



Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
SOCCSKSARGEN REGION

NAME OF REFILLING STATION: #829 Water Refilling Facility Station TEL. Nos.:123456
ADDRESS: #2035 Tandang Sora St., DELIVERY: with: w/o:
OWNER/OPERATOR: Adam Keizzer G. Sinsuat PLANT MGR./SUPERVISOR:
PERSONNEL: Number: with Health Certificates SANITARY PERMIT: No. Date Issued:

ITEMS (see attached Sanitation Standard for each item)	DEMERITS (X) (a demerit for any one non-complying under the sanitation standard item heading)	RECOMMENDED SPECIFIC CORRECTIVE MEASURES (use additional sheet if necessary)
1. QUALITY OF SOURCE WATER		
2. QUALITY OF REFILLED/PRODUCT WATER		
3. PROTECTION OF PRODUCT WATER		
4. WATER PURIFICATION PROCESS		
5. FILLING AND CAPPING		
6. CONTAINERS, CAPS AND DISPENSERS		
7. WASHING AND SANITIZING		
8. STORAGE OF WATER		
9. TRANSPORT OF PRODUCT WATER		
10. ROOM/FACILITY AREA ALLOCATION		
11. CONSTRUCTION OF PREMISES		
12. MAINTENANCE OF PREMISES		
13. TOILET FACILITIES		
14. HANDWASHING FACILITIES		
15. SANITARY PLUMBING		
16. LIQUID WASTE MANAGEMENT		
17. SOLID WASTE MANAGEMENT		
18. VERMIN CONTROL		
19. PERSONNEL REQUIREMENTS		
20. MISCELLANEOUS		
TOTAL DEMERITS.....		

PERCENTAGE
RATING(%)
(100% Less Total
Demerits)

NOTE:Non-complying item is indicated with an (x). Every such item is weighted with a demerit of 5. The rating of the establishment is therefore 100 less (number of demerit x 5). The result is expressed as a percentage (%) rating.

SANITATION STANDARD PERCENTAGE RATING
EXCELLENT 90% - 100%
VERY SATISFACTORY 70% - 89%
SATISFACTORY 50% - 69%

Received by:

Owner/Manager/Supervisor

Date

Evaluated/Inspected by:

Owner/Manager/Supervisor

Date