

Drinking water quality: incident reporting

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

Privacy Disclaimer: 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 of Environment and Resource Management 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 *Right to Information Act 2009*).

(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

--	--

Drinking water scheme

--

2. Contact details (for this incident) _____

Contact person

Position

--	--

Phone number

Fax number

Mobile number

(07)	(07)	
------	------	--

Postal address

--

Email address

--

Details of telephone report to the regulator

Person reported to

--

Date reported

/ /

Time reported

AM / PM

--	--

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

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) 3405 3156

or

Email address: dwreporting@derm.qld.gov.au

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Department of **Environment
and Resource Management**

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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:

Name	
Signature	Date / /

9. Submission _____

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

Recycled and Drinking Water Quality Unit Office of the Water Supply Regulator Department of Environment and Resource Management GPO Box 2454 Brisbane Qld 4001	or	Facsimile: (07) 3405 3156	or	Email address: dwreporting@derm.qld.gov.au
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