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**

<table>
<thead>
<tr>
<th>PWS ID</th>
<th>PWS Name</th>
<th>County</th>
</tr>
</thead>
</table>

**Part 2: Backflow Incident Information**

**A. Incident Identification**

<table>
<thead>
<tr>
<th>Incident date</th>
<th>Time of incident</th>
<th>Incident ID (DOH use)</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th>How the backflow was discovered (check all that apply):</th>
<th>Direct observation</th>
<th>Water quality complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter running backwards</td>
<td>Water use decrease</td>
<td>Illness/injury complaint</td>
</tr>
<tr>
<td>Disinfectant residual monitoring</td>
<td>Water quality monitoring</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident reported to the public water system by:</th>
<th>PWS Personnel</th>
<th>Premises Owner/Occupant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backflow Assembly Tester</td>
<td>Other PWS Customer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident reported to the public water system by:</th>
<th>Other (Specify):</th>
</tr>
</thead>
</table>

**D. Contaminant Information**

<table>
<thead>
<tr>
<th>Contaminant type (check all that apply):</th>
<th>Microbiological</th>
<th>Chemical</th>
<th>Physical</th>
</tr>
</thead>
</table>

Describe contaminant (for example, the organism name, chemical, etc.). Please attach lab analysis or MSDS, if available.
E. Extent and Effects of Contamination

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

Part 3: Cross-Connection Control Information at Backflow Site

A. Source of Contaminant

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

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

<table>
<thead>
<tr>
<th>Type of backflow:</th>
<th>Backsiphonage</th>
<th>Backpressure</th>
<th>Typical distribution system pressure in vicinity of incident (if range, enter lower end of range): psi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main/pressure status at time of incident (check all that apply):</td>
<td>Normal</td>
<td>Main break</td>
<td>Fire fighting</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Backflow preventer information:</th>
<th>Type installed:</th>
<th>Installed for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make:</td>
<td>Model:</td>
<td>Size:</td>
</tr>
<tr>
<td>Serial number:</td>
<td></td>
<td>Date installed:</td>
</tr>
</tbody>
</table>

**Installation status (check all that apply):**
- Properly installed/plumbed □
- Improperly protected bypass present □
- Improperly installed/plumbed □
- 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 □

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 ....................
- 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 …………….. □
- Damaged seat ………… □
- Debris …………………. □
- Other: 
- Weather-related damage … □

**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 … □
- Change existing preventer □
- For premises isolation □
- Repair/replumb ……… □
- For fixture protection □
- 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)

<table>
<thead>
<tr>
<th>Item</th>
<th>PWS Personnel Hours Expended</th>
<th>Cost to PWS ($)</th>
<th>Cost to Premises Owner ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restoration of water quality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correction of cross-connection situation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Litigation and/or settlement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other not included in above</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>CCC Program Mgr. Name (print):</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>CCS Cert. Number:</td>
</tr>
<tr>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td>Phone:</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

I have reviewed this report and certify that the information is complete and accurate to the best of my knowledge.

<table>
<thead>
<tr>
<th>PWS Mgr./Representative Name (Print):</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Op. Cert. Number:</td>
</tr>
<tr>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>

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](mailto: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](mailto: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).