

# Drinking water quality: incident reporting

Water Supply (Safety and Reliability) Act 2008—section 630

Collection of the information provided in this form and any attachments is authorised under the Water Supply (Safety and Reliability) Act 2008 and is being used for the purpose of ensuring protection of public health. The department will endeavour to maintain any confidentiality of information relating to your form. However, consideration of your form may involve consultation and if so, details of your form may be disclosed to third parties. This information will not otherwise be disclosed outside of the department unless required or authorised by law (for example as under the Freedom of Information Act 1992).

(Please refer to the Explanatory notes and instructions for *Drinking water quality: incident reporting* for further information on completing this form)

### Office Use Only

DWIID							
WSID							

## PART A (To be completed and submitted within 24 hours of becoming aware of the incident)

Tick **one box only** to describe the type of incident:

(For incidents below please complete sections 1, 2, 3, 4 and 5)

- Detection of *Escherichia coli* (*E. coli*)
- Detection of a pathogen
- Detection of chemical parameter that does not meet a health guideline value in *Australian Drinking Water Guidelines*
- Detection of radioactivity exceeding gross alpha and gross beta screening values in *Australian Drinking Water Guidelines*
- Detection of parameter for which there is no guideline value in the *Australian Drinking Water Guidelines*

(For incident below please complete sections 1, 2, 4 and 5)

- An event or series of events likely to affect drinking water quality or will cause difficulty in ability to adequately treat drinking water

### 1. Drinking water service provider details \_\_\_\_\_

Drinking water service provider

SPID

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Drinking water scheme

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### 2. Contact details (for this incident) \_\_\_\_\_

Contact person

Position

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Phone number

Fax number

Mobile number

(07)	(07)	
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Postal address

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Email address

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### Details of telephone report to the regulator

Person reported to

--

Date reported

/ /

Time reported

AM / PM

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Have you informed any other organisation/agency about this incident?

Yes  No

If **Yes**, other organisation/agency contact details

Organisation/agency name			
Contact name		Date	
Phone number		Email address	
Organisation/agency name			
Contact name		Date	
Phone number		Email address	

### 3. Sample information

#### Initial sample

System location	<input type="checkbox"/> Raw/source water	<input type="checkbox"/> Treated water from water treatment plant	
	<input type="checkbox"/> Transmission	<input type="checkbox"/> Reticulation	
Date taken	/ /	Time taken	AM / PM
Parameter (e.g. <i>E. coli</i> , Fluoride)			
Sample location (e.g. High Street Reservoir, 56 Gray St.)			
Results (e.g. 5 cfu/100mL, 1.7mg/L)		Date results received	
		/ /	
Laboratory name where analysis was undertaken			

#### Follow up sample(s)

Have follow up samples been taken? (This must include a sample from the initial location)

Yes  No

If **Yes**, expected timeframe for receipt of results

Date	/ /	Time	AM / PM
If <b>No</b> , expected timeframe for follow up sample(s) to be taken			
Date	/ /	Time	AM / PM

### 4. Incident information

Describe incident (E.g. events that led to the incident and the immediate impact. Additional information may be attached)

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## 5. Immediate corrective actions

Have immediate corrective actions been taken?

Yes  No

If **Yes**, please describe action taken (e.g. what and when corrective action took place and if any public health notification has already taken place, or will be required? Additional information may be attached)

If **No**, please explain reasons why immediate corrective actions have not been taken (Additional information may be attached)

## 6. Declaration

I declare and warrant that I have all the necessary and appropriate authority on behalf of the relevant entity of the scheme to declare the information provided to be true and accurate to the best of my knowledge:

Name

Signature

Date / /

## 7. Submission

Please complete and sign the form and **send** via:

Facsimile: (07) 3224 7887

or

Email address: [dwreporting@derm.qld.gov.au](mailto:dwreporting@derm.qld.gov.au)

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Department of **Environment  
and Resource Management**

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WSID							

## Part B (To be completed when incident has been resolved and no further action required)

Tick **one box only** to describe the type of incident:

- Detection of *Escherichia coli* (*E. coli*)
- Detection of a pathogen
- Detection of chemical parameter that does not meet a health guideline value in *Australian Drinking Water Guidelines*
- Detection of radioactivity exceeding gross alpha and gross beta screening values in *Australian Drinking Water Guidelines*
- Detection of parameter for which there is no guideline value in the *Australian Drinking Water Guidelines*
- An event or series of events likely to affect drinking water quality or will cause difficulty in ability to adequately treat drinking water

### 1. Drinking water service provider details \_\_\_\_\_

Drinking water service provider	SPID
<input type="text"/>	<input type="text"/>
Drinking water scheme	
<input type="text"/>	

### 2. Contact details (for this incident) \_\_\_\_\_

Contact person	Position		
<input type="text"/>	<input type="text"/>		
Phone number	Fax number	Mobile number	
(07) <input type="text"/>	(07) <input type="text"/>	<input type="text"/>	
Postal address			
<input type="text"/>			
Email address			
<input type="text"/>			

### Details of telephone report to the regulator

Person reported to			
<input type="text"/>			
Date reported	./ /	Time reported	AM / PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**3. What did you do to investigate the incident?** *(Additional information may be attached)*

**4. What did you find?** *(Additional information may be attached)*

**5. What actions did you take to correct the problem?** *(Additional information may be attached)*

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**6. What actions did you take to prevent the incident occurring again?** (Additional information may be attached)

**7. Provide evidence that demonstrates that the incident has been resolved.** (E.g. results of follow up sampling. Additional information may be attached)

**8. Declaration** \_\_\_\_\_

I declare and warrant that I have all the necessary and appropriate authority on behalf of the relevant entity of the scheme to declare the information provided to be true and accurate to the best of my knowledge:

<b>Name</b>	
<b>Signature</b>	<b>Date</b> / /

**9. Submission** \_\_\_\_\_

Please complete and sign the form and **send** to:

<b>Recycled and Drinking Water Quality Office of the Water Supply Regulator Department of Environment and Resource Management GPO Box 2454 Brisbane Qld 4001</b>	<b>or</b>	<b>Facsimile: (07) 3224 7887</b>	<b>or</b>	<b>Email address: dwreporting@derm.qld.gov.au</b>
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