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 ASESSMENT 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:_____

This template report was provided via the U.S. EPA's website on Federal Funding for Utilities - Water/Wastewater - in National Disasters (Fed FUNDS).
For further information, please visit http://water.epa.gov/infrastructure/watersecurity/funding/index.cfm.

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	

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? _Yes _No
(If yes, describe below)

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: _____

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