

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**