

Natural Disaster Incident Report Form

BACKGROUND INFORMATION

Name of Public Water System : _____

Public water system (PWS ID) number: _____

PWS Phone #: _____

PWS Address: _____

Date of most recent site visit: _____

PWS Type: _CWS _NCWS _TNCWS

PWS Source: _GW _SW _Both _Purchased _Don't Know

Population of PWS: _____

Met with

Name: _____

Phone: _____

Email: _____

Date: _____

Time: _____

Contact made: On site
Phone
Email

DAMAGE ASESMENT INFORMATION

Is the water system in operation? _Yes _No _Partial _Don't Know

Did the water system lose pressure? _Yes _No _Partial _Don't Know

Power Loss: _Yes _No _Don't Know

Physical Damage: _Yes _No _Don't Know

Other:

Is the water system operating under a boil order? _Yes _No _Don't know

If there is physical damage to the water system, identify the parts of the system that have been damaged and the extent of the damage:

_Critical _Not Critical

Valves: _____

Pumps: _____

Electrical equipment: _____

Storage tanks: _____

Pipes: _____

SCADA: _____

Dams: _____

Vehicles: _____

Other: _____

PWS Name:
Incident Name:

PWS ID#:
Incident ID#:

Critical customers (List):

Being Served (Yes/No)? ___

1. _____
2. _____
3. _____
4. _____

(Examples: Hospitals, Industries, Emergency Response Facilities, etc.)

OPERATOR INFORMATION

What are the water system's current staffing levels?

| Category | Normal Staffing Level | Current Staffing Level |
|---------------------------|-----------------------|------------------------|
| Operators (certified) | | |
| Operators (not certified) | | |
| Administrative | | |
| Information Technology | | |

GENERATOR

Does the system have back-up generation? _Yes _No _Some _Don't know

How many generators does the system have? _____

Are generators currently in use: _Yes _No _Don't know

Fuel Type: _____ # of Days Supply: _____ Fuel Storage Capacity: _____

Do the generators allow the entire system to operate? _Yes _No _Don't know

If No, Explain: _____

How long each day do you run each generator? _____

SOURCES

| Name | Type | Condition |
|------|--------------|-----------|
| | _ GW _ SW | |
| | _ GW _ SW | |
| | _ GW _ SW | |

PWS Name:
Incident Name:

PWS ID#:
Incident ID#:

TREATMENT INFORMATION

Type of Disinfection used by Water System (Check all that apply):

| Disinfectant Type | Pre-treatment | Primary | Booster | Operational (yes/no) |
|------------------------------------|---------------|---------|---------|----------------------|
| Chlorination: gaseous | | | | |
| Chlorination: sodium hypochlorite | | | | |
| Chlorination: calcium hypochlorite | | | | |
| Chlorine Dioxide | | | | |
| Ozonation | | | | |
| UV | | | | |
| Chloramination | | | | |

How many days supply of disinfectant does the water system currently have? _____

Does System have filtration? Yes No Don't Know

| Chemicals Used For Treatment | Days Supply Remaining | Next Expected Delivery Date |
|------------------------------|-----------------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |

SAMPLING INFORMATION

Which of the following water quality parameters do you have capability to test (Circle all that apply)?

__pH __Free Chlorine __Total Chlorine __Alkalinity __Turbidity __Total Coliform

Other: _____

Additional description of State's / water system's response and results of water quality testing:

OTHER SYSTEM RESPONSE MEASURES

Isolation: _Yes _No _Don't Know
Emergency Booster Disinfection in Distribution System: _Yes _No _Don't Know
Re-routing of water to customers: _Yes _No _Don't Know
Discontinuation of service to customers: _Yes _No _Don't Know
Have there been customer complaints reported: _Yes _No _Don't Know
Emergency Interconnection: _Yes _No _Don't Know
Is additional assistance from the EPA being requested at this time?
(If yes, describe below) _Yes _No

Additional Details/Notes

Any Additional Needs?

FIELD TESTS

Pressure

Normal Range: _____

Average: _____

Field Test Result: _____ psi

Field Test Location: _____

Chlorine Residual

Normal Range: _____

Average: _____

Field Test Result: _____

Field Test Location: _____

Total Coliform

Number of samples: _____

Designated date and time for update and follow-up to missing info: _____

Signature of Water System Representative: _____
(if present)

Signature of Assessor: _____

Name of Assessor (printed): _____

Today's Date: _____