

Cross-Connection Control Program BACKFLOW INCIDENT REPORT FORM

Note: This form is intended to be used for compliance with WAC 246-290-490(8)(g).

Part 1: Public Water System (PWS) Information

PWS ID:	PWS Name:	County:
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Part 2: Backflow Incident Information

A. Incident Identification

Incident Date:	Time of Incident:	Incident ID (DOH Use):
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B. Information on Premises where Backflow Originated

Name of Premises:		Type:	
Contact Name:			Title:
Address:			Phone:
City:	St: WA	Zip:	Email:
Type or Description of Premises (Table 9 Type*, if applicable):			
Most Recent Hazard Evaluation Prior to Incident Date: None <input type="checkbox"/>		Hazard Level:	
PWS Relies on <i>In-premises Protection</i> for this Service <input type="checkbox"/>		Premises Isolation Required by PWS?:	
Other Evaluation Information:		Type of Backflow Preventer Required:	

*See WAC 246-290-490(4)(b)(i)

C. Method of Discovery of Backflow

How was the backflow discovered? (Check all that apply.)	Direct Observation <input type="checkbox"/> Meter Running Backwards <input type="checkbox"/> Water Use Decrease <input type="checkbox"/> Water Quality Monitoring <input type="checkbox"/> Disinfectant Residual <input type="checkbox"/> Water Quality Complaint <input type="checkbox"/> Illness Complaint <input type="checkbox"/> Result of Investigation <input type="checkbox"/> Other (Describe):
Incident Reported By	PWS Personnel <input type="checkbox"/> Premises Owner <input type="checkbox"/> Backflow Assembly Tester <input type="checkbox"/>

D. Contaminant Information

Type of Contaminant (check all that apply):	Microbiological <input type="checkbox"/> Chemical <input type="checkbox"/> Physical <input type="checkbox"/>
Describe (name of organism, chemical, etc.):	Description (Attach lab analysis or MSDS, if available):

E. Extent and Effects of Contamination

Extent of contamination:	
No. of connections affected: Residential:	Non-Residential:
Population affected or at risk: Residential:	Non-Residential:
No. of water quality complaints:	Describe water quality complaints:
No. of illnesses reported:	Describe illness or irritation (Specific illnesses, if known):
Physical irritation cases reported:	

Part 3: CCC Information at Backflow Site

A. Source of Contaminant

Source of contaminant or fixture type (check all that apply):	Air conditioner/heat exchanger	<input type="checkbox"/>	Industrial/commercial process	
	Auxiliary water supply	<input type="checkbox"/>	water/fluid.....	<input type="checkbox"/>
	Beverage machine	<input type="checkbox"/>	Medical/dental fixture	<input type="checkbox"/>
	Boiler, hot water system	<input type="checkbox"/>	Reclaimed water system.....	<input type="checkbox"/>
	Chemical injector/aspirator	<input type="checkbox"/>	Swimming pools, spa	<input type="checkbox"/>
	Fire protection system	<input type="checkbox"/>	Wastewater (sewage) system	<input type="checkbox"/>
	Irrigation system (PWS supplied)	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>
			<input type="checkbox"/>

B. Water System Distribution Main Status in Vicinity of Backflow Incident

Pressurization (check all that apply):	Gravity <input type="checkbox"/> Pump <input type="checkbox"/> Emergency generator available <input type="checkbox"/> Normal pressure at vicinity _____ psi (if range, enter lower end of range)
Pipe material and size:	Duct. iron <input type="checkbox"/> Cast iron <input type="checkbox"/> PVC <input type="checkbox"/> A/C <input type="checkbox"/> Other (Specify) _____ Size (Inches) _____
Main/pressure status at time of incident (check all that apply):	Normal <input type="checkbox"/> Main break <input type="checkbox"/> Scheduled water shutoff by PWS <input type="checkbox"/> Unscheduled/emergency shutoff by PWS <input type="checkbox"/> Fire fighting <input type="checkbox"/> Power outage <input type="checkbox"/> Source/plant outage <input type="checkbox"/> Other high usage <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____ Pressure at time of incident, if known _____ psi
Other information:	

C. Cause of Backflow

Underlying cause of backflow:	
Describe causes and circumstances leading to backflow:	

D. Backflow Preventer Installation Status at Site of Backflow

Note:

- If the premises identified in Part 2 A was protected by a premises isolation backflow preventer, AND the contaminant entered the distribution system, complete the table for the premises isolation preventer.
- In all other cases, complete the table for the backflow preventer installed at the fixture or for in-premises protection.

Installation status (check one box):	None installed <input type="checkbox"/> Installed for: Type installed (if any):
Installation condition (check all that apply):	N/A (None installed) <input type="checkbox"/> Approved correct assembly properly installed <input type="checkbox"/> Not commensurate with degree of hazard <input type="checkbox"/> Improperly installed <input type="checkbox"/> Unapproved assembly <input type="checkbox"/> Improperly protected bypass present <input type="checkbox"/> Not inspected/tested/maintained within last 12 months prior to incident <input type="checkbox"/>
Other information on installation condition:	

E. Backflow Preventer Condition at Site of Backflow

Backflow preventer information:	None installed <input type="checkbox"/> Make: Model: Size: Serial no.: Date installed: DOH or USC-approved when installed?
Backflow preventer working status after backflow incident. Inspection and test information [required by WAC 246-290-490(7)(b)]. Attach test report.	No backflow preventer installed <input type="checkbox"/> None performed <input type="checkbox"/> Date of test/inspection: Passed test or inspection <input type="checkbox"/> Failed test or inspection <input type="checkbox"/> Did failure allow backflow to occur through preventer? If "yes," please explain:
Preventer failure information, if applicable (check all that apply)	Fouled Check <input type="checkbox"/> Debris <input type="checkbox"/> Warped Seat <input type="checkbox"/> Weather-related damage <input type="checkbox"/> Other
Backflow preventer working status prior to backflow incident. Most recent information inspection and test information. Attach test report(s), if available.	No backflow preventer installed <input type="checkbox"/> None on record <input type="checkbox"/> Date of test/inspection: Passed test or inspection (whether or not repaired) <input type="checkbox"/> Failed test or inspection, no repairs made <input type="checkbox"/> Other information:

Part 4: Corrective Action

Action taken to restore water quality (check all that apply):	No action <input type="checkbox"/> Flushed/cleaned mains <input type="checkbox"/> Flushed/cleaned plumbing <input type="checkbox"/> Disinfection <input type="checkbox"/> Other treatment <input type="checkbox"/> Describe: Replaced mains <input type="checkbox"/> Replaced plumbing <input type="checkbox"/> Other:
Action ordered to correct cross-connection situation (check all that apply): Check if accomplished <input type="checkbox"/>	No action <input type="checkbox"/> Eliminate cross-connection <input type="checkbox"/> Remove by-pass <input type="checkbox"/> Type of new backflow preventer to be installed: To be installed for: Type of replacement preventer to be installed: Repair or re-plumb existing preventer <input type="checkbox"/> Other:
Required notifications* (check all that apply):	DOH <input type="checkbox"/> Local Health Agency <input type="checkbox"/> Local Administrative Authority <input type="checkbox"/> Issued by end of next business day:
Other notifications (check all that apply):	Population at risk <input type="checkbox"/> Public notification (per DOH regs) <input type="checkbox"/> Boil Water Advisory <input type="checkbox"/> Other (describe):
Other enforcement or corrective actions:	Describe:

*These are required in accordance with WAC 246-290-490(8)(f).

Part 5: Cost of Backflow Incident

Item	PWS Personnel Hours Expended	Cost to PWS (\$)	Cost to Premises Owner (\$)
Investigation			
Restoration of water quality			
Correction of cross-connection situation			
Litigation and/or settlement			
Other not included in above			

Part 6: Further Narrative and Comments

Public Water Systems may attach a more extensive report on this incident. Information such as pictures, sketches, newspaper or journal articles, epidemiological reports, water quality analyses, etc., will be greatly appreciated. Information may also be submitted in electronic form.

Part 7: Form Completion Information

Note Form should be completed by a person certified as a Cross-Connection Control Specialist

I certify that the information provided in this Backflow Incident Report is complete and accurate to the best of my knowledge.			
CCC Program Mgr Name (print):		Title:	
Signature:	CCS. Cert No:	Date:	
Phone:	E-mail:		
I certify that the information provided in this report accurately represents the information available pertaining to this backflow incident.			
PWS Mgr Name (Print):		Title:	
Signature:	Op. Cert No:	Date:	

Send completed form to:

Washington State Department of Health
 Office of Drinking Water – CCC Program Manager
 P O Box 47822
 Olympia, WA 98504-7822

By email to: terri.Notestine@doh.wa.gov or cccprogram@doh.wa.gov

Thank you for completing this report.

If you have any questions, comments or suggestions regarding this form, please send them to DOH at cccprogram@doh.wa.gov

Supplement for Additional Backflow Preventers at Backflow Incident Site

Note:

If there are more than one backflow preventer at the backflow incident site, use these tables to enter information for these preventers. See next page for another set of tables.

D-1. Backflow Preventer Installation Status at Site of Backflow

Description, Location or other identification of backflow preventer	
Installation status (check one box):	None installed <input type="checkbox"/> Installed for: Type installed (if any):
Installation condition (check all that apply):	N/A (None installed) <input type="checkbox"/> Approved correct assembly properly installed <input type="checkbox"/> Not commensurate with degree of hazard <input type="checkbox"/> Improperly installed <input type="checkbox"/> Unapproved assembly <input type="checkbox"/> Improperly protected bypass present <input type="checkbox"/> Not inspected/tested/maintained within last 12 months prior to incident <input type="checkbox"/>
Other information on installation condition:	

E-1. Backflow Preventer Condition at Site of Backflow

Enter condition information for backflow preventer identified in table D-1

Backflow preventer information:	None installed <input type="checkbox"/> Make: Model: Size: Serial no.: Date installed: DOH or USC-approved when installed?
Backflow preventer working status after backflow incident. Inspection and test information [required by WAC 246-290-490(7)(b)]. Attach test report.	No backflow preventer installed <input type="checkbox"/> None performed <input type="checkbox"/> Date of test/inspection: Passed test or inspection <input type="checkbox"/> Failed test or inspection <input type="checkbox"/> Did failure allow backflow to occur through preventer? If "yes," please explain:
Preventer failure information, if applicable (check all that apply)	Fouled Check <input type="checkbox"/> Debris <input type="checkbox"/> Warped Seat <input type="checkbox"/> Weather-related damage <input type="checkbox"/> Other
Backflow preventer working status prior to backflow incident. Most recent information inspection and test information. Attach test report(s), if available.	No backflow preventer installed <input type="checkbox"/> None on record <input type="checkbox"/> Date of test/inspection: Passed test or inspection (whether or not repaired) <input type="checkbox"/> Failed test or inspection, no repairs made <input type="checkbox"/> Other information:

Supplement for Additional Backflow Preventers at Backflow Incident Site (Continued)

D-2. Backflow Preventer Installation Status at Site of Backflow

Description, Location or other identification of backflow preventer	
Installation status (check one box):	None installed <input type="checkbox"/> Installed for: Type installed (if any):
Installation condition (check all that apply):	N/A (None installed) <input type="checkbox"/> Approved correct assembly properly installed <input type="checkbox"/> Not commensurate with degree of hazard <input type="checkbox"/> Improperly installed <input type="checkbox"/> Unapproved assembly <input type="checkbox"/> Improperly protected bypass present <input type="checkbox"/> Not inspected/tested/maintained within last 12 months prior to incident <input type="checkbox"/>
Other information on installation condition:	

E-2. Backflow Preventer Condition at Site of Backflow

Enter condition information for backflow preventer identified in table D-2

Backflow preventer information:	None installed <input type="checkbox"/> Make: Model: Size: Serial no.: Date installed: DOH or USC-approved when installed?
Backflow preventer working status after backflow incident. Inspection and test information [required by WAC 246-290-490(7)(b)]. Attach test report.	No backflow preventer installed <input type="checkbox"/> None performed <input type="checkbox"/> Date of test/inspection: Passed test or inspection <input type="checkbox"/> Failed test or inspection <input type="checkbox"/> Did failure allow backflow to occur through preventer? If "yes," please explain:
Preventer failure information, if applicable (check all that apply)	Fouled Check <input type="checkbox"/> Debris <input type="checkbox"/> Warped Seat <input type="checkbox"/> Weather-related damage <input type="checkbox"/> Other
Backflow preventer working status prior to backflow incident. Most recent information inspection and test information. Attach test report(s), if available.	No backflow preventer installed <input type="checkbox"/> None on record <input type="checkbox"/> Date of test/inspection: Passed test or inspection (whether or not repaired) <input type="checkbox"/> Failed test or inspection, no repairs made <input type="checkbox"/> Other information: