Cross-Connection Control Program

BACKFLOW INCIDENT REPORT FORM

Note: *Use this form to comply with WAC 246-290-490(8)(g).*

Part 1: Public Water System (PWS) Information

PWS ID:	PWS Name:	County:

Part 2: Backflow Incident Information

A. Incident Identification

Incident date:	Time of incident:	Incident ID (DOH use):

B. Information on Premises where Backflow Originated

Name of premises:		
Premises physical address:		
City: ,WA	Zip:	
Premises type: non-residential ☐ residential ☐		
Premises category/description (Table 9 category*, if applicable):		
Most recent hazard evaluation prior to incident (mm/dd/yyyy): None ☐		
PWS's assessed hazard level:	*Premises isolation* required by PWS? Yes ☐ No ☐	
Type of backflow preventer required by PWS:	PWS relies on *in-premises protection*? Yes ☐ No ☐	
Other hazard evaluation information:		

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

C. Method of Discovery of Backflow

How the backflow was discovered (check all that apply):	Direct observation ……. ☐ Meter running backwards …….. ☐ Water use decrease …… ☐ Disinfectant residual monitoring ... ☐ Water quality monitoring …….. ☐	Water quality complaint ……..... ☐ Illness/injury complaint ……..... ☐ Result of Investigation ……... ☐ Other (Describe): ☐
Incident reported to the public water system by:	PWS Personnel ☐ Premises Owner/Occupant ☐ Other PWS Customer ☐ Backflow Assembly Tester ☐ Other (Specify):	

D. Contaminant Information

Contaminant type (check all that apply):	Microbiological ☐ Chemical ☐ Physical ☐
Describe contaminant (for example, the organism name, chemical, etc.). Please attach lab analysis or MSDS, if available.	

E. Extent and Effects of Contamination

Estimated extent of contamination:	Contained within premises ☐ Entered PWS distribution system ☐
Estimated number of connections affected:	Residential Non-residential
Estimated population affected or at risk:	Residential Non-residential
Number water quality complaints:	Describe water quality complaints:
Number illnesses reported:	Describe illnesses/irritation (specific illnesses, if known):
Number physical injuries(e.g. burns) or irritation(e.g. rashes) cases reported:	

Part 3: Cross-Connection Control Information at Backflow Site

A. Source of Contaminant

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

B. Distribution System Pressure Conditions in the Vicinity of the Backflow Incident

Type of backflow:	Backsiphonage ☐ Backpressure ☐	**Typical distribution system pressure in vicinity of incident** (if range, enter lower end of range)**:** psi
Main/pressure status at time of incident (check all that apply):	Normal ……..... ☐ Main break ……..... ☐ Fire fighting …… ☐ Other high usage ……. ☐ Power outage …… ☐	Source/plant outage …… ☐ Scheduled water shutoff by PWS …... ☐ Unscheduled/emergency shutoff …… ☐ Unknown ...…….…..... ☐ Other (specify) ☐

Describe causes and circumstances leading to backflow:

C. Backflow Preventer Information/Installation/Approval Status at Site of Backflow

Complete the tables in C and D for the ***premises isolation*** preventer for either of the following situations:

- If a premises isolation backflow preventer is installed ***and*** the contaminant entered the PWS distribution system.
- If the premises isolation assembly is the only backflow preventer at the site.

In all other cases, complete tables in C and D for the ***in-premises*** backflow preventer installed at the fixture. If more than one backflow preventer was involved in the backflow incident, copy tables C and D and complete them for the additional preventer(s).

If no backflow preventer was installed at the time the incident occurred, check this box ☐ and go directly to Part 4. Don't fill out the tables below (in C and D).

Backflow preventer information:	Type installed:	Installed for:
	Make:	Model: Size:
	Serial number:	Date installed:
Installation status (check all that apply):	Properly installed/plumbed ☐ Improperly installed/plumbed ☐	Improperly protected bypass present ☐ If so, explain:
Commensurate with assessed degree of hazard?	Yes ☐ No ☐	If not, explain:
DOH/USC-approved at time of backflow incident?	Yes ☐ No ☐	If not, approved when installed? Yes ☐ No ☐

D. Backflow Preventer Inspection/Testing Information at Site of Backflow

Most recent inspection/test information *prior* to backflow incident. Attach test report(s), if available.	No test report on record …..... ☐	
	Date tested/inspected: Passed test/inspection *without* repairs …… ☐ Failed initial test/inspection, passed *after* repair …… ☐ Failed test/inspection, no repairs made …….. ☐	
Inspection/test information *after* backflow incident [per WAC 246-290-490(7)(b)]. Attach test report.	Not tested/inspected …..... ☐	
	Date tested/inspected: Passed test/inspection *without* repairs …… ☐ Failed initial test/inspection, passed *after* repair……. ☐ Failed test/inspection, no repairs made……... ☐	
Preventer failure information , if applicable (check all that apply):	Fouled check ……. ☐ Debris …… ☐ Weather-related damage …... ☐	Damaged seat …. ☐ Other: ☐
If preventer failed inspection/test, did failure allow backflow?	Yes ☐ No ☐ If yes, explain:	

Part 4: Corrective Action/Notifications

Action *taken* by PWS to restore water quality (check all that apply):	None …… ☐ Flushed/cleaned mains …… ☐ Flushed/cleaned plumbing… ☐ Disinfected mains …… ☐ Disinfected plumbing ……... ☐	Other treatment (describe): ☐ Replaced mains …… ☐ Replaced plumbing …….. ☐ Other: ☐
Action *ordered* by PWS to correct cross-connection (check all that apply):	None ……..…… ☐ Eliminate cross-connection... ☐ Remove by-pass ……... ☐ Install **new** preventer … ☐ For *premises isolation* ☐ For *fixture protection* ☐	Change **existing** preventer ☐ Repair/replumb …..…… ☐ Reinstall correctly ……..... ☐ Replace with same type ☐ Upgrade type .....……. ☐ Other: ☐
Action ordered accomplished?	Yes ☐ Date: No ☐ If no, explain:	
Agency notifications per WAC 246-290-490(8)(f) (check all that apply):	DOH ☐ Local Health Agency ☐ Local Adm. Authority ☐ Issued by end of next business day:	
Notifications of consumers in area of incident (check all that apply):	Population at risk ☐ Public notification (PN per DOH regs.) ☐ Boil Water Advisory ☐ Other (describe):	
Other enforcement/corrective actions (describe):		

Part 5: Cost of Backflow Incident (optional)

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 Information/Documentation

Additional information about this incident such as pictures, sketches, newspaper/journal articles, water quality analyses, epidemiological reports, etc. would be helpful. Information may be in electronic form or hard copy.

Part 7: Form Completion Information

Note: *Form should be completed by a person currently 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. Number:	Date:
Phone:	E-mail:	
I have reviewed this report and certify that the information is complete and accurate to the best of my knowledge.		
PWS Mgr./Representative Name (Print):		Title:
Signature:	Op. Cert. Number:	Date:

Please send completed backflow incident form:

By mail to:

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

By email to: cccprogram@doh.wa.gov

Please send questions, comments, or suggestions about this form to us at the address above or e-mail them to cccprogram@doh.wa.gov

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).