

Commonwealth of Massachusetts
 Department of Environmental Protection
 Drinking Water Program

Cross-connection Incident Report Form

• PWS Information

Name	City/Town	PWSID#
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• Cross-connection Incident Information

Date / /	Time of Incident :
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• Facility/Location Information

Facility Name:					
Street:					
City/Town:	State MA	Zip Code	Phone #	Fax #	
Type:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Residential	<input type="checkbox"/> Municipal
Additional Information:					
Name of Facility Responsible Party:		Title:	Phone #		

• Contact Information

Contact Person:				
Street				
City/Town:	State	Zip Code	Phone #	Fax #
E-mail				

• How the cross-connection Incident was discovered?

- | | |
|---|---|
| <input type="checkbox"/> Water quality complaint | <input type="checkbox"/> Illness or injury complaint |
| <input type="checkbox"/> Water quality monitoring results | <input type="checkbox"/> Result of an investigation by the PWS |
| <input type="checkbox"/> Water use decrease at facility | <input type="checkbox"/> Disinfection residual monitoring results |
| <input type="checkbox"/> Other (specify): _____ | |

• Who reported the cross-connection incident?

- | | | |
|--|--|---|
| <input type="checkbox"/> Facility owner/occupant | <input type="checkbox"/> PWS personnel | <input type="checkbox"/> Other PWS Customer |
| <input type="checkbox"/> Backflow Tester | | |
| <input type="checkbox"/> Other (specify): _____ | | |

Persons Name:	Title:	Phone #
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- Backflow caused as a result of:** Backsiphonage Backpressure

- **Type of contamination**
 - Chemical (Attach chemical analysis if available)
 - Microbiological
 - Physical

- **Source of contamination**
 - Air conditioner/heat exchanger
 - Auxiliary water supply
 - Beverage machine
 - Boiler, hot water system
 - Chemical injector/aspirator
 - Fire protection system
 - Other (specify) _____
 - Process water
 - Medical/dental equipment/fixture
 - Reclaimed/re-use water system
 - Jacuzzi, swimming pool, spa, hot tub
 - Wastewater/sewage system
 - Underground irrigation system

- **Describe the incident and contamination** (Example: chemical, organism name. *Use separate sheet if necessary.*)

- **Facility water pressure information (psi):** _____ Normal Not-normal

- **Water main pressure status at time of incident**
 - Normal
 - Main break(s)
 - Fire fighting
 - Source/plant power outage
 - Power outage
 - Scheduled water shutoff
 - Unscheduled/emergency shutoff
 - Unknown
 - Other (specify) _____

- **Describe the effects of contamination:**

Illness reported: YES NO Describe: _____

Physical irritation reported: YES NO Describe: _____

- **Number of persons affected:** _____

- **Cross-connection survey information**

Date of last cc survey / /	Name of CC Surveyor:	MassDEP Cert. ID#
Hazardous level: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Is the facility totally contained? <input type="checkbox"/> YES <input type="checkbox"/> NO	

- **Backflow preventer information (Use separated sheet if necessary)**

Device 1

<input type="checkbox"/> RPBP <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> DCVA <input type="checkbox"/> SP-PVB	Reason for installing Maker	<input type="checkbox"/> Backsiphonage Model	<input type="checkbox"/> Backpressure Serial #
<input type="checkbox"/> Domestic line <input type="checkbox"/> Fire protection system		Exact device location:	
Test Information	Last test date: / /	<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Repair date: / /
		Re-test date: / /	<input type="checkbox"/> Pass

Device 2

<input type="checkbox"/> RBPB	<input type="checkbox"/> DCVA	Reason for installing	<input type="checkbox"/> Backsiphonage	<input type="checkbox"/> Backpressure
<input type="checkbox"/> PVB	<input type="checkbox"/> SP-PVB	Maker	Model	Serial #
<input type="checkbox"/> AVB				
<input type="checkbox"/> Domestic line		Exact device location:		
<input type="checkbox"/> Fire protection system				
Test Information	Last test date: / /	<input type="checkbox"/> Pass	<input type="checkbox"/> Failed	Repair date: / /
				Re-test date: ___/___/___ <input type="checkbox"/> Pass

• **Corrective action(s) taken by PWS to restore water quality** (Check all the apply)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Replaced water main(s) |
| <input type="checkbox"/> Flushed/cleaned plumbing | <input type="checkbox"/> Replaced plumbing |
| <input type="checkbox"/> Flushed/cleaned water mains | <input type="checkbox"/> Other type of treatment (describe) _____ |
| <input type="checkbox"/> Disinfected water main(s) | _____ |
| <input type="checkbox"/> Wastewater/sewage system | <input type="checkbox"/> Other corrective action/Enforcement (specify) _____ |
| | _____ |

- **Public Notification:** Boil Order Do Not Drink Water Do Not Use Water
 Date of notification: ___/___/___

• **Notification of corrective action(s) ordered by PWS to correct the cross-connection**

Date of notification: ___/___/___ Certified Mail #: _____
 (Check all the apply)

- | | |
|--|---|
| <input type="checkbox"/> Eliminate cross-connection by re-piping | <input type="checkbox"/> Install a containment device/assembly at meter |
| <input type="checkbox"/> Eliminate cross-connection by air-gap | <input type="checkbox"/> Install a device or assembly at fire protection system |
| <input type="checkbox"/> Remove by-pass | <input type="checkbox"/> Upgrade existing backflow preventer |
| <input type="checkbox"/> Install a backflow preventer | <input type="checkbox"/> Replace existing backflow preventer with same type |
| <input type="checkbox"/> Other (specify) _____ | |

Date corrective action was complied: ___/___/___

• **Estimate costs of cross-connection incident**

Item	PWS personnel hours	Total costs to PWS	Costs to facility owner
Investigation			
Restoration of water quality			
Correction of cross-connection			
Litigation and/or settlement			
Other			

I have reviewed this report and I certified that the information provided is completed and accurate to the best of my knowledge.	
PWS CCCP Coordinator Name (Print):	MassDEP Cert. ID#
PWS CCCP Coordinator Signature:	Date: / /

