leak <input type="checkbox"/> With Leak			

METER TESTING

Time Started _____
 Amb. Temp 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 <input type="checkbox"/> Calibrating bucket <input type="checkbox"/> Portable Test Meter <input type="checkbox"/> Guide Meter <input type="checkbox"/> No Test done; Reason: _____	ID CODE _____ _____ _____	FAILED <input type="checkbox"/> Overregistered <input type="checkbox"/> Underregistered
--	---	--

MAXIMUM PERMISSIBLE ERROR
 $Q_{MAX} - Q_N \pm 2$
 $Q_N - Q_T \pm 2$
 $Q_T - Q_{MIN} \pm 5$

FINDINGS/PROBLEMS	RECOMMENDATIONS
	<input type="checkbox"/> Change Meter <input type="checkbox"/> Retain Water Meter <input type="checkbox"/> Laboratory Testing <input type="checkbox"/> Arrange Meter <input type="checkbox"/> Elevate Meter <input type="checkbox"/> Transfer Meter Others: _____

VERIFIED BY: _____	CUSTOMER CONFORMITY: _____	REVIEWED BY: _____
Signature over Printed name	Signature over Printed name	Signature over Printed name