

**GW&PCA DISTRIBUTION SYSTEM  
EVALUATION FORM**

Utility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Award Category: \_\_\_\_\_ Under 10,000 customers  
(check appropriate box) \_\_\_\_\_ 10,000 to 50,000 customers  
\_\_\_\_\_ Over 50,000 customers

Evaluated by: \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL POINTS AVAILABLE:** \_\_\_\_\_

**TOTAL POINTS ALLOWED:** \_\_\_\_\_

**PERCENTAGE:** \_\_\_\_\_

**SYSTEM DESCRIPTION:**

Size: Miles of main, 6 inches and larger \_\_\_\_\_  
Largest diameter pipe \_\_\_\_\_  
Number of metered customers \_\_\_\_\_  
Area served (square miles) \_\_\_\_\_  
Predominant pipe material \_\_\_\_\_

**FEATURES:** (check appropriate boxes)

\_\_\_\_\_ Mains/service lines  
\_\_\_\_\_ Ground storage tanks  
\_\_\_\_\_ Elevated storage tanks  
\_\_\_\_\_ Booster pump stations

Innovative or special organizational features:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Pumping Facilities

Unsatisfactory (0)      Satisfactory (1)      Excellent (2)

Pump station maintenance	_____	_____	_____
System redundancy (multiple pumps)	_____	_____	_____
Maintenance records	_____	_____	_____
Lighting/ ventilation	_____	_____	_____
Housekeeping practices	_____	_____	_____
Security	_____	_____	_____

Storage Facilities

Capacity for fire protection	_____	_____	_____
Tank maintenance	_____	_____	_____
Grounds maintenance	_____	_____	_____
Tank ladder safety systems	_____	_____	_____
Security	_____	_____	_____

Chemical Feed Equipment

Bottle/ tank storage	_____	_____	_____
Chemical safety signs	_____	_____	_____
Leak detection equipment	_____	_____	_____
Leak repair equipment	_____	_____	_____
Ventilation/ Lighting	_____	_____	_____
Housekeeping practices	_____	_____	_____
Security	_____	_____	_____

Points available: \_\_\_\_\_

Points allowed: \_\_\_\_\_

**SAFETY:**

Unsatisfactory (0)      Satisfactory (1)      Excellent (2)

Written safety program	_____	_____	_____
Written policy to employees	_____	_____	_____
Scheduled safety meetings	_____	_____	_____
Training program	_____	_____	_____
Safety officer/ Committee	_____	_____	_____
Safety incentive program	_____	_____	_____
Overall attitude of organization Regarding safety	_____	_____	_____

**PROGRAM FEATURES:**

Confined space entry certification	_____	_____	_____
Competent person training	_____	_____	_____
HAZMAT communication (MSDS)	_____	_____	_____
Defensive driving	_____	_____	_____
CDL training	_____	_____	_____
DOT traffic control standards	_____	_____	_____
CPR	_____	_____	_____

**Safety Equipment**

Personnel protective (i.e. vests, hard hats, Safety shoes, flashlights, safety glasses, Gloves, etc.)	_____	_____	_____
Shoring	_____	_____	_____
Traffic control (cones, barricades, Arrow boards, flags)	_____	_____	_____
Gas monitors (calibration equipment And records)	_____	_____	_____
Ventilation equipment	_____	_____	_____
First aid kits	_____	_____	_____
Fire extinguishers	_____	_____	_____

Points available: \_\_\_\_\_

Points allowed: \_\_\_\_\_

**EMERGENCY RESPONSE:**

Unsatisfactory (0)    Satisfactory (1)    Excellent (2)

Written/ updated response plan	_____	_____	_____
Available spare parts	_____	_____	_____
Available repair equipment (trucks, Backhoe, pumps, generators, lighting, Pipe saws, etc.)	_____	_____	_____
Electronic/ computerized monitoring system (SCADA)	_____	_____	_____

Points available: \_\_\_\_\_

Points allowed: \_\_\_\_\_

**TECHNICAL TRAINING PROGRAM:**

Operator certification training	_____	_____	_____
Specialized O&M training	_____	_____	_____
Management/ supervisor training	_____	_____	_____

Points available: \_\_\_\_\_

Points allowed: \_\_\_\_\_