



Rhode Island Department of Health
CENTER FOR DRINKING WATER QUALITY
NATURAL DISASTER INCIDENT RESPONSE FORM

PUBLIC WATER SYSTEM (PWS) INFORMATION			
PWS ID#:	PWS Name:	Date of most recent site visit:	
Admin. Contact Name:	Phone Number:	Email:	
Address:			
Public Water System Type (check one): Community Transient Non-Transient, Non-Community	Public Water System Source (check one): Groundwater Surface Water Both Purchased Unsure	Population:	
Met With (Office Use Only)			
Name:	Phone Number:	Date/Time:	
	Email:	Contacted: on-site phone email	
DAMAGE ASSESSMENT INFORMATION			
Is the water system operational?	YES NO PARTIAL UNKNOWN		
Did the water system lose pressure?	YES NO PARTIAL UNKNOWN		
Did the water system lose power?	YES NO PARTIAL UNKNOWN		
Was there any physical damage to the system? If yes, explain below:	YES NO UNKNOWN		
Explain:			
Other:			
Is the water system operating under a Mandatory or Precautionary Boil Water Order?	YES NO UNKNOWN		
If there is physical damage to the water system, identify the parts of the system and the extent of damage:			
<u>SOURCE:</u>	CRITICAL	NON-CRITICAL	
<u>STORAGE TANK:</u>	CRITICAL	NON-CRITICAL	
<u>VALVES:</u>	CRITICAL	NON-CRITICAL	
<u>PUMPS:</u>	CRITICAL	NON-CRITICAL	
<u>PIPES:</u>	CRITICAL	NON-CRITICAL	
<u>ELECTRICAL EQUIPMENT:</u>	CRITICAL	NON-CRITICAL	
<u>VEHICLES:</u>	CRITICAL	NON-CRITICAL	
<u>SCADA (IF APPLICABLE):</u>	CRITICAL	NON-CRITICAL	

<u>DAMS (IF APPLICABLE):</u>		CRITICAL	NON-CRITICAL		
<u>OTHER:</u>		CRITICAL	NON-CRITICAL		
Critical Customers (Hospitals, Industries, Emergency Response Facility, etc.):					
1.		YES	NO		
2.		YES	NO		
3.		YES	NO		
4.		YES	NO		
5.		YES	NO		
<u>OPERATOR INFORMATION</u>					
(if applicable)					
CATEGORY	NORMAL STAFFING LEVELS	CURRENT STAFFING LEVELS			
Certified Operator					
Non-Certified Operator					
Administrative					
Information Technology					
<u>GENERATOR</u>					
Does the system have an emergency generator?		YES	NO	UNKNOWN	
Does the generator power the entire system? If not, please explain below:		YES	NO	PARTIAL	UNKNOWN
Is the generator pad mounted or portable?		PAD MOUNTED		PORTABLE	
Automatic switch or manual start		AUTOMATIC		MANUAL	
Fuel type/storage capacity/number of days of supply:					
How long do you run each generator?					

SOURCE				
NAME	TYPE			CONDITION
	GROUNDWATER	SURFACE WATER	PURCHASED	
	GROUNDWATER	SURFACE WATER	PURCHASED	
	GROUNDWATER	SURFACE WATER	PURCHASED	
TREATMENT				
DISINFECTANT TYPE	PRE-TREATMENT	PRIMARY	BOOSTER	OPERATIONAL
Chlorination: Gaseous				YES NO
Chlorination: Sodium Hypochlorite				YES NO
Chlorination: Calcium Hypochlorite				YES NO
Chlorine Dioxide				YES NO
Miox				YES NO
Ozonation				YES NO
Ultra Violet (UV)				YES NO
Chloramination				YES NO
How many days' supply of disinfectant does the water system have?				
CHEMICAL USED FOR TREATMENT	DAYS OF SUPPLY AVAILABLE		NEXT DELIVERY DATE	
SAMPLING INFORMATION				
Which of the following water quality parameters do you have the capability to test? Check all that apply. pH Free Chlorine Total Chlorine Alkalinity Turbidity Total Coliform Other				
Additional description of State's/Water system's response and results of water quality testing:				
FIELD TESTS				
Chlorine Residual Range:	Chlorine Res. Avg:	Field Test Result:	Field Test Loc.:	
Pressure Range:	Average Pressure:	Field Test (psi):	Field Test Loc.:	
Number of Total Coliform Samples:				
OTHER SYSTEM RESPONSE MATERIAL				
Emergency Booster Disinfection in Distribution System:			YES	NO UNKNOWN
Re-routing water to customers:			YES	NO UNKNOWN

Discontinuation of service to customers:	YES	NO	UNKNOWN
Reported customer complaints:	YES	NO	UNKNOWN
Emergency Interconnections:	YES	NO	UNKNOWN
Is additional assistance from EPA being requested? If yes, describe below:	YES	NO	UNKNOWN
<u>ADDITIONAL DETAILS/NOTES</u>			
Designated time and date for update/follow-up information:			
Signature of water system representative:	Name of water system representative:		
Signature of assessor:	Name of assessor:		