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| System Name: | PWS ID #: |
| Operator in Responsible Charge: |  |
| OIRC contact info: | PWS contact info: |
| Date Level 1 Trigger Exceeded: | Date Level 1 Assessment Completed: |

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| --- | --- | --- | --- | --- |
| **Questions** | **Reviewed?****(check if completed or type N/A)** | **Issue(s) Found? (Y/N)** | **Issue Description** | **Corrective Action Taken (Including Date)** |
| 1. **Evaluate sample site.**

-Condition of location of tap-Regular use of connection |  |  |  |  |
| 1. **Sample protocol followed and reviewed.**

-flush tap-remove aerator-no swivel-fresh sample bottles-sample storage acceptable |  |  |  |  |
| 1. **Have any of the following occurred at relevant facilities prior to the collection of TC samples?**

-any interruption in the treatment process-any reported loss of pressure events (5 psi)-operation and maintenance activities that could have introduced total coliform-reported vandalism and/or unauthorized access to facilities-visible indicators of unsanitary conditions reported-has there been a fire fighting event, flushing operation, sheared hydrant, etc. |  |  |  |  |
| 1. **Have there been any recent operational changes to the system?**

-sources introduced-treatment or operational changes-potential sources of contamination |  |  |  |  |
| 1. **Distribution system**

-system pressure-cross connection-pump station-air relief valves-fire hydrants or blow off-breaks-repairs |  |  |  |  |
| 1. **Storage tank**

-screens-security-access opening-condition of tank-vent-drain overflow-pressure tank-O&M |  |  |  |  |
| 1. **Treatment process**

-interuptions-POE/POU-softeners-O&M |  |  |  |  |
| 1. **Source – well**

-sanitary seal-vent screened-air gap-cross connections-security-pump to waste line |  |  |  |  |
| 1. **Source – rain (roof catchment)**

-first flush-guttering-screens-treatment (filter/disinfection)-heavy rainfall/storm |  |  |  |  |

Note: form to be completed based on data and documents available to the PWS Operator in Charge, maintained on file and returned to BECQ within 30 days of triggering the assessment.

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| **Additional comments:** |

Print name of person completing form: Signature: Date:

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| Reserved for BECQ:

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| 1. Assessment has been successfully completed
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| 1. Likely reason for TC + occurrence is established
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| 1. System has corrected the problem
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| 1. Was reset requested and/or granted? – Rationale
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| 1. Name of BECQ reviewer
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