

<b>Public Water System Name</b> _____	<b>Date Trigger Exceeded</b> _____	<b>Date of Assessment</b> _____	<b>Source Water Type(s)</b> <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with chlorination <input type="checkbox"/> Purchase w/out chlorination
<b>Public Water System ID #</b> NY _____	<b>County</b> _____	<b>Town, Village, or City</b> _____	

### Section A – System Evaluation

Review and evaluate all of the elements listed (#1 - #6). Identify any potential causes of contamination and check all that apply. Each section requires a response. Describe each issue and any corrective actions taken in detail, in sections B and C.

#### 1. GENERAL

Issue Identified: Yes  No

Have there been any recent interruptions and/or changes at relevant facilities prior to the collection of total coliform samples?

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Treatment Process       | <input type="checkbox"/> Loss of Pressure | <input type="checkbox"/> Operation & Maintenance | <input type="checkbox"/> Vandalism               |   |
| <input type="checkbox"/> Unsanitary Conditions   | <input type="checkbox"/> Major Fire       | <input type="checkbox"/> Hydrant Flushing        | <input type="checkbox"/> Water Main Break/Repair | <input type="checkbox"/> Low/No Residuals |
| <input type="checkbox"/> Other (describe): _____ |   |  |  |   |

#### 2. SAMPLE SITE and SAMPLE PROTOCOL

Issue Identified: Yes  No

Was the sample protocol reviewed and followed?

- |  |  |
|--|--|
| <input type="checkbox"/> Outside hose spigot was used to collect sample                | <input type="checkbox"/> Tap was not adequately flushed prior to sample collection |
| <input type="checkbox"/> The aerator on the faucet was not removed prior to collection | <input type="checkbox"/> Sample bottle used to collect sample had a broken seal    |
| <input type="checkbox"/> Auto sensing/ swivel type faucet used for sample collection   | <input type="checkbox"/> Change in condition or location of tap                    |
| <input type="checkbox"/> Other (describe): _____                                       |  |

#### 3. DISTRIBUTION SYSTEM

Issue Identified: Yes  No

Were any of these events observed prior to the collection of total coliform samples?

- |   |  |
|---|--|
| <input type="checkbox"/> Unexpected reduction in pressure (<20 psi) | <input type="checkbox"/> Identified cross connection                         |
| <input type="checkbox"/> Faulty backflow prevention device          | <input type="checkbox"/> Improper operation of air-relief/ air-vacuum valves |
| <input type="checkbox"/> Improper operation of a pump station       |  |
| <input type="checkbox"/> Other (describe): _____                    |  |

#### 4. STORAGE TANK(S)

Issue Identified: Yes  No

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Overflow pipe screen missing/improper size | <input type="checkbox"/> Vent screen missing/improper size | <input type="checkbox"/> Security breach at tank      |
| <input type="checkbox"/> Access hatch left open                     | <input type="checkbox"/> Sanitary condition of tank        | <input type="checkbox"/> Structural condition of tank |
| <input type="checkbox"/> Other (describe): _____                    |  |   |

#### 5. TREATMENT PROCESS

Issue Identified: Yes  No

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chlorinator malfunction                                  | <input type="checkbox"/> Low/no chlorine residual                        | <input type="checkbox"/> Unmaintained filters |
| <input type="checkbox"/> Interruption in treatment/disinfection (i.e. power loss) | <input type="checkbox"/> Operation & Maintenance procedures not followed |   |
| <input type="checkbox"/> Point of Entry/Point of Use treatment issue              | <input type="checkbox"/> Softener issue                                  |   |
| <input type="checkbox"/> Other (describe): _____                                  |  |   |

#### 6. SOURCE

Issue Identified: Yes  No

This includes Well, Spring, or Surface Water.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Well cap missing/damaged   | <input type="checkbox"/> Sanitary seal damaged or not present | <input type="checkbox"/> Condition of spring box unsanitary |
| <input type="checkbox"/> Source subject to heavy rains/ flooding, preceding positive total coliform sample collection | <input type="checkbox"/> Damaged/ unscreened vent             |   |
| <input type="checkbox"/> Security breach at source  | <input type="checkbox"/> Absent air gap (if required)         | <input type="checkbox"/> Cross connection identified        |
| <input type="checkbox"/> Other (describe): _____  |   |   |

## Section B –Issue Description

In this section, use the space provided to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates whenever possible. If more space is needed attach additional sheets of paper.

Check this box if there were no known causes for this contamination.

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## Section C – Corrective action taken or to be taken

In this section, describe corrective actions (completed or proposed), and any measures the public water system plans to implement prior to the completion of any corrective actions, including specific dates. If more space is needed attach additional sheets of paper.

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## Certification

Please fill in the information below after completing this form.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Reserved for State (or Local Health Department) Use Only

1. Assessment has been successfully completed. Yes  No  \_\_\_\_\_

2. Likely reason for the total coliform positives is identified. Yes  No  \_\_\_\_\_

3. System has corrected the problem. Yes  No  \_\_\_\_\_

4. Name of State (Local Health Department) Reviewer  
\_\_\_\_\_

Additional Notes

## Directions:

1. Completely fill in the public water system information in the first section of the form, including: Public Water System Name, Public Water System ID #, Date Trigger Exceeded, Date of Assessment, County, Town, Village/City, Source Water Type(s)
2. This form must be completed based on data and documents available to the Public Water System and maintained on file for a minimum of five years.
3. Complete all sections (A – C) and check each item that applies. If no issue was identified, check the appropriate box.
4. Sign and date the form.
5. This form must be submitted to the State (Local Health Department) within 30 days of triggering a Level 1 Assessment
6. If you have questions regarding the completion or content of this form, please contact your Local Health Department.