



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:
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Part 2: Backflow Incident Information

A. Incident Identification

Incident date:	Time of incident:	Incident ID (DOH use):
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B. Information on Premises where Backflow Originated

Name of premises:		
Premises physical address:		
City:	,WA	Zip:
Premises type: non-residential <input type="checkbox"/> residential <input type="checkbox"/>		
Premises category/description (Table 9 category*, if applicable):		
Most recent hazard evaluation prior to incident (mm/dd/yyyy): None <input type="checkbox"/>		
PWS's assessed hazard level:	Premises isolation required by PWS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of backflow preventer required by PWS:	PWS relies on <i>in-premises protection</i> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/>	Water quality complaint <input type="checkbox"/>
	Meter running backwards <input type="checkbox"/>	Illness/injury complaint <input type="checkbox"/>
	Water use decrease <input type="checkbox"/>	Result of Investigation <input type="checkbox"/>
	Disinfectant residual monitoring ... <input type="checkbox"/>	Other (Describe): <input type="checkbox"/>
	Water quality monitoring <input type="checkbox"/>	
Incident reported to the public water system by:	PWS Personnel <input type="checkbox"/> Premises Owner/Occupant <input type="checkbox"/> Other PWS Customer <input type="checkbox"/>	
	Backflow Assembly Tester <input type="checkbox"/> Other (Specify):	

D. Contaminant Information

Contaminant type (check all that apply):	Microbiological <input type="checkbox"/> Chemical <input type="checkbox"/> Physical <input type="checkbox"/>
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 <input type="checkbox"/> Entered PWS distribution system <input type="checkbox"/>
Estimated number of connections affected:	Residential <input type="checkbox"/> Non-residential <input type="checkbox"/>
Estimated population affected or at risk:	Residential <input type="checkbox"/> Non-residential <input type="checkbox"/>
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	<input type="checkbox"/>	Industrial/commercial process water/fluid.....	<input type="checkbox"/>
	Auxiliary water supply	<input type="checkbox"/>	Medical/dental fixture	<input type="checkbox"/>
	Beverage machine	<input type="checkbox"/>	Reclaimed water system.....	<input type="checkbox"/>
	Boiler, hot water system	<input type="checkbox"/>	Swimming pools, spa	<input type="checkbox"/>
	Chemical injector/aspirator	<input type="checkbox"/>	Wastewater (sewage) system	<input type="checkbox"/>
	Fire protection system	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>
	Irrigation system (PWS supplied)	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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 <input type="checkbox"/>	Improperly protected bypass present <input type="checkbox"/>	
	Improperly installed/plumbed <input type="checkbox"/>	If so, explain:	
Commensurate with assessed degree of hazard?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, explain:	
DOH/USC-approved at time of backflow incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, approved when installed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

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

Part 4: Corrective Action/Notifications

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

<p>.....</p> <p>.....</p>

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: terri.notestine@doh.wa.gov or 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

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