Application Form—CCC Program

**Backflow Incident Report Form**

331-457-F • June 2024

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

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| **Part 1: Public Water System (PWS) Information** |
| PWS ID |       | PWS Name |       | County | Choose an item. |
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| **Part 2: Backflow Incident Information** |
| **A. Incident Identification** |
| Incident Date | Date | Incident Time  | Enter Time | *Incident ID (ODW Use Only)* | Internal ID# |
| **B. Information on Premises where Backflow Originated** |
| Name of Premises | Click or tap here to enter text. |
| Premises Physical Address | Click or tap here to enter text. |
| City | Enter Text | Zip Code | Click or tap here to enter text. |
| Premises Type | Non-Residential [ ]  | Residential [ ]  |
| Premises category/description (Table 13 formerly Table 9 category,\* if applicable) | Click or tap here to enter text. |
| Most Recent Hazard Evaluation Prior To Incident *(mm/dd/yyyy)* | Click or tap here to enter text. | None [ ]  |
| PWS’s Assessed Hazard Level | Click or tap here to enter text. |
| Premises Isolation Required by PWS? Yes [ ]  No [ ]   | PWS Relies on In-Premises Protection? Yes [ ]  No [ ]   |
| Type of Backflow Preventer Required by PWS | Click or tap here to enter text. |
| Other Hazard Evaluation Information | Click or tap here to enter text. |
| *\*See WAC 246-290-490(4)(b)(i).* |
| **C. Backflow Discovery Method** |
| How was the backflow discovered? Check all that apply. | Direct observation Meter running backwards Water use decreaseDisinfectant residual monitoringWater quality monitoring  | [ ] [ ] [ ] [ ] [ ]  | Water quality complaintIllness/injury complaintResult of Investigation Other (Describe) | [ ] [ ] [ ] Click or tap here to enter text. |
| By whom was the incident reported to the PWS? | PWS PersonnelPremises Owner/OccupantOther PWS CustomerBackflow Assembly Tester | [ ] [ ] [ ] [ ]  | Other (Please Specify) | Click or tap here to enter text. |
| **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. | Click or tap here to enter text. |
| **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 | Click or tap here to enter text.Click or tap here to enter text. |
| Estimated population affected or at risk | Residential Non-residential | Click or tap here to enter text.Click or tap here to enter text. |
| Number of water quality complaints  | Click or tap here to enter text. |
| Describe water quality complaints | Click or tap here to enter text. |
| Number of illnesses reported | Click or tap here to enter text. |
| Describe Illnesses/irritation (specifics, if known) | Click or tap here to enter text. |
| Number of physical injuries (i.e., burns) or irritations (e.g., rashes) cases reported | Click or tap here to enter text. |
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| **Part 3: Public Water System (PWS) Information** |
| **A. Source of Contamination** |
| **Source of contaminant or fixture type (Check all that apply.)** |
| Air conditioner/heat exchanger |[ ]  Industrial/commercial process water/fluid |[ ]
| Auxiliary water supply |[ ]  Medical/dental fixture |[ ]
| Beverage machine |[ ]  Reclaimed water system |[ ]
| Boiler, hot water system  |[ ]  Swimming pools, spa |[ ]
| Chemical injector/aspirator |[ ]  Wastewater (sewage) system |[ ]
| Fire protection system |[ ]  Other (specify) | Click or tap here to enter text. |
| Irrigation system (PWS supplied) |[ ]   |
| **B. Distribution System Pressure Conditions in the Vicinity of the Backflow Incident**  |
| Backflow Type | Backsiphonage [ ]  | Backpressure [ ]  |
| Typical distribution system pressure in vicinity of incident (if range, enter lower end of range) | Click or tap here to enter text. psi |
| **Main/pressure status at time of incident (Check all that apply.)** |
| Normal |[ ]  Source/plant outage |[ ]
| Main break |[ ]  Scheduled water shutoff by PWS |[ ]
| Firefighting |[ ]  Unscheduled/emergency shutoff |[ ]
| Other high usage |[ ]  Unknown |[ ]
| Power outage |[ ]  Other (specify) | Click or tap here to enter text. |
| **Describe causes and circumstances leading to backflow incident.** |
| Click or tap here to enter text. |
| **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 (C and D).** |
| Backflow Preventer Information | Type Installed | Click or tap here to enter text. |
|  | Installed For | Click or tap here to enter text. |
|  | Make | Click or tap here to enter text. |
|  | Model | Click or tap here to enter text. |
|  | Size | Click or tap here to enter text. |
|  | Serial Number | Click or tap here to enter text. |
|  | Date Installed | Click or tap to enter a date. |

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| Installation Status. Check all that Apply. | Properly installed/plumbed |[ ]
|  | Improperly installed/plumbed |[ ]
|  | Improperly protected bypass present |[ ]
|  | If so, explain | Click or tap here to enter text. |
| Commensurate with assessed degree of hazard? | Yes [ ]  No [ ]  | If not, explain. Click or tap here to enter text. |
| 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. | Not test report on record. |[ ]
|  | Date tested/inspected. | Click or tap to enter a date. |
|  | 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. | Click or tap to enter a date. |
|  | Passed test/inspection *without* repairs. |[ ]
|  | Failed initial test/inspection, passed *after* repair. |[ ]
|  | Failed test/inspection, no repairs made. |[ ]
| Backflow Preventer failure information, if applicable. Check all that apply. | Fouled check |[ ]
|  | Debris |[ ]
|  | Weather-related damage |[ ]
|  | Damaged seat |[ ]
|  | Other | Click or tap here to enter text. |
| If preventer failed inspection/test, did failure allow backflow? | Yes [ ]  No [ ]  | If yes, explain. Click or tap here to enter text. |
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| **Part 4: Corrective Action/Notification** |
| 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) | Click or tap here to enter text. |
|  | Replaced mains |[ ]
|  | Replaced plumbing |[ ]
|  | Other | Click or tap here to enter text. |

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| 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 | Click or tap here to enter text. |
| Action ordered accomplished? | Yes |[ ]  Date | Click or tap to enter a date. |
|  | No |[ ]  Explain | Click or tap here to enter text. |
| Agency notifications per WAC 246-290-490(8)(f). Check all that apply. | DOH |[ ]
|  | Local Health Agency |[ ]
|  | Local Administrative Authority |[ ]
|  | Issued by end of next business day | Click or tap here to enter text. |
| 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) | Click or tap here to enter text. |
| Other enforcement/corrective actions (describe). | Click or tap here to enter text. |
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| **Part 5: Cost of Backflow Incident *(Optional)*** |
| Item | PWS Personnel Hours Expended | Cost to PWS ($) | Cost to Premises Owner ($) |
| Investigation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Restoration of Water Quality | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Correction of Cross-Connection Situation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Litigation and/or Settlement | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Not Included in Above | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Part 6: Further Information/Documentation** |
| Additional information about this incident such as pictures, sketches, newspaper/journal articles, water quality analyses, epidemiological reports, etc. is helpful. Provide information in electronic or hard copy form. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| **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 Manager Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| CCS Certification Number | Click or tap here to enter text. |
| Signature  |  |
| Date | Click or tap to enter a date. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| I have reviewed this report and certify that the information is complete and accurate to the best of my knowledge. |
| PWS Manager/Representative Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Operator Certification Number | Click or tap here to enter text. |
| Signature |  |
| Date | Click or tap to enter a date. |
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| **Please send completed backflow incident form to:****Mail**Washington State Department of HealthOffice of Drinking Water—CCC Program ManagerP O Box 47822Olympia, WA 98504-7822**Email** cccprogram@doh.wa.govPlease send any form questions, comments, or suggestions to the address above or email cccprogram@doh.wa.gov. |



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