



Water Accessibility - Our Priority!

## CAGAYAN DE ORO CITY WATER DISTRICT CSDS JOB ORDER REQUEST FORM

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

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

FM-MSD-01

00

XX-XX-XXXX



**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. GENERAL INFORMATION**

**1. In your most recent experience as COWD service customer, how did you make contact with our office?**

[ ] By **Telephone (Call)**, thru our: ( ) office staff ( ) complaint's desk (CCSD) ( ) teller/cashier ( ) supervisor/ manager

**Note: If customer called the office only, go directly to questions in Section B. Contact-by Telephone after answering questions 2 & 3.**  
(page 1)

[ ] In **Person (Office Visit)**, thru our: ( ) office staff ( ) complaint's desk (CCSD) ( ) teller/cashier ( ) supervisor/ manager

**Note: If contact was through our staff/office personnel, go directly to questions in Section C. Contact-In Person (Office Visit) after answering questions 2 & 3 first.**  
(page 2)

[ ] Through a **Service Team/Fieldmen**: ( ) meter reader ( ) bill delivery staff ( ) field inspectors ( ) service team/fieldmen

**Note: If contact was through the service teams/fieldmen, go directly to questions in Section D. Contact-thru Service Team/Personnel after answering questions 2 & 3 first.**  
(page 2)

**2. Which COWD Office did you called or recently visit for your customer service queries or complaints?**

[ ] Corrales- Main Office [ ] Kauswagan-Property/Shop Comp. [ ] Macasandig-Booster Station [ ] Bugo-Sub-Office

**3. Your main reason(s) for your telephone Call or personal Visit to the COWD Office? (Please check  all that apply to you):**

[ ] to **ask** for information: ( ) cowd data/information ( ) follow-up request ( ) other (specify) : \_\_\_\_\_

[ ] to **pay** my water bill(s)

[ ] to **apply** for **installation**:

( ) new connection ( ) reconnection ( ) disconnection ( ) elevation/ transfer meter/tapping service line

[ ] to **file complaints** on:

( ) low pressure to no water ( ) special reading-high consumption ( ) change of meter/ meter test

( ) dirty (turbid) water/ flushing-quality testing ( ) reclassification of service (Comm'l to Residential) ( ) no reading/ stuck-up meter

( ) service connection leaks ( ) stolen meter

[ ] to **inquire water billing**:

( ) no bill delivered ( ) inaccurate reading ( ) high consumption ( ) penalty charge on bill

[ ] to **settle** account notices:

( ) demand letter-past due acct. ( ) notice of disconnection ( ) penalty-illegal connection ( ) other (specify) : \_\_\_\_\_

[ ] to **request** for:

( ) stub-out/pipeline exten. ( ) repair of leakage(s)-mainline/service conn. ( ) rehabilitation of service line/stub-outs

( ) inspection of service line ( ) cut-off of illegal use of water/connections ( ) other (specify) : \_\_\_\_\_

**B. Contact - By TELEPHONE.**

**• When you contacted the COWD office by TELEPHONE...**

1. How many **telephone rings** you waited before your call was answered? [ ] 1 ring [ ] 2 rings [ ] 3 rings [ ] 4-5 rings [ ] >5 rings

2. Did the person answering your call **greet** you, introduce his/her **name & 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? [ ] YES [ ] NO

4. Did the person answering the call **answer your query** immediately? [ ] YES [ ] NO

5. Did the call closed by saying "**thank you for calling**" or use a **friendly** telephone **farewell**? "Thank you. May I do anythings else for you? Goodbye." [ ] YES [ ] NO

**• How satisfied you were with the response of the COWD staff or personnel who handled your call?**

	[1] Very Dissatisfied	[2] Somewhat Dissatisfied	[3] Just Satisfied	[4] Very Satisfied	[5] Extremely Satisfied
6. <b>Promptness</b> in answering your call, not kept you waiting on hold.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]
7. <b>Willingness</b> to listen & respond to your requests or complaints	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]
8. <b>Courteous &amp; professional</b> in manner throughout the conversation.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]
9. <b>Quickly connected</b> you to the right person that best assist you.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]
10. <b>Competency</b> in handling the process of getting your concerns resolved.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]
• Your <b>OVERALL</b> rating of the <b>telephone call experience</b> .	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]

**C. Contact - In PERSON (Walk-in/Office Visit).**

• When you came to **visit our office**, how do you rate the response of [1]POOR [2]FAIR [3]GOOD [4]VERY GOOD [5]EXCELLENT



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

**our COWD staff/personnel attended to your service concerns?**

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

• 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
16. <b>Response time</b> in attending to <b>request for Meter Test</b> ?	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]
16.1 <b>No. of days</b> your request for <b>Meter Test/Calibration</b> accomplished?	[1] >6 days	[2] 5-6 days	[3] 3-4 days	[4] 2 days	[5] 1 day
17. <b>Convenience</b> of <b>contacting</b> COWD offices <b>through Telephone</b> ?	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]
18. <b>Time</b> our staff take to <b>respond</b> to your <b>inquiries</b> quickly?	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]





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 [ ] 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 rings [ ] 3 rings [ ] 4-5 rings [ ] >5 rings
2. Did the person answering your call greet you, introduce his/her name & office at the beginning of the call? [ ] YES [ ] NO
3. Was the/call handled in a courteous/polite manner? [ ] YES [ ] NO
4. Did the person answering the call answer your query immediately? [ ] YES [ ] NO
5. Did the call was closed by saying thank you for calling or use a friendly telephone farewell? [ ] YES [ ] NO

How satisfied were you with the response of the COWD staff or personnel who handled your call?

- 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. Competency in handling the process of getting your concerns resolved. [ ] [ ] [ ] [ ] [ ]
Your overall rating of the telephone call experience. [ ] [ ] [ ] [ ] [ ]

Additional comments/suggestions: \_\_\_\_\_

Conducted by: \_\_\_\_\_
Department/Unit: \_\_\_\_\_
SQ#: \_\_\_\_\_

Employee (Rate): \_\_\_\_\_
Department/Unit: \_\_\_\_\_
Date Called: \_\_\_\_\_ Time: \_\_\_\_\_



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 [ ] the appropriate box that best describe the way our COWD staff and personnel you have in contact with handled your call.

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2. Did the person answering your call greet you, introduce his/her name & office at the beginning of the call? [ ] YES [ ] NO
3. Was the/call handled in a courteous/polite manner? [ ] YES [ ] NO
4. Did the person answering the call answer your query immediately? [ ] YES [ ] NO
5. Did the call was closed by saying thank you for calling or use a friendly telephone farewell? [ ] YES [ ] NO

How satisfied were you with the response of the COWD staff or personnel who handled your call?

- 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. Competency in handling the process of getting your concerns resolved. [ ] [ ] [ ] [ ] [ ]
Your overall rating of the telephone call experience. [ ] [ ] [ ] [ ] [ ]

Additional comments/suggestions: \_\_\_\_\_

Conducted by: \_\_\_\_\_
Department/Unit: \_\_\_\_\_
SQ#: \_\_\_\_\_

Employee (Rate): \_\_\_\_\_
Department/Unit: \_\_\_\_\_
Date 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.

• When you came to visit the COWD office ...

- 1. How long did you wait before being attended to by our COWD staff/personnel?
[ ] served at once [ ] within 5 minutes [ ] 5-10 minutes [ ] 11-20 minutes [ ] more than 20 minutes
2. What was/were the reason(s) for waiting before your complaints, requests or queries were attended?
[ ] queue/had to wait in line or turn. [ ] in-charged/assigned was not in the office/workstation.
[ ] slowness of the employee. [ ] staff on duty didn't know how to handle my problem/concerns.
[ ] employee's conversation with his/her peers or by telephone. [ ] others (please indicate):
3. How do you rate the cleanliness, convenience and/or physical set-up of our COWD office building, its facility(ies) and location?
[ ] Poor [ ] Fair [ ] Good [ ] Very Good [ ] Excellent
4. How long did it take for our COWD staff/personnel to resolve your complaints, requests or queries during your visit to our office?
[ ] immediately [ ] less than 1 day [ ] 2 to 3 days [ ] more than a week [ ] problem is still not resolved
5. If the problem is still not resolved immediately, how many times did you visit COWD office to follow-up complaints/requests/queries?
[ ] once [ ] twice [ ] three times [ ] more than 3 times [ ] many times visited office still problem not resolved

• How satisfied were you with the response of the COWD staff or personnel who handled your concern?

- 1. Behavior of the staff who greeted you and offered to help you.
2. Willingness to listen & respond to your complaints, requests or queries.
3. Courteousness and friendliness throughout the transaction.
4. Quickly identify problem & turn you over to the right person that can assist you.
5. Competency in handling the process of getting your concerns resolved.
6. Your OVERALL rating of your experience when you visited the COWD Office.

Table with 5 columns: Very Dissatisfied, Somewhat Dissatisfied, Just Satisfied, Very Satisfied, Extremely Satisfied. Rows 1-6 corresponding to the satisfaction questions.

Additional comments/suggestions: \_\_\_\_\_

Conducted by: \_\_\_\_\_
Department/Unit: \_\_\_\_\_
SQ#: \_\_\_\_\_

Employee (Ratee): \_\_\_\_\_
Department/Unit: \_\_\_\_\_
Date Visited: \_\_\_\_\_ Time: \_\_\_\_\_
Customer/Client: \_\_\_\_\_
(optional) (Signature over Printed Name)



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.

• When you came to visit the COWD office ...

- 1. How long did you wait before being attended to by our COWD staff/personnel?
[ ] served at once [ ] within 5 minutes [ ] 5-10 minutes [ ] 11-20 minutes [ ] more than 20 minutes
2. What was/were the reason(s) for waiting before your complaints, requests or queries were attended?
[ ] queue/had to wait in line or turn. [ ] in-charged/assigned was not in the office/workstation.
[ ] slowness of the employee. [ ] staff on duty didn't know how to handle my problem/concerns.
[ ] employee's conversation with his/her peers or by telephone. [ ] others (please indicate):
3. How do you rate the cleanliness, convenience and/or physical set-up of our COWD office building, its facility(ies) and location?
[ ] Poor [ ] Fair [ ] Good [ ] Very Good [ ] Excellent
4. How long did it take for our COWD staff/personnel to resolve your complaints, requests or queries during your visit to our office?
[ ] immediately [ ] less than 1 day [ ] 2 to 3 days [ ] more than a week [ ] problem is still not resolved
5. If the problem is still not resolved immediately, how many times did you visit COWD office to follow-up complaints/requests/queries?
[ ] once [ ] twice [ ] three times [ ] more than 3 times [ ] many times visited office still problem not resolved

• How satisfied were you with the response of the COWD staff or personnel who handled your concern?

- 1. Behavior of the staff who greeted you and offered to help you.
2. Willingness to listen & respond to your complaints, requests or queries.
3. Courteousness and friendliness throughout the transaction.
4. Quickly identify problem & turn you over to the right person that can assist you.
5. Competency in handling the process of getting your concerns resolved.
6. Your OVERALL rating of your experience when you visited the COWD Office.

Table with 5 columns: Very Dissatisfied, Somewhat Dissatisfied, Just Satisfied, Very Satisfied, Extremely Satisfied. Rows 1-6 corresponding to the satisfaction questions.

Additional comments/suggestions: \_\_\_\_\_

Conducted by: \_\_\_\_\_
Department/Unit: \_\_\_\_\_
SQ#: \_\_\_\_\_

Employee (Ratee): \_\_\_\_\_
Department/Unit: \_\_\_\_\_
Date Visited: \_\_\_\_\_ Time: \_\_\_\_\_
Customer/Client: \_\_\_\_\_
(optional) (Signature over Printed Name)



**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 mapanangkamutan kung unsaon pa gayud pagkab-ut sa kinatas-ang matang sa pag-alagad kaninyo nga mga konsyumidor sa tubig.

**A. Palihug linguini (encircle) ang imong gituohan nga ensakto nga tubag sa mga mosunod nga mga pangutana:**

- |  |     |    |
|--|-----|----|
| 1. Nakadawat ba kamo sa 24 ka oras nga serbisyo sa tubig?<br>(Do you have a 24-hour water service?)      | YES | NO |
| 2. Igo-igo ba ang kakusgon sa inyong tubig?<br>(Is your water pressure adequate?)                        | YES | NO |
| 3. Maayo ba ang lami sa inyong tubig?<br>(Does your water taste good?)                                   | YES | NO |
| 4. Nakaseguro ka ba sa kalimpyo sa inyong tubig?<br>(Are you confident that your water is safe?)         | YES | NO |
| 5. Natagbaw ba kamo sa serbisyo sa tubig sa COWD?<br>(Are you satisfied with the water service of COWD?) | YES | NO |

**B. Palihug gradohi ang kalidad sa serbesyo sa COWD u gang pagkamatinahurong ug pagkamatinaabangon sa mga empleyado niini: (Please put a check mark  on the space that corresponds to your answer.)**

	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. Palihug Isulat ang inyong mga sugyot, mga obserbasyon o uban pa ninyong ikasulti (suggestions, observations, and other comments) aron mahimong mas mayo pa ang among serbisyo kaninyo.**

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Address: \_\_\_\_\_  
(No. & Street) (Subdivision) (Barangay)

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Age: \_\_\_\_\_

**DAGHANG SALAMAT!**





**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**

DENOMINATION	QUANTITY	TOTAL
BILLS	1,000.00	P
	500.00	
	200.00	
	100.00	
	50.00	
	20.00	
<b>TOTAL BILLS</b>		P
COINS	20.00	P
	10.00	
	5.00	
	1.00	
	0.25	
	0.10	
	0.05	
	0.01	
<b>TOTAL COINS</b>		P
<b>TOTAL BILLS &amp; COINS (A)</b>		P
<b>TOTAL AMOUNT OF CHECKS RECEIVED (See attached Details C)</b>		
<b>CHANGE FUND (Denomination Attached B)</b>		
<b>TOTAL CASH AND CASH ITEMS COUNTED</b>		P
<b>TOTAL COLLECTION AS OF TIME OF AUDIT (TELLER'S DAILY COLLECTION SUMMARY)</b>		P
<b>ADD: CHANGE FUND HANDLED (B)</b>		
<b>LESS: REMITTED TO CASHIER (Per Acknowledgement Receipt of Teller's Deposit and Remittance)</b>		P
<b>DEPOSITED TO COLLECTING BANK</b>		P
<b>NET CASH ACCOUNTABLE</b>		P
<b>OVERAGE / (SHORTAGE)</b>		P

I hereby certify that the above fund of P\_\_\_\_\_ was counted in my presence by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_ and was returned to me intact. There are no other funds in my possession for which I am accountable.

Custodian:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

EXPLANATION OF CASH OVERAGE/(SHORTAGE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CAGAYAN DE ORO CITY WATER DISTRICT**

Corrales Avenue, Cagayan de Oro City

Water Accessibility - Our Priority!

**CHANGE FUND DENOMINATION AND CHECKS DETAILS**

NAME OF TELLER: \_\_\_\_\_

DATE OF COUNT: \_\_\_\_\_

**B. CHANGE FUND DENOMINATION:**

	DENOMINATION	QUANTITY	TOTAL
BILLS	1,000.00		P
	500.00		
	200.00		
	100.00		
	50.00		
	20.00		
<b>TOTAL BILLS</b>			P
COINS	20.00		P
	10.00		
	5.00		
	1.00		
	0.25		
	0.10		
	0.05		
	0.01		
<b>TOTAL COINS</b>			P
<b>TOTAL CHANGE FUND COUNTED</b>			P

**C. CHECKS BREAKDOWN:**

BANK	CHECK NUMBER	DATE OF CHECK	AMOUNT
			P
<b>TOTAL AMOUNT OF CHECKS</b>			P



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

**WORKMANSHIP CONTROL**  
**AUDIT CHECKLIST**

ACCOUNT NAME: \_\_\_\_\_  
 ACCOUNT NO: \_\_\_\_\_  
 ADDRESS/LOCATION: \_\_\_\_\_  
 \_\_\_\_\_  
 METER BRAND: \_\_\_\_\_  
 METER SERIAL NO. : \_\_\_\_\_  
 DATE INSTALLED: \_\_\_\_\_

TYPE OF WORKMASHIP AUDITED: (PLEASE CHECK )  
**NEW CONNECTION:** \_\_\_\_\_ **RECONNECTION:** \_\_\_\_\_  
**CHANGE METER:** \_\_\_\_\_ **TRANSFER OF METER:** \_\_\_\_\_  
 -Installed by: \_\_\_\_\_  
 -Date Installed: \_\_\_\_\_  
**DISCONNECTION:** \_\_\_\_\_  
 -Disconnected by: \_\_\_\_\_  
 -Date Disconnected: \_\_\_\_\_

SERVICE CONNECTION STANDARD	COMPLIED (✓)		AUDIT POINTS (X)		
	YES	NO	Rate "1"=Critical-Lack of Controls; "2"=Opportunity for Improvement; "3"=Reasonable/Effective Controls Exist		
			1	2	3
<b>A. NEW SERVICE CONNECTION</b>					
1. Water Meter Position - in perfectly <b>horizontal position</b>					
2. Materials used according to standard					
3. Service lines buried <b>at least 40 cm depth</b>					
4. Pipelines not exposed after the meter					
5. PVC Pipe/Garden Hose not used after the meter					
6. Outside Property Line					
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)					
10. GI Pipe Encasement of service line along drainage line or crossing canals					
<b>B. RECONNECTION</b>					
1. Water Meter Position - in perfectly <b>horizontal position</b>					
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					
6. Outside Property Line					
7. GI Pipe Encasement of service line along drainage line or crossing canals					
<b>C. DISCONNECTION</b>					
1. 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					
<b>D. CHANGE METER</b>					
1. Water Meter Position - in perfectly <b>horizontal position</b>					
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					
6. GI Pipe Encasement of service line along drainage line or crossing canals					
<b>D. TRANSFER METER</b>					
1. Water Meter Position - in perfectly <b>horizontal position</b>					
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					
6. Standpipe and PE pipe after the meter					
7. Outside Property line					

**AUDIT REMARKS/COMMENTS/GENERAL OBSERVATIONS:** Meter installed in correct meter position, Complied with the Service Connection Standard; Reasonable/Effective Controls Exist.

Audit Conducted by: \_\_\_\_\_

\_\_\_\_\_  
 Auditor's Name & Signature

\_\_\_\_\_  
 Auditee's Name & Signature

Date of Audit: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**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: \_\_\_\_\_ INSTALLED: COMMERCIAL \_\_\_\_\_

\_\_\_\_\_ BULK \_\_\_\_\_

**METER READING DATA:**

METER BRAND: \_\_\_\_\_ PREVIOUS READING: \_\_\_\_\_

METER SERIAL NO.: \_\_\_\_\_ PRESENT READING: \_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_ DATE OF READING: \_\_\_\_\_

METER READER ASSIGNED IN THIS AREA: \_\_\_\_\_

OBSERVATION	COMPLIED (v)		AUDIT POINTS (X)		
	YES	NO	Rate "1"=Critical-Lack of Controls; "2"=Opportunity for Improvement; "3"=Reasonable/Effective Controls Exist		
			1	2	3
<b>METER READING:</b>					
-Present reading was close to last reading					
-Meter reading is on schedule					
-Actual use is the same with what was <b>registered per record</b> (Res or Comm'l)					
<b>METER LOCATION:</b>					
-Outside Perimeter Fence/Property Line					
-Inside Perimeter Fence/Property Line					
-Transfer of Meter <b>requested</b> Outside Property Line					
<b>METER CONDITION:</b>					
-Good condition -readable (complied to standard)					
-Blurred to read					
-Stuck-up dial					
-Glass is broken					
-Meter defects <b>reported</b> for repair/replacement					
<b>METER POSITION:</b>					
-Correct position - horizontal (complied to standard)					
-Tilted position					
-Vertical position					
-Buried to ground or pavement					
-Wrong Meter Position <b>reported</b> for rehabilitation					
<b>SC LEAKAGE:</b>					
-Leakage <b>Before</b> the Meter					
-Leakage <b>After</b> the Meter					
-Leakage(s) <b>reported</b> for repair					
<b>OTHERS:</b>					
-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 of Audit: \_\_\_\_\_

Date Signed: \_\_\_\_\_



Water Accessibility - Our Priority!

### 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 : \_\_\_\_\_

Received & Processed by: \_\_\_\_\_  
 Date Released / Accomplished: \_\_\_\_\_

Recommending Approval:

**LADELE A. SAGRADO**  
Division Manager A

Approved by:

**SULDIE D. LARANJO**  
Manager, Management Services Dept.

FM-MSD-11

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XX-XX-XXXX



Water Accessibility - Our Priority!

### CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

#### MANAGEMENT SERVICES DEPARTMENT PUBLIC RELATIONS / INFORMATION DIVISION

**REQUEST FORM #:** \_\_\_\_\_

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 Date Released / Accomplished: \_\_\_\_\_

Recommending Approval:

**LADELE A. SAGRADO**  
Division Manager A

Approved by:

**SULDIE D. LARANJO**  
Manager, Management Services Dept.

FM-MSD-11

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XX-XX-XXXX

