

CSDS JOB ORDER REQUEST FORM

Job Order Request No. \_\_\_\_\_

Client Info
Name
Location
Room
E-Mail
Ticket Info
Report Date
Due Date
Creator
Location
Room
Tech
Priority
Status
Request Type
Request Detail
Notes



## CAGAYAN DE ORO CITY WATER DISTRICT CUSTOMER SATISFACTION SURVEY

### **DEAR VALUED CUSTOMER:**

Our GOAL is to provide our COWD customers with the **best water service possible**. So, please take a few minutes to answer this survey questionnaire by checking [v] the appropriate box that corresponds to your answer. Your **feedback & comments** will *enable* us to find out **how we can improve our services**.

A. <u>G</u>	Εľ	NERAL INFORMATION							
1. I	n	your most recent experience	e as COWD service customer,	, how did y	ou make co	ontact with o	ur office?		
[		] By <b>Telephone (Call),</b> thru o	our: ( ) office staff (	) complaint'	s desk (CCSD)	( ) teller/ca	ashier	( ) superviso	r/ manager
		Note: If customer called the of	fice only, go directly to questions i		Contact-by T	<i>elephone</i> after	answering (	questions 2 & 3	3.
[		] In <b>Person (Office Visit),</b> the	ru our: ( ) office staff (		s desk (CCSD)	( ) teller/ca	ashier	( ) superviso	r/ manager
			our staff/office personnel, go direc	tly to questio	ons in Section	<u>C</u> . Contact-In I	Person (Offic	ce Visit) after	
r		answering questions 2 8  ] Through a Service Team/F		) bill dolivor	v staff	(page 2)		/ ) sonvice to	am /fialdman
ι			ieldmen: ( ) meter reader ( he service teams/fieldmen, go dire		•	( ) field ins	•	( ) service te	
		after answering question		ctry to quest	ions in <u>secti</u>	(page 2)	iii a service	reum, reisomi	c
2. \	N	hich COWD Office did you <u>ca</u>	alled or recently visit for your	customer	service que	eries or comp	laints?		
[		] Corrales- Main Office [	] Kauswagan-Property/Shop Co	mp. [ ] N	/lacasandig-E	Booster Station	ı	[ ] Bugo-Su	ıb-Office
2 V		r main roason(s) for your tolo	nhono Call or norconal Visit to	the COMD	Office? (Die	asa shask 🗹	all that an	nly to you):	
J. 10	)u	] to <b>ask</b> for information:	phone Call or personal Visit to		•				
L F		to <b>pay</b> my water bill(s)	( ) cowd data/information	( ) follo	w-up request	( ) other	(specify) :		<del></del>
[		] to apply for installation:							
	•	( ) new connection	( ) reconnection	( ) disco	onnection	( ) elevat	ion/transfer	meter/tapping s	ervice line
[		] to file <b>complaints</b> on:	( ) 100011110011011	( / 0.500		( ) 0.0140	iony transition		c. v.occ
		( ) low pressure to no water	( ) special reading-high consum	nption		( ) chang	e of meter/ m	neter test	
		( ) dirty (turbid) water/	( ) reclassification of service (Co	omm'l to Resid	lential)	( ) no rea	ding/ stuck-u	p meter	
		flushing-quality testing	( ) service connection leaks			( ) stolen	meter		
[		] to inquire water billing:							
		( ) no bill delivered	( ) inaccurate reading	( ) high	consumption	( ) penalt	y charge on b	oill	
[		] to <b>settle</b> account notices:							
		( ) demand letter-past due acct.	( ) notice of disconnection	( ) pena conne	alty-illegal	( ) other	(specify) :		<del></del>
l		] to request for:							
		( ) stub-out/pipeline exten.	( ) repair of leakage(s)-mainline			, ,		rvice line/stub-o	uts
		( ) inspection of service line	( ) cut-off of illegal use of wate	r/connections		( ) otner	(specify) :		
В. <u>С</u>	or	tact - By TELEPHONE.							
• W	he	en you contacted the COWD	office by TELEPHONE						
1. H	Но	w many <u>telephone rings</u> you	u waited before your call was a	answered?	[ ]1 ring	[ ]2 rings	[ ]3 rings	[ ]4-5 rings	[ ] >5 rings
2. [	Dio	d the person answering your	call greet you, introduce his/h	ner <b>name</b> &					
C	off	<b>fice</b> at the <i>beginning</i> of the o	call? "This is (Name/Dept.), how may I he	elp you?"	[ ] YES		[ ] NO		
		as the call handled in a <b>court</b>	• •		[ ] YES		[ ] NO		
			call <b>answer your query</b> immed	•	[ ] YES		[ ] NO		
			nank you for calling" or use a		[ ] YES		[ ] NO		
t	el	ephone <u>farewell</u> ? "Thank you. I	May I do anythings else for you? Good	bye."					
• Hc	w	satisfied you were with the	e response of the COWD staff	or	[1] Very	[2] Somewhat	[3] Just	[4] Very	[5] Extremely
pers	0	nnel who handled your call?			Dissatisfied	Dissatisfied	Satisfied	Satisfied	Satisfied
6. <b>F</b>	r	omptness in answering your	call, not kept you waiting on	hold.	[1]	[2]	[3]	[4]	[5]
7. <b>\</b>	N	Illingness to listen & respond	I to your requests or complair	nts	[1]	[2]	[3]	[4]	[5]
		•	anner throughout the conver		[1]	[2]	[3]	[4]	[5]
		•	right person that best assist yo		[1]	[2]	[3]	[4]	[5]
			rocess of getting your concerns	s resolved.	[1]	[2]	[3]	[4]	[5]
• Yo	ur	OVERALL rating of the telep	ohone call experience.		[1]	[2]	[3]	[4]	[5]
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C. Contact - In PERSON (Walk-in/Office Visit).



# CAGAYAN DE ORO CITY WATER DISTRICT CUSTOMER SATISFACTION SURVEY

our COWD staff/personnel attended to your service concerns?					
1. Behavior of the staff who greeted you and offered to help you.	[1]	[2]	[3]	[4]	[5]
2. Willingness to listen & respond to your complaints, requests or queries.	[1]	[2]	[3]	[4]	[5]
3. Courteousness and friendliness throughout the transaction.	[1]	[2]	[3]	[4]	[5]
4. Quickly identify problem & turn you over to the right person can assist y	[1]	[2]	[3]	[4]	[5]
5. <b>Competency</b> in handling the process of getting your concerns resolved.	[1]	[2]	[3]	[4]	[5]
6. Your OVERALL rating of the office visit experience	[1]	[2]	[3]	[4]	[5]
D. Contact-Through SERVICE TEAM/FIELD Personnel.					
How do you rate our service team/fieldmen who came to your home to	[1]POOR	[2]FAIR	[3]GOOD	[4]VERY GOOD	[5]EXCELLENT
attend to your request for inspection, installation, repair, & other services?					
1. Availability of service call hotline to contact for needed tech'l support.	[1]	[2]	[3]	[4]	[5]
2. Quick response time of service team/field personnel contacted.	[1]	[2]	[3]	[4]	[5]
3. Explained the type of work & how long it would take to complete it.	[1]	[2]	[3]	[4]	[5]
4. <b>Courteous</b> and <b>professional</b> in manner while at work in your place.	[1]	[2]	[3]	[4]	[5]
5. <b>Technically <u>well-trained</u></b> and <u>knowledgeable</u> of their type of work.	[1]	[2]	[3]	[4]	[5]
6. Work was completed promptly and accurately.	[1]	[2]	[3]	[4]	[5]
7. Cleaned up the mess when work was completed.	[1]	[2]	[3]	[4]	[5]
8. Your <b>OVERALL</b> rating of services rendered by our service team/fieldmen	[1]	[2]	[3]	[4]	[5]
E. GENERAL LEVEL OF SATISFACTION WITH OUR COWD SERVICE.					
• On a 1 to 5 scale, rate your level of satisfaction with the following	[1]POOR	[2]FAIR	[3]GOOD	[4]VERY GOOD	[5]EXCELLENT
services rendered by COWD, as your water service provider:  1. Reliability and continuous water supply from COWD?	[ 1 ]	[ 2 ]	[3]	[ 4 ]	[ - ]
1.1 Availability of 24 hours of water supply?	[1]	[2]	[3]	[4]	[5]
2. Adequacy of water pressure received?	[1]	[2]	[3]	[4]	[5]
2.1 What <u>best described</u> the water pressure received?	[1]	[ 2 ] LOW		[4] NORMAL	[5] [3] <b>HIGH</b>
3. Quality of water supplied by COWD?	[1]	[2]	[3]	[4]	[5]
3.1 What <u>best described</u> the water quality in terms of	[ + ]	[ 4 ]	1	[ + ]	[3]
a. <b>Odor</b> ?	[1]	[2]	[3]	[4]	[5]
b. Taste?	[1]	[2]	[3]	[4]	[5]
c. Clarity (Color)?	[1]	[2]	[3]	[4]	[5]
4. Frequency of Flushing activities to clean-up turbid (dirty) water?	[1]	[2]	[3]	[4]	[5]
5. Accuracy of <u>Meter Reading</u> for water consumed for billing?	[1]	[2]	[3]	[4]	[5]
6. On-time delivery of your monthly water bill?	[1]	[2]	[3]	[4]	[5]
7. <b>Handling</b> of <u>billing concerns</u> ? (e.g. penalty adjustment, delinquent accounts,etc.)	[1]	[2]	[3]	[4]	[5]
8. Response time in attending to Leakage repair?	[1]	[2]	[3]	[4]	[5]
8.1 <b>No. of days</b> your water <b>leakage</b> was <u>repaired</u> after you reported?	[1] >8 days	[2] 6-8 days	[ <b>3</b> ] 4-5 days	[4] 2-3 days	<b>[5]</b> 1 day
<ol> <li>Rehabilitation/repair of old and worn-out service lines that affect</li> </ol>	[1]	[2]	[3]	[4]	[5]
water supply distribution ?					
10. <b>Quality</b> of water <b>service installation</b> ? (e.g. new conn., reconn.)	[1]	[2]	[3]	[4]	[5]
11. Processing time of New service installation from a Stub-out?	[1]	[2]	[3]	[4]	[5]
11.1 No. of days your new connection was installed from a meter stub-out?	[1] >10 days	[2] 8-10 days	[ <b>3</b> ] 6-7 days	[4] 3-5 days	<b>[5]</b> 2 days
12. <u>Processing time</u> of New service installation by tapping from a Mainline?	[1]	[2]	[3]	[4]	[5]
12.1 <b>No. of days</b> your new connection was <b>installed</b> from the mainline?	[1] >15 days	[2] 11-15 days	[ <b>3</b> ] 9-10 days	[4] 6-8 days	<b>[5]</b> 5 days
13. Processing time of Reconnection installation? (shackle-lock)	[1]	[2]	[3]	[4]	[5]
13.1 No. of days reconnection was installed with meter not pulled-out?	[1] >5 days	[ <b>2</b> ] 4-5 days	[ <b>3</b> ] 6 days	[4] 2 days	<b>[5]</b> 1 day
14. Processing time of Reconnection installation? (meter pulled-out)	[1]	[2]	[3]	[4]	[5]
14.1 No. of days your reconnection was installed back with meter pulled-out?	[1] >10 days	[2] 8-10 days	[ <b>3</b> ] 5-7 days	[4] 3-4 days	<b>[5]</b> 2 days
15. <b>Response time</b> in attending to request for <b>Disconnection</b> ?	[1]	[2]	[3]	[4]	[5]
15.1 No. of days your request for <u>Disconnection of water service</u> done?	[1] >6 days	[ <b>2</b> ] 5-6 days	[ <b>3</b> ] 3-4 days	[4] 2 days	<b>[5]</b> 1 day

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• On a 1 to 5 scale, rate your level of satisfaction w	ith the following:	[1]POOR	[2]FAIR	[3]GOOD	[4]VERY GOOD	[5]EXCELLENT
16. Response time in attending to request for N	Meter Test?	[1]	[2]	[3]	[4]	[5]
16.1 No. of days your request for Meter Test/Ca	alibration accomplished?	[1] >6 days	[2] 5-6 days	[3] 3-4 days	[4] 2 days	<b>[5]</b> 1 day
17. Convenience of contacting COWD offices th	rough Telephone?	[1]	[2]	[3]	[4]	[5]
18. Time our staff take to respond to your inqui	i <u>ries</u> quickly?	[1]	[2]	[3]	[4]	[5]



### CAGAYAN DE ORO CITY WATER DISTRICT **CUSTOMER SATISFACTION SURVEY**

19. Convenience of the system of paying your monthly bills?	[1]	[2]	[3]	[4]	[5]	
20. Payment queuing (waiting) time?	[1]	[2]	[3]	[4]	[5]	
21. <b>Time</b> our staff take to resolve your complaints quickly?	[1]	[2]	[3]	[4]	[5]	
22. Procedure for filing complaints?	[1]	[2]	[3]	[4]	[5]	
23. Procedure for Disconnection of water service done?	[1]	[2]	[3]	[4]	[5]	
24. <u>How</u> complaints were addressed in a reasonable manner?	[1]	[2]	[3]	[4]	[5]	
25. <b>Time</b> our staff take <b>to effect</b> <i>new connection</i> requests?	[1]	[2]	[3]	[4]	[5]	
26. Valuing & treating customer well (customer care) from our staff?	[1]	[2]	[3]	[4]	[5]	
27. Ability of COWD to provide services correctly the first time?	[1]	[2]	[3]	[4]	[5]	
28. <b>Value</b> that COWD places on <b>Customer Service</b> -attending customer concerns?	[1]	[2]	[3]	[4]	[5]	
29. <b>Courteousness</b> of our <b>Tellers/Cashiers</b> who <i>handled</i> your bill payments?	[1]	[2]	[3]	[4]	[5]	
30. Manner our Field Inspectors attended your service request/complaints?	[1]	[2]	[3]	[4]	[5]	
31. Manner our Field Surveyors conducted the marketing survey?	[1]	[2]	[3]	[4]	[5]	
32. Feedback mechanism for comments & suggestions?	[1]	[2]	[3]	[4]	[5]	
33. <b>Timely</b> of <b>dissemination of notices</b> of service interruptions?	[1]	[2]	[3]	[4]	[5]	
34. <u>Cleanliness</u> and <u>ambience</u> when you visit any of our offices?	[1]	[2]	[3]	[4]	[5]	
35. Convenience of waiting area or customer lobby?	[1]	[2]	[3]	[4]	[5]	
36. Accessibility of frontline service unit(s)? (for service & technical support)	[1]	[2]	[3]	[4]	[5]	
37. Special lanes /facilities for pregnant women/persons with disability	[1]	[2]	[3]	[4]	[5]	
(PWDs)/ the elderly (senior citizens)?						
38. <b>Availability</b> of <b>signage or directions</b> for a <i>particular service</i> from COWD	[1]	[2]	[3]	[4]	[5]	
39. Helpfulness of information found in the COWD Website?	[1]	[2]	[ 3 ]	[4]	[5]	
http://www.cowd@cowd.gov.ph						
40. <u>Affordability</u> of Water Rate (Tariff) <u>per cu.m. of water consumed</u> ?	[1]	[2]	[ 3 ]	[4]	[5]	
41. Confidence that COWD water is safe for drinking?	[1]	[2]	[3]	[4]	[5]	
42. OVERALL Satisfaction rating with our COWD water service?	[1]	[2]	[3]	[4]	[5]	
(To the survey interviewer): Please ask the respondent if he/she has any spuseful in improving COWD service delivery.	ecific com	ments or su	ggestions t	hat could be		
F. PERSONAL INFORMATION.			:11 - 4	MD3		
43. Are you the one who pays your monthly water bill for your household's		sumption b	-	WD?		
[ ] Yes [ ] No						
44. Do you have enough knowledge to answer questions about the water se	ervice prov	-				
[ ] Yes [ ] No	. •	[ ] Don't				
45. How long have you been living in this address where you have water ser						
[ ] Less than 5 years [ ] 10 years but less than 15	-	[ ] <b>20</b> yea	irs or more	years		
[ ] 5 years but less than 10 years [ ] 15 years but less than 20	years					
THANK YOU for taking your time you have spent in	n answerin	o the allest	ions			
We are grateful for your support and		-				
we are grateral for your support and	tooperati	····				
Surveyed by:	istomer/R	espondent:				
Date:	Co	ontact No. :				
<del></del>						
Area:	Δ	ccount No.:				

Area: SQ#:



### FEEDBACK SURVEY ON OUR TELEPHONE STANDARDS

Dear Valued Customer/Client:

You may have contacted us by phone recently. In order to assess the standard of service you received through our telephone service, please give us your honest opinion. Check [J] the appropriate box that best describe the way our COWD staff and personnel you have in contact with handled your call.

When you contacted the COWD office by TELEPHONE  1. How many telephone rings you waited before your call was answered?	[ ] 1 ring	[ ]2::	[ ] 2 .:	Г 1.4-5 гіппа	[ ] >5 rings
Did the person answering your call <b>greet</b> you, introduce his/her <b>name</b> &	[ ] I ring	[ ] Z rings	[ ] 3 rings	[ ] <del>T-3</del> rings	[ ] > J rings
office at the beginning of the call? "This is (Name/Dept.), how may I help you?"	[ ] YES	[ ] <b>NO</b>			
3. Was the/call handled in a <b>courteous/polite</b> manner?	[ ] YES	[ ] NO			
Did the person answering the call <b>answer your query</b> immediately?	[ ] YES	[ ]NO			
5. Did the call was closed by saying "thank you for calling" or use a friendly					
telephone <u>farewell?</u> "Thank you. May I do anythings else for you? Goodbye."	[ ] YES	[ ] NO			
	Very	Somewhat	Just	Very	Extremely
How satisfied were you with the response of the COWD staff or personnel	Dissatisfied	Dissatisfied	Satisfied	Satisfied	Satisfied
who handled your <u>call</u> ?	[1]	[2]	[3]	[4]	[5]
6. <b>Promptness</b> in answering your call, not kept you waiting on hold.	[ ]	[ ]	[ ]	[ ]	[ ]
7. Willingness to listen & respond to your requests or complaints	[ ]	[ ]	[ ]	[ ]	[ ]
8. Courteous & professional in manner throughout the conversation.	[ ]	[ ]	[ ]	[ ]	[ ]
9. Quickly connected you to the right person that best assist you.	[ ]	[ ]	[ ]	[ ]	[ ]
10. Competency in handling the process of getting your concerns resolved.	[]	[]	[]	[]	[]
Your <b>overall rating</b> of the telephone call experience.	[ ]	[ ]	[ ]	[ ]	[ ]
Additional comments/suggestions:					
Conducted by:		ee (Ratee):			
Department/Unit:		tment/Unit:			
GQ#:	D	ate Called:		Time:	
FM - MSD - 03 00			:	XX-XX-XXXX	
CAGAYAN DE ORO CITY WAT					
FEEDBACK SURVEY ON OUR <u>TELEPH</u>	<u>IONE</u> STAND	ARDS			
Dear Valued Customer/Client:	_				
ou may have contacted us by phone recently. In order to assess the standard	-		-	-	
please give us your honest opinion. Check [ $m{J}$ ] the appropriate box that best d	escribe the wo	ly our COV	D statt and	a personnei	you
ave in contact with handled your call.					
When you contacted the COWD office by TELEPHONE					
How many telephone rings you waited before your call was answered?	[ ] 1 ring	[ ] 2 rings	[ ] 3 rings	「 <b>14-5</b> rings	[ ] >5 rings
Did the person answering your call <b>greet</b> you, introduce his/her <b>name</b> &					
office at the beginning of the call? "This is (Name/Dept.), how may I help you?"	[ ] YES	[ ] NO			
3. Was the/call handled in a courteous/polite manner?					
4. Did the person answering the call <b>answer your query</b> immediately?	[ ] YES	[ ] NO			
5. Did the call was closed by saying "thank you for calling" or use a friendly					
telephone <u>farewell?</u> "Thank you. May I do anythings else for you? Goodbye."	[ ] YES	[ ] NO			
	Very	Somewhat	Just	Very	Extremely
How satisfied were you with the response of the COWD staff or personnel	Dissatisfied	Dissatisfied	Satisfied	Satisfied	Satisfied
who handled your <u>call</u> ?	[1]	[2]	[3]	[4]	[5]
6. Promptness in answering your call, not kept you waiting on hold.	[ ]	[ ]	[ ]	[ ]	[ ]
7. Willingness to listen & respond to your requests or complaints	[ ]	[ ]	[ ]	[ ]	[ ]
8. Courteous & professional in manner throughout the conversation.	[ ]	[ ]	[ ]	[ ]	[ ]
9. Quickly connected you to the right person that best assist you.	[ ]	[ ]	[ ]	[ ]	[ ]
10. <b>Competency</b> in handling the process of getting your concerns resolved.	[ ]	[ ]	[ ]	[ ]	[ ]
Your <u>overall rating</u> of the <u>telephone call experience.</u>	[ ]	[ ]	[ ]	[ ]	[ ]
Additional comments/suggestions:					
Conducted by:	Employ	ee (Ratee):			
Department/Unit:		tment/Unit:			
6Q#:		ate Called:		Time:	



### FEEDBACK SURVEY FROM CUSTOMERS VISITING THE OFFICE

### **DEAR VALUED CUSTOMER:**

Our **GOAL** is to provide our COWD customers with the **best water service possible**. So, please take a few minutes to answer this survey questionnaire by checking [v] the appropriate box that corresponds to your answer. Your **feedback** & **comments** will enable us to find out **how we can improve our services**.

<ol> <li>What was/were the reason(s) for waiting before your complaints, requests         [ ] queue/had to wait in line or turn.</li></ol>	11-20 minutes
Additional comments/suggestions:	
Conducted by: Department/Unit: SQ#:	Employee (Ratee):  Department/Unit:  Date Visited:  Customer/Client: (optional)  (Signature over Printed Name)
FM - MSD - 04 00	xx-xx-xxxx
DEAR VALUED CUSTOMER: Our GOAL is to provide our COWD customers with the best water service survey questionnaire by checking [1] the appropriate box that correspond us to find out how we can improve our services.	possible. So, please take a few minutes to answer this
<ul> <li>When you came to visit the COWD office</li> <li>1. How long did you wait before being attended to by our COWD staff/personn [ ] served at once [ ] within 5 minutes [ ] 5-10 minutes [ ]</li> <li>2. What was/were the reason(s) for waiting before your complaints, requests [ ] queue/had to wait in line or turn. [ [ ] slowness of the employee. [ ]</li> </ul>	] 11-20 minutes [ ] more than 20 minutes
4. <u>How long</u> did it take for our COWD staff/personnel to resolve your complain	] Very Good [ ] Excellent
5. If the problem is still <u>not resolved immediately</u> , how many times did you vising a problem is still not resolved immediately, how many times did you vising a problem is still not resolved immediately.	t COWD office to follow-up complaints/requests/queries?  ] more than 3 times  [ ] many times visited office still problem not resolved
<ul> <li>How satisfied were you with the response of the COWD staff or personnel who handled your concern?</li> <li>Behavior of the staff who greeted you and offered to help you.</li> <li>Willingness to listen &amp; respond to your complaints, requests or queries.</li> <li>Courteousness and friendliness throughout the transaction.</li> <li>Quickly identify problem &amp; turn you over to the right person that can assist</li> <li>Competency in handling the process of getting your concerns resolved.</li> <li>Your OVERALL rating of your experience when you visited the COWD Office.</li> <li>Additional comments/suggestions:</li> </ul>	Very Somewhat Just Very Extremely Dissatisfied Dissatisfied Satisfied Satisfied  [1] [2] [3] [4] [5]  [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ]
Conducted by: Department/Unit:	Employee (Ratee):  Department/Unit:  Date Visited:  Time:

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Customer/Client: (optional)

(Signature over Printed Name)

# Water Accessibility - Our Priority!

### **CAGAYAN DE ORO CITY WATER DISTRICT**

Corrales Avenue, Cagayan de Oro City

### **FEEDBACK SURVEY REQUIRED BY LWUA**

### MGA TINAHOD NAMO NGA MGA KONSYUMIDOR:

Ang tigdumala sa COWD gusto nga makahibalo mahitungod sa kalidad sa serbisyo sa tubig dinhi sa atong siyudad aron matun-an ug mapaningkamutan kung unsaon pa gayud pagkab-ut sa kinatas-ang matang sa pag-alagad kaninyo nga mga konsyumidor sa tubig.

Α.	Pal	ihug linguini (encircle) ang imong gituohan nga	ensakto nga ti	ubag sa mga mosi	unod nga	mga pa	ngutana:
	1.	Nakadawat ba kamo sa 24 ka oras nga serbisyo (Do you have a 24-hour water service?)	sa tubig?	YES		NO	
	2.	Igo-igo ba ang kakusgon sa inyong tubig? (Is your water pressure adequate?)		YES		NO	
	3.	Maayo ba ang lami sa inyong tubig? (Does your water taste good?)		YES		NO	
	4.	Nakaseguro ka ba sa kalimpyo sa inyong tubig? (Are you confident that your water is safe?)		YES		NO	
	5.	Natagbaw ba kamo sa serbisyo sa tubig sa COW (Are you satisfied with the water service of COV		YES		NO	
В.		ihug gradohi ang kalidad sa serbesyo sa COWD pleyado niini: (Please put a check mark ☑ on th					on sa mga
			Excellent	Very Good	Good	Fair	Poor
	1.	Paghatag sa ensakto nga inpormasyon or balita					
	2.	Pagtubag sa mga reklamo or complaints					
	3.	Pag areglar sa mga leakages					
	4.	Meter Readers					
	5.	Bill Carriers					
	6.	Customer Service Desk (Frontliners)					
	7.	Disconnection Team					
	8.	Tellers/Cashiers					
	9.	Water Connection Application Personnel					
	10.	Personnel attending to Water Consumption Inquiry and Request for partial payments					
	11.	Ang kinatibuk-an (Overall) nga pa-serbisyo sa					
		COWD ug mga empleyado niini					
c. 		ihug Isulat ang inyong mga sugyot, mga o servations, and other comments) aron mahimor	_	-	_		ggestions, 
Ac	ldre	ss: (No. & Street) (Subdi	ivision)		(Baran	gay)	
		·	•		-	_ • •	
Ac	cou	nt Name: Account Numl	ber:	Age: _			

**DAGHANG SALAMAT!** 



### CAGAYAN DE ORO CITY WATER DISTRICT SOCIO-ECONOMIC SURVEY FORM

Are of Survey:		,	,	
	Zone/Sitio	Barang A. PERSONAL DATA	;ay	City/Town
1 House/Unit Occ				
	Surname (Apel			M.I
2 Description of U	Unit : Residential	Commercial (e.g. eatery, vulcanizing sho		Mixed (both used for es. & comm'l purposes)
3 Ownership of U	nit : Own	Rent		Others
		( Property 0		
4 Ownership of Lo	ot : Own	Rent	· —	Relocation Site/Public
		( Property 0	Owner)	
5 Complete Addre	ess :	,	,	
(Kumpleto na Address	Zone/Sitio	Barang	gay	City/Town
6 Name of Neares				
Neighbor (Silingan	n duol) Surname (Apelyid	o) Given Name	e (Ngalan)	M.I
7 Dila kana tanan	. h	B. FAMILY INFORMATION		
/ Pila kamo tanan nagpuyo sa inyo	i ka miembro sa pamilya nga perma ong balay karon?	nente nga	Permaner	nt residents of HH
nagpayo sa myo	ong buluy kurom.			pila kabuok ang bata niini
8 Pila ka miembro	sa inyong panimalay ang adunay t	rabaho o		members with Income
panginabuhi nga	a kakuhaan ug kinitaan?		sa panara	baho (employment)
9 Pila kasagaran a	ing binulan nga sweldo o kinitaan sa	a tanang	Monthly V	Vage Income(P)
miembro sa pan	nimalay nga may trabaho o pangita	? (Kinitaan	Daily Wag	e Income(P)
	ug uban pang miembro nga may pa pension ug financial allotment gik	=	Other Inc Gikan sa:	ome
anak o paryente	2)	C 14/4TED LISE AND 14/4TE	D EVDENCES	
		C. WATER USE AND WATER  (Gamit sa tubig ug balayro		
10 Asa man mo ma	ngkuhaan sa inyong tubig nga gagal	miton kada	nagpalit s	a silingan
	e.g. silingan, well/atabay,public fau		deepwell/	
aaiaii aaiaii (	0.8. 080)0, 0.00.00, 0.00	ecc, acan pay	bottled w	•
			public fau	
			uban pa	
11 Pila man ka cont	tainer nga tubig ang kasagaran mah	nurot sa		of Containers of
	sa usa ka adlaw"	Turot su		nsumed (in Liters)
12 Pila kasagaran a	ing inyong magasto para sa tubig sa	ı kada bulan?	Monthly '	Water Expenses (P)
		D. DESIRE FOR COWD COM		
		(Tinguha sa pag-apply sa linya	sa tubig)	
13 Gusto ka ba nga (Please check " / " you	n makabaton ug linya sa tubig sa Wa	iter District?	Yes	No
	nga mobayad sa minimum nga bala	yranon nga	Yes	No
<u>P218.40</u> sa una bulan? (Please chec	nga 10 metro cubico nga konsumo ck"/"your answer)	sa tubig kada		
15 Kanus-a ka man	gusto matauran ug linya sa tubig s	a COWD?	Sa labing	dali nga panahon (ASAP)
(Please check " / " you	ur answer)		Kung dun	a nay amo kwarta
			Tan-awon	lang usa namo
	<b>ΠΑΘΗΔΝ ΚΔΑΥΌΝΟ SΔΙ ΔΝ</b>	AAT SA IMONG PAG-TURAG	SA MGA PANGUTANA NIININ	
			AG-PIRMI SA UBOS NIINING F	
				Ngalan ug Pirma sa Gi-interview
			_	Datas
Gi-Interview ni:				Petsa
Gi-interview III.				
Corplan S	<u>Staff</u>			
Corpian 3	, carr			



### CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

### **CASH COUNT AUDIT SHEET**

NAME:	NAME OF FUND:		CASH COUNT DATE:
A. TELLER'S COLLECTION			
	IINATION	QUANTITY	TOTAL
BILLS	1,000.00		Р
	500.00		
	200.00		
	100.00		
	50.00		
	20.00		
TOTAL BILLS			Р
COINS	00.00		D.
COINS	20.00		Р
	10.00		
	5.00		
	1.00		
	0.25		
	0.10		
	0.05		
TOTAL COUNC	0.01		
TOTAL COINS			Р
TOTAL BILLS & COINS (A)			Р
TOTAL AMOUNT OF CHECKS	RECEIVED (See attached Detail	s C)	
CHANGE FUND (Denomination	n Attached B)		
TOTAL CASH AND CASH ITEN	IS COUNTED		Р
TOTAL COLLECTION AS O	F TIME OF AUDIT (TELLER'S D	All V COLL ECTION SU	D
ADD: CHANGE FUND HANDL		ALT GOLLLOTTON GO	11
LESS: REMITTED TO CASHIE	R (Per Acknowledgement Rece	ipt of Teller's	P
Deposit and Remittance) DEPOSITED TO COLLEG	CTING DANK		P
NET CASH ACCOUNTA	BLE		Р
OVERAGE / (SHORTAG	GE)		Р
(0110111111			II.
I hereby certify th	nat the above fund of P	was cou	unted in my presence by
intact. There are no other funds	on, 20_ in my possession for which I am a	, from to ccountable	and was returned to me
intact. There are no other funds	in my possession for which ram a	ccountable.	
		Custodian:	
	-	Signa	ature
	-	Nar	me
EXPLANATION OF CASH O	VERAGE/(SHORTAGE)		

Corrales Avenue, Cagayan de Oro City

### **CHANGE FUND DENOMINATION AND CHECKS DETAILS**

NAME OF TELLER:			
DATE OF COUNT:			
B. CHANGE FUND DEN	NOMINATION:		
	DENOMINATION	QUANTITY	TOTAL
BILLS	1,000.00		Р
	500.00		
	200.00		
	100.00		
	50.00		
	20.00		
TOTAL BILLS			Р
COINS	20.00		Р
	10.00		
	5.00		
	1.00		
	0.25		
	0.10		
	0.05		
	0.01		
TOTAL COINS			Р
			т.
TOTAL CHANGE FUND	COUNTED		Р

### C. CHECKS BREAKDOWN:

Water Accessibility - Our Priority!

BANK	CHECK NUMBER	DATE OF CHECK	AMOUNT
			P
TOTAL AMOUNT	OF CHECKS		Р



### CAGAYAN DE ORO CITY WATER DISTRICT Management Services Department Internal Control Division

### WORKMANSHIP CONTROL AUDIT CHECKLIST

ACCOUNT NAME:	TYPE OF WORKMASHIP A  NEW CONNECTION: CHANGE METER:		AUDITED: (PLEASE CHECK <u>\( \lambda\)</u> RECONNECTION:  TRANSFER OF METER:			
ADDRESS/LOCATION:						
·	-Installed by:		_			
	-Date Installed:					
METER RRAND.	DISCONNECTION:					
METER BRAND:			_			
METER SERIAL NO.:	-Disconnected by:					
DATE INSTALLED:	-Date Disconnected:					
	COMPL	IED (v/)	ΔΙ	JDIT POINTS	(X)	
	COMIL	COMPLIED (V)  AUDIT POINTS (X)  Rate "'-"-Critical-Lack of Controls; "2"-Copportunity in the control of the con		` '		
SERVICE CONNECTION STANDARD	YES	NO	Improvement; "3"=Reasonable/Effective Controls Exist			
			1	2	3	
A. NEW SERVICE CONNECTION						
1. Water Meter Position - in perfectly horizontal position						
2. Materials used according to standard						
3. Service lines buried at least 40 cm depth						
4. Pipelines not exposed after the meter						
5. PVC Pipe/Garden Hose not used after the meter					1	
6. Outside Property Line					1	
7. Backfilling of service line of sand below & above it - use new material only						
8. Tapping at Distribution Lines only (250 mm and above)						
9. Tapping at Distribution Lines only (200 mm and below)			1		+	
7						
10. GI Pipe Encasement of service line along drainage line or crossing canals						
B. RECONNECTION						
Water Meter Position - in perfectly horizontal position						
2. Pipelines not exposed after the meter						
3. PVC Pipe/Garden Hose not used after the meter						
4. Pipelines not laid the drainage/canals						
5. With meter stand					1	
6. Outside Property Line					1	
7. GI Pipe Encasement of service line along drainage line or crossing canals						
C. DISCONNECTION						
Water Meter was pulled-out and turned-over						
2. Angle Valve/Control Valve was detached (Stub-out)						
3. Stub-out, with plug						
4. Angle Valve must have padlock						
D. CHANGE METER						
Water Meter Position - in perfectly horizontal position						
2. Pipelines not exposed after the meter						
3. PVC Pipe/Garden Hose not used after the meter						
4. Pipelines not laid the drainage/canals						
5. With meter stand					1	
GI Pipe Encasement of service line along drainage line or crossing canals					1	
D. TRANSFER METER						
Water Meter Position - in perfectly horizontal position						
Pipelines not exposed after the meter			+		+	
PVC Pipe/Garden Hose not used after the meter					+	
· · · · · · · · · · · · · · · · · · ·					+	
4. Pipelines not laid the drainage/canals						
5. With meter stand			1	-	1	
6. Standpipe and PE pipe after the meter						
7. Outside Property line				<u> </u>		
AUDIT REMARKS/COMMENTS/GENERAL OBSERVATIONS: Meter installed	in correct meter positio	n, Complied	with the Servic	e Connectio	on Standard;	
Reasonnable/Effective Controls Exist.					<u> </u>	
nedsoniadisperiective controls exist						
Audit Conducted by:						
Auditor's Name & Signature		,	Auditee's Nam	e & Signatu	re	
Date of Audit:		Date Signed	·			



Date of Audit:

### CAGAYAN DE ORO CITY WATER DISTRICT Management Services Department Internal Control Division

### METER READING SAMPLING AUDIT CHECKLIST

### **CUSTOMER DATA:** ACCOUNT NAME: ACCOUNT NO: TYPE OF CONNECTION RESIDENTIAL ADDRESS/LOCATION: COMMERCIAL INSTALLED: BULK **METER READING DATA:** METER BRAND: PREVIOUS READING: \_\_\_\_ METER SERIAL NO.: PRESENT READING: DATE INSTALLED: DATE OF READING: METER READER ASSIGNED IN THIS AREA: AUDIT POINTS (X) COMPLIED (√) te "1"=Critical-Lack of Controls; "2"=Opportur for Improvement; "3"=Reasonable/Effective **OBSERVATION** YES NO Controls Exist METER READING: -Present reading was close to last reading -Meter reading is on schedule -Actual use is the same with what was registered per record (Res or Comm'l) METER LOCATION: -Outside Perimeter Fence/Property Line -Inside Perimeter Fence/Property Line -Transfer of Meter **requested** Outside Property Line METER CONDITION: -Good condition -readable (complied to standard) -Blurred to read -Stuck-up dial -Glass is broken -Meter defects reported for repair/replacement METER POSITION: -Correct position - horizontal (complied to standard) -Tilted position -Vertical position -Buried to ground or pavement -Wrong Meter Position reported for rehabilitation SC LEAKAGE: -Leakage **Before** the Meter -Leakage **After** the Meter -Leakage(s) **reported** for repair OTHERS: -No meter installed -Pilferage/Illegal use of water -Tampering of Meter -Meter stolen is not reported AUDIT REMARKS/COMMENTS/GENERAL OBSERVATIONS: Audit Conducted by: Auditor's Name & Signature Auditee's Name & Signature

Date Signed: \_\_\_



# CAGAYAN DE ORO CITY WATER DISTRICT Corrales Avenue, Cagayan de Oro City

Dis	Water Accessibility · Our Priority! PUBLIC RELATIONS / INFORMATION DIVISION					
	ST INTONIALION BIVISION					
PRESS RELEASE DOCUMENTATION INTERVIEW REPORTS / DOCUMENTS  Purpose:	LAYOUTING SERVICES  MOVIE MAKER  PUBLIC ADDRESS SYSTEM  PICTURES  OTHERS (please specify)					
Requested by: Name & Signature: Department: Date Requested:	Date Released / Accomplished:					
Recommending Approval:	Approved by:					
LADELE A. SAGRADO Division Manager A	<b>SULDIE D. LARANJO</b> Manager, Management Services Dept.					
FM-MSD-11	00 XX-XX-XXXX					
CAGAYAN DE ORO CITY WATER DISTRICT Corrales Avenue, Cagayan de Oro City  MANAGEMENT SERVICES DEPARTMENT PUBLIC RELATIONS / INFORMATION DIVISION						
REQUEST FORM #:						
PRESS RELEASE  DOCUMENTATION  INTERVIEW  REPORTS / DOCUMENTS	LAYOUTING SERVICES  MOVIE MAKER  PUBLIC ADDRESS SYSTEM  PICTURES  OTHERS (please specify)					
Purpose:						
Requested by: Name & Signature: Department : Date Requested :	Date Released / Accomplished:					
Recommending Approval:	Approved by:					
LADELE A. SAGRADO Division Manager A	SULDIE D. LARANJO Manager, Management Services Dept.					
FM-MSD-11	00 XX-XX-XXXX					

COPY-1	CRF NO.	COPY-2		CRF NO.	
Vate Accessibility Our Printell  Cagayan de Oro City	Water District	Cagayan de Oro City Water District			
<b>COMPLAINT REP</b>	ORT FORM	COMPLAINT REPORT FORM			
Date:	Time:	Date:	Tir	me:	
Name:		Name:			
Account Name:		Account Name:			
Address:		Address:			
Account Number:		Account Number:			
NATURE/TYPE OF COMPLAINT(S):		NATURE/TYPE OF (	COMPLAINT(S):		
No Water/Low Pressure:	☐ Day Time ☐ Night Time		.ow Pressure: 🗆 Day	Time 🗆 Night Time	
Turbid Water		Turbid Wate	er		
Leakage/Repair: □ Before	Meter   After Meter	Leakage/Re	pair:	☐ After Meter	
High Consumption (Billing con	cerns)		mption (Billing concerns)		
No Bills Received		No Bills Reco			
Illegal Connections (Unauthor			ections (Unauthorized us		
Meter Concerns:   Stolen I		Meter Conc	erns:   Stolen Meter  Broken Glass	<ul><li>☐ Inverted Meter</li><li>☐ Stuck-up Dial</li></ul>	
Follow-up service applicatio	·	Follow-up se	ervice applications for	·	
<del></del>	☐ Change of Name	—— New Conne	• •	ge of Name	
	☐ Change of Meter	□ Reconnecti		ge of Meter	
	☐ Meter Test	☐ Disconnect		_	
☐ Transfer of Tapping	☐ Penalty Adjustments	☐ Transfer of	f Tapping □ Pena	lty Adjustments	
PLEASE WRITE OTHER CONCERNS I	NOT LISTED ABOVE:	PLEASE WRITE OTH	HER CONCERNS NOT L	ISTED ABOVE:	
WRITE EXACT LOCATION WITH LAN	NDMARK:	WRITE EXACT LOCA	ATION WITH LANDMA	ARK:	
IF POSSIBLE, SKETCH OR DRAW LOBELOW:	CATION ON THE SPACE	IF POSSIBLE, SKETO BELOW:	CH OR DRAW LOCATIO	ON ON THE SPACE	
CONTACT NO. OF COMPLAINANT:		CONTACT NO. OF C	COMPLAINANT:		
	856-4546; 0906-007-0408; -007-0409; 0906-007-0411	COWD HOTLINE		546; 0906-007-0408 0409; 0906-007-041	

Received & Endorsed by:

Date/Time: /

Date/Time : /

Complaint Endorsed to:

Received & Endorsed by:

Complaint Endorsed to:

Date/Time : /

Date/Time: