



Department Water Fountain Assessment

Introduction

Use this Water Fountain Assessment tool to evaluate the quality of the water and the water fountains for your building. If fountains need repair, contact PP-CS.

Water Fountain Assessment Notes

- Be sure to fill out the attached form completely.
- Be objective. It is important to remain as objective as possible, putting aside personal biases.

Water Fountain Characteristics: Directions & Descriptions

Characteristics	Excellent	Acceptable	Unacceptable	Severe Problems?
Visual Appeal of Fountain	Very clean	Clean	Dirty fountain	N/A
Water Pressure: to assess pressure, turn on fountain and observe stream of water	Water pressure creates a sufficient arch to easily place mouth in mid-stream and would allow easy filling of reusable water bottles	Sufficient water pressure to avoid mouth contact with fountain; placing mouth close to spigot or stooping may be required	Insufficient water pressure to avoid mouth contact with fountain	N/A
Water Color: to assess color, collect a sample in the cup provided and hold against a white piece of paper. If a distinct color observed, run water for 2 minutes and observe again.	Colorless	Initial color (blue, brown, etc) but colorless after running water for 2 minutes	Brown, blue, grey, etc. colors observed- even after running water for 2 minutes	Water color does not fade after running water for 2 minutes
Water Turbidity: to assess turbidity, collect a sample in the cup provided. Hold against a white piece of paper and observe immediately as well as over time (~2 minutes)	No cloudiness, no sediment	Slight cloudiness that disappears over time, as water stands in cup	Slight cloudiness that does not disappear over time	Extreme cloudiness or presence of sediment that do not disappear over time
Water Odor: to assess odor, smell water coming out of fountain	No odor is detectable	Slight chlorine odor	Musty, moldy or other off-odors	Extreme off-odors
Water Taste: do NOT taste water if severe problem encountered. Instead notify Campus Sanitarian via email.	No taste is detectable	Slight chlorine taste	Musty, moldy, or other off-tastes	Extremely off-tastes

Water Fountain Assessment

Building: _____ Name of individual completing the assessment: _____

Location Floor:			Nearest room number:		
Is fountain visible to passing traffic?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Visual Appeal of Fountain	no objectionable filth or residues	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	Comments / Note
Water Pressure	Sufficient to avoid mouth contact with fountain	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Color	Clear	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Turbidity	No cloudiness, no sediments	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Odor	No objectionable odors	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Taste	Nothing objectionable	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Fountain Type?	<input type="checkbox"/> Wall-mounted	<input type="checkbox"/> Stand-alone	<input type="checkbox"/> Ceramic	<input type="checkbox"/> Metal	
Use?	Saw people using water fountain	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Follow-up					
Other Notes:					

Location Floor:			Nearest room number:		
Is fountain visible to passing traffic?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Visual Appeal of Fountain	no objectionable filth or residues	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	Comments / Note
Water Pressure	Sufficient to avoid mouth contact with fountain	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Color	Clear	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Turbidity	No cloudiness, no sediments	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Odor	No objectionable odors	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Water Taste	Nothing objectionable	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
Fountain Type?	<input type="checkbox"/> Wall-mounted	<input type="checkbox"/> Stand-alone	<input type="checkbox"/> Ceramic	<input type="checkbox"/> Metal	
Use?	Saw people using water fountain	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Follow-up					
Other Notes:					