



ASSET MANAGEMENT PROGRAM REVIEW CHECKLIST

Water Supply Name: _____ WSSN: _____

Received Date: _____

A. Asset Inventory	Answer		
	Yes	No	NA
Includes a description of the assets the system has chosen to track.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes the level of detail used for each asset. (pump station / pumping unit / motor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes source, pumping, treatment, and distribution assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes the parameters tracked for each asset. (Name, Location, Date installed, Exp. useful life, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies any incomplete or low-confidence data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlines a plan for completing or refining the dataset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Criticality Assessment	Answer		
	Yes	No	NA
Provides a description of the scale used for likelihood of failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides a description of the scale used for consequence of failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lists factors considered in assessing likelihood of failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lists factors considered in assessing consequence of failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes the methodology and formula used to calculate the criticality factor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Level of Service Goals	Answer		
	Yes	No	NA
Includes a description of the process used to develop the level of service goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides a list of water system goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes how each goal will be tracked and assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Capital Improvement Plan	Answer		
	Yes	No	NA
Identifies needs for both 5 and 20 year planning periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan includes project name, cost, estimated completion date, and funding source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CIP has been reviewed and approved by water supply administrators. (owner/board/council/etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Funding Structure and Rate Methodology	Answer		
	Yes	No	NA
Includes annual operating budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes current, approved rate structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides documentation of legal authority for rate setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weights anticipated costs (operation and capital) against revenue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlines plan to close funding gap, if identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer: _____

Date of Initial Review: _____

Comments Issued, Awaiting Revision

Date Revisions Rcvd: _____

Approved

Date Approved: _____

Notes:

E. Funding Structure & Rate Methodology	
D. Capital Improvement Plan	
C. Level of Service Goals	
B. Criticality Assessment	
A. Asset Inventory	