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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.

|  |
| --- |
| **Additional comments:** |

Print name of person completing form: Signature: Date:

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