Sample
Backflow Incident Report Form

Reported By: _______________________________  Title: _______________________________

Mailing Address: _______________________________  City: _______________________________

State: ___________________  Zip Code: _______________  Phone: _______________________________

Reporting Agency: _______________________________  Report Date: _______________________________

Date of Incident: _______________________________  Time of Occurrence: _______________________________

General Location (Street, etc.): ___________________________________________________________

**Backflow Originated From:**

Name of Premises: ________________________________________________________________

Type of Business: ________________________________________________________________

Address: _______________________________  City: _______________  Zip Code: _______________

**Description of Contaminants: (Attach Chemical Analysis if available)**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Distribution of Contaminants:**

  Contained within customer’s premises:  Yes [ ]  No [ ]

  Number of persons affected: __________

**Effect of Contamination:**

  Illness Reported: ________________________________________________________________

  ____________________________

  Physical Irritation Reported: ______________________________________________________

  ____________________________
Backflow Incident Report:

Cross-Connection Source of Contaminant (boiler, chemical pump, irrigation system, etc.):

Cause of Backflow (main break, fire flow, etc.):

Corrective Action Taken to Restore Water Quality (main flushing, disinfection, etc.):

Corrective Action Ordered to Eliminate or Protect from Cross-Connection (type of backflow preventer, location, etc.)

Previous Cross-Connection Survey of Premises:

Date: ________________  By: ___________________________________________

Types of Backflow Prevention Isolating the Premises:

- RPZ: [ ]
- RPDC: [ ]
- DCVA: [ ]
- DCDC: [ ]
- PVB: [ ]
- SVB: [ ]
- AVB: [ ]
- Air Gap: [ ]
- None: [ ]
- Other Type: ________________________________

Date of Latest Test of Assembly: ________________________________

Notification to Water Department’s Cross-Connection Control Division

Date: ________________  Time: ________  Person Notified: ________________________________

Attach sheets with additional information, sketches, and/or media information, and mail to:

Water Department
Cross-Connection Control Division
Address
City / State / zip