

PRIMARY DATA REQUIRED FOR SAFETY AUDIT

Company's Details:	
Name of the organization:	
Unit location address:	
Tele/Fax/email:	
Operation Details:	
Main Products [§] :	
Designed Capacity:	
Last Year Production:	
Last Year Turn Over in INR:	

Water Consumption Details	
Present Water Source:	
Details of Water Source:	
Rain Harvesting System:	Yes/No
Water Consumption:	m ³ /month
Unit Rate:	Rs/m ³
Total Bill Value:	Rs/month

Water Use Details	
Raw Water	
Soft Water	
DM Water	
Potable Water	
Effluent Water	
Fire Water	
Cooling Water	
Chilled Water	
Hot Water	
Other Stream 01	
Other Stream 02	
Other Stream 03	

Please write design installed capacity of each plant & "NA" for not applicable

Water Distribution Details			
Sr No	Diameter (Inch)	Length (meter)	MOC of Pipe

Please write approximate Length of Water Distribution Network.

Pumping Details for Water Distribution:

Sr No	Pump ID/Details	Rated Capacity m3/hr	Rated Head, MWC	Nos of Pumps	Make/ Model	Rated power, kW	Pump Speed RPM	Operation hour per day

Use Separate Sheet If necessary.								

Other information:

- | | |
|---|---------------|
| 1. Utility flow diagram available? | Yes/No |
| 2. P&ID available for utility? | Yes/No |
| 3. Designed energy balance for utility available? | Yes/No |
| 4. Designed material balance for utility available? | Yes/No |
| 5. Performance/efficiency certificates for utilities available? | Yes/No |
| 6. Specific water Consumption for main users available? | Yes/No |

Contact person for water audit:

Name	
Designation	
Telephone no	
Email	

* Attach brief process description of main products/process

Complied by:

Signature, Name & Designation

Date: _____