

Water Audit

Date:	
Building Name:	
Building Address:	
Owner:	
Audit Coordinator(s):	
Other team members:	

Background

Annual water usage: _____ m³

Water provider: _____

Number of buildings at facility: _____

Typical number of building occupants: _____

Water pressure at your facility: Upstream of PRV: _____ (psi) Downstream of PRV: _____ (psi)
(Often reducing water pressure by 10 or 15% can reduce water consumption significantly without interfering in daily consumption activities. Water pressure that is too high can result in leaks)

What, if any, water efficiency measures are already in place?

Personal Water Consumption

Number of restrooms: _____

Note: Many fixtures have the average flow rate printed on the fixture itself, along with the make and model. If you cannot find this printed information, consult your maintenance staff or facility manager.

Toilets

Are toilets equipped with toilet dams or low-flow flapper valves? Yes No

Do flush valve (tankless) toilets have water-saving diaphragms? Yes No

Are toilets equipped with automatic water-flushing systems? Yes No

If so, what is the timing cycle? _____

Are the sensors/timers coordinated with regular work hours? Yes No

Planned Action:

Urinals

Are urinals equipped with automatic water-flushing systems? Yes No

If so, what is the timing cycle? _____

Are the sensors/timers coordinated with regular work hours? Yes No

Planned Action:

Lavatories/Faucets

Number of restroom faucets (total): _____

Are faucets equipped with aerators? Yes No

Are faucets equipped with automatic or metered shutoff mechanisms? Yes No

Planned Action:

Other

Number of showers (total): _____

Showerhead flow rate (gpm): _____

Number of drinking fountains: _____

air-cooled or water-cooled?

Number of ice machines: _____

air-cooled or water-cooled?

Planned Action:

Kitchens

- Do refrigerators use domestic water? Yes No
- Are refrigerators equipped with icemakers? Yes No
- Are icemakers: Water-cooled Air-cooled
- Do kitchens use: garbage disposals composting neither
- Is there a dishwasher? Yes No
- Are only full loads washed? Yes No

Planned Action:

Mechanical (HVAC) Equipment

List quantity and nominal cooling capacity of all pass-through (i.e., water piped to drain) domestic water cooled units on site:

Tag	Area Served	Unit Location	Cooling (Tons)

Are cooling towers in use at your facility? Yes No Number: _____

(Check settings for level of total dissolved solids (TDS) at blow-down and frequency)

Is makeup water metered? Yes No

List any other machines that use domestic water: _____

Planned Action:

Cleaning/Janitorial Use:

Are dry-clean (rather than wet-clean) practices and procedures in place? (i.e. sweep instead of hosing, scrape before spraying, etc.) Yes No

Are office windows washed on a regular basis? Yes No
How often? _____

Are office sidewalks & outside walls pressure-washed on a regular basis? Yes No
How often? _____

Are janitorial staff aware of office water conservation efforts? Yes No

Planned Action:

Landscaping/Irrigation

Does your landscape use mulch? Yes No

Does your facility have an irrigation system? Yes No

Is there a rain gauge incorporated in your system? Yes No

Are hoses used for irrigation? Yes No

Are hoses equipped with fine-spray/high pressure/water-efficient nozzles? Yes No

Does your facility have any pools or fountains? Yes No Number: _____

Where? _____

Do fountains use recycled water? Yes No

Are they part of a closed-loop system? Yes No

Are drought-tolerant, native plants used? Yes No

Planned Action:

Maintenance Issues

Are faucets, pipes and plumbing checked regularly for leaks? Yes No

How often? _____

How quickly does maintenance staff respond and repair leaks? _____

If you control your own maintenance program:

How do you handle reporting and repair of leaks? _____

How quickly are leaks usually repaired? _____

Planned Action:
