# **Natural Disaster Incident Report Form**

# **BACKGROUND INFORMATION**

Name of Public Water System :	<u>Met with</u>
Public water system (PWS ID) number:	Name:
PWS Phone #:	Phone:
PWS Address:	Email:
Date of most recent site visit:	Date:
PWS Type: _CWS _NCWS _TNCWS PWS Source: _GW _SW _Both _Purchased _Don't Know	Time:
Population of PWS:	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 Knov	N
Physical Damage:	_Yes	_No	_Don't Knov	N
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:	PV
Incident Name:	Incide

PWS ID#: Incident ID#:

# Critical customers (List):

<b>Being Served</b>	(Yes/No)?
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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-u	p generation?	_Yes	_No	_Some		_Don't know
How many generators does the	ne system have?					
Are generators currently in us	e:			_Yes	_No	_Don't know
Fuel Type:	# of Days Supply:		Fuel Stora	age Capac	city:	
Do the generators allow the e	ntire system to operate?	•		_Yes	_No	_Don't know
If No, Explain:						
How long each day do you ru	n each generator?					
SOURCES						

Name	Туре	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

Days Supply Remaining	Next Expected Delivery Date
	Days Supply Remaining

#### 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:	
<b>Total Coliform</b> Number of samples:	

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

Signature of Water System Repre (if present)	esentative:	
Signature of Assessor:		_
Name of Assessor (printed):		_

Today's Date: