



CROSS CONNECTION INCIDENT REPORTING FORM

INSTRUCTIONS

A public water system shall submit a written cross-connection to the Arizona Department of Environmental Quality (ADEQ) and the local health authority within five business days after a cross-connection problem occurs that results in contamination of the public water system.

The Cross Connection Incident Report may be submitted digitally or by mail to:

Arizona Department of Environmental Quality
 1110 West Washington Street
 Phoenix, Arizona 85007

If you have any questions or need additional information, please call _____ or email _____

GENERAL INFORMATION

1. Water Service Provider

PWS ID: _____ PWS Name: _____
 Firm Name: _____ Primary Contact: _____
 Title: _____ Phone: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

2. Management Company / Operator

Firm Name: _____ Primary Contact: _____
 Title: _____ Phone: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

3. Person Reporting the Incident (if different from above)

Firm Name: _____ Primary Contact: _____
 Title: _____ Phone: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____



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INCIDENT INFORMATION	
1. Location	
Physical Address: _____	
City: _____	State: _____ Zip: _____
Primary Business at this location: _____	
Incident Date: _____	Time of Incident: _____ Duration: _____
2. Method of Discovery	
Please indicate how the cross connection was discovered (check all that apply):	
<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Water Quality Tests
<input type="checkbox"/> Meter Reading	<input type="checkbox"/> Disinfectant Residuals
<input type="checkbox"/> Water Use	<input type="checkbox"/> Customer Complaint
	<input type="checkbox"/> Illness Complaint
	<input type="checkbox"/> Investigation
	<input type="checkbox"/> Inspection
	<input type="checkbox"/> Other (Specify): _____
Incident reported to the public water system by:	
<input type="checkbox"/> PWS Personnel	<input type="checkbox"/> BFP Assembly Tester
<input type="checkbox"/> PWS Customer	<input type="checkbox"/> City/State Inspector
	<input type="checkbox"/> Property Owner
	<input type="checkbox"/> Premises Occupant
	<input type="checkbox"/> Other (Specify): _____
3. Contaminant Information	
Contaminant Type (check all that apply):	
	<input type="checkbox"/> Biological
	<input type="checkbox"/> Chemical
	<input type="checkbox"/> Physical
Describe Contaminant (please attach laboratory results if available): _____	
4. Extent of Contamination	
Extent of Contamination:	<input type="checkbox"/> Contained Within the Premises
	<input type="checkbox"/> Entered the PWS Distribution System
Number of Connections Affected:	Residential _____ Non-Residential _____
Number of Customers Affected:	Residential _____ Non-Residential _____
Number of Water Quality Complaints: _____	Number of Illnesses Reported: _____
Describe Complaints: _____	Describe Illnesses: _____

CROSS-CONNECTION CONTROL INFORMATION	
1. Source of Contaminant	
Source of Contaminant or Fixture Type (check all that apply):	
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Chemical Injector
<input type="checkbox"/> Auxiliary Water Supply	<input type="checkbox"/> Fire Protection Device
<input type="checkbox"/> Beverage Machine	<input type="checkbox"/> Irrigation System
<input type="checkbox"/> Boiler	<input type="checkbox"/> Industrial Process
<input type="checkbox"/> Medical Fixture	<input type="checkbox"/> Reclaimed Water System
<input type="checkbox"/> Swimming Pools, Spa	<input type="checkbox"/> Wastewater System
<input type="checkbox"/> Other (Specify): _____	
2. Distribution System Pressure Conditions in the Vicinity of the Backflow Incident	
Type of Backflow:	<input type="checkbox"/> Backsiphonage <input type="checkbox"/> Backpressure
Typical Distribution System Pressure (lower end of pressure range): _____ psi	
Main / Pressure Status at the Time of the Incident (check all that apply):	
<input type="checkbox"/> Normal	<input type="checkbox"/> Other High Usage
<input type="checkbox"/> Main Break	<input type="checkbox"/> Power Outage
<input type="checkbox"/> Fire Fighting	<input type="checkbox"/> Plant Outage
<input type="checkbox"/> Scheduled Shutoff	<input type="checkbox"/> Emergency Shutoff
<input type="checkbox"/> Unknown	
Describe Cause and Circumstance Leading to Backflow:	
3. Backflow Preventer Device / Assembly	
BFP Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of BFP: _____	
Manufacturer: _____ Size (Inches): _____ Model No.: _____	
Purpose (Primary or Secondary): _____	
Application (Fire System, Irrigation, Domestic): _____	
4. BFP Testing Information	
Most Recent Test (prior to incident): _____	Passed Test: <input type="checkbox"/> Yes <input type="checkbox"/> No
Test After Incident: _____	Passed Test: <input type="checkbox"/> Yes <input type="checkbox"/> No

CORRECTIVE ACTION

1. Actions Taken by PWS

Actions Taken by PWS to Restore Water Quality (check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Flushed Mains | <input type="checkbox"/> Disinfect Mains | <input type="checkbox"/> Replace Mains | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Flushed Plumbing | <input type="checkbox"/> Disinfect Plumbing | <input type="checkbox"/> Replace Plumbing | |

2. Actions Ordered by PWS

Actions Ordered by PWS to Restore Water Quality (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Fix Cross-Connection | <input type="checkbox"/> Install New BFP | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Remove Bypass | <input type="checkbox"/> Fix Existing BFP | |

Action Order Completed: Yes No Date of Completion: _____

3. Notifications

Notifications to Consumers (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Population at Risk | <input type="checkbox"/> Public Notification | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Boil Water Advisory | <input type="checkbox"/> Public Meeting | |

List All Agencies Notified by PWS:

Other Enforcement / Correction Actions:

ADDITIONAL COMMENTS

CERTIFICATION

I, _____, certify that this Cross Connection Incident Reporting Form and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate, and complete.

Signature

Date