# BACKFLOW INCIDENT REPORT FORM

Water System: _____

Water System Number: _____

Incident Date: _____

Incident Time (if known):_____

Incident Location: _____

How was the incident discovered?

_____

Backflow Originated from:

Premise Location: _____

Address: _____

Premise Contact Person: _____ Title:_____

Phone:_____ Email: _____

Connection Type: (please check one)

☐ Industrial ☐ Commercial ☐ Single-Family Residential ☐ Multi-Family Residential

☐ Irrigation ☐ Recycled Water ☐ Water System Facility

☐ Other: _____

Description and source of backflow substance (please be as descriptive as possible):

_____

_____

*If available, please attach an MSDS or other chemical description form*

Was the backflow fluid contained within the user side? YES ☐ NO ☐

Estimated Number of Affected Persons: _____

Number and description of consumer complaints received:

_____

_____

Did any consumers report illness? Please describe.

_____

_____

If applicable, please describe the consumer notification:

_____

_____

## INVESTIGATION

Please describe the water system investigation including time frames:

_____
_____
_____
_____
_____
_____

What was the area system pressure? _____

Is this within typical range: YES ☐ NO ☐ - typical pressure: _____

Was a sample of the water contaminated by the backflow incident collected and stored before flushing? YES ☐ NO ☐

Please describe all sampling:

_____

_____

_____

*DDW recommends laboratory or field sampling for the following parameters: total coliform, E. coli, free and total chlorine residual, pH, odor, turbidity, temperature, and color. Additional sampling should be collected at the PWS and regulatory agency's discretion.*

## CORRECTIVE ACTIONS

Please describe the corrective actions taken by the water system:

_____
_____
_____
_____
_____
_____

Was the chlorine residual increased after discovery of backflow incident?

YES☐ NO ☐

Date of the last cross-connection control hazard assessment of the premise with the backflow incident conducted: _____

Did the premise have backflow prevention assemblies? YES ☐ NO ☐

Date of most recent backflow prevention assembly test(s): _____

When was the Division of Drinking Water or Local County Health office notified?

Date: _____Time: _____ Contact Person: _____

Was the Division or Local County Health notified within 24 hours? YES ☐ NO ☐

Other agencies or organizations contacted?

## CERTIFICATION

Name: _____ Job Title: _____

Certification(s): _____

_____

*Please list all cross-connection control related certifications including number and expiration date*