



# Cross-Connection Control Program BACKFLOW INCIDENT REPORT FORM

## Part 1:

Public Water System (PWS) Information

PWS Name: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

## Part 2: Backflow Incident Information

### A. Incident Identification

Incident date: \_\_\_\_\_ Time of incident: \_\_\_\_\_

### B. Information on Premises where Backflow Originated

Name of premises:

Premises physical address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Premises type: \_\_\_\_\_ non-residential \_\_\_\_\_ residential

Premises category/description:

Most recent hazard evaluation prior to incident, if known:

Assessed level of hazard: \_\_\_\_\_ High Hazard \_\_\_\_\_ Low Hazard

a) Containment Protection Present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Date installed, if known: \_\_\_\_\_



Installation status (check all that apply):

Properly installed/plumbed \_\_\_\_\_

Improperly protected bypass present \_\_\_\_\_

Improperly installed/plumbed If so, explain:

\_\_\_\_\_

Commensurate with assessed degree of hazard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Testing Results Available (attach most recent test results, if available) \_\_\_\_\_ Yes \_\_\_\_\_ No

If more than one backflow preventer of this type is present, add additional pages.

b) Isolation Protection Present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Date installed, if known: \_\_\_\_\_

Installation status (check all that apply):

Properly installed/plumbed \_\_\_\_\_

Improperly protected bypass present \_\_\_\_\_

Improperly installed/plumbed If so, explain:

\_\_\_\_\_

Commensurate with assessed degree of hazard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Testing Results Available (attach most recent test results, if available) \_\_\_\_\_ Yes \_\_\_\_\_ No

If more than one backflow preventer of this type is present, add additional pages.

c) Fire Suppression System Protection Present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Date installed, if known: \_\_\_\_\_

Installation status (check all that apply):

Properly installed/plumbed \_\_\_\_\_

Improperly protected bypass present \_\_\_\_\_



Improperly installed/plumbed If so, explain:

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Commensurate with assessed degree of hazard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Testing Results Available (attach most recent test results, if available) \_\_\_\_\_ Yes \_\_\_\_\_ No

If more than one backflow preventer of this type is present, add additional pages.

d) Irrigation Protection Present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Date installed, if known: \_\_\_\_\_

Installation status (check all that apply):

Properly installed/plumbed \_\_\_\_\_

Improperly protected bypass present \_\_\_\_\_

Improperly installed/plumbed If so, explain:

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Commensurate with assessed degree of hazard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Testing Results Available (attach most recent test results, if available) \_\_\_\_\_ Yes \_\_\_\_\_ No

If more than one backflow preventer of this type is present, add additional pages.

e) Other Protection Present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Date installed, if known: \_\_\_\_\_

Installation status (check all that apply):

Properly installed/plumbed \_\_\_\_\_

Improperly protected bypass present \_\_\_\_\_

Improperly installed/plumbed If so, explain:

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Commensurate with assessed degree of hazard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Testing Results Available (attach most recent test results, if available) \_\_\_\_\_ Yes \_\_\_\_\_ No

If more than one backflow preventer of this type is present, add additional pages.

Other hazard evaluation information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Method of Discovery of Backflow**

How the backflow was discovered (check all that apply):

Direct observation \_\_\_\_\_ Result of Investigation \_\_\_\_\_ Meter running backwards \_\_\_\_\_

Water use decrease \_\_\_\_\_ Disinfectant monitoring \_\_\_\_\_ Water quality monitoring \_\_\_\_\_

Water quality complaint \_\_\_\_\_ Illness/injury complaint \_\_\_\_\_

Other (Describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident reported to the public water system by:

PWS Personnel \_\_\_\_\_

Premises Owner/Occupant

PWS Customer Backflow Assembly Tester

Other (Specify):

**D. Contaminant Information (If Available)**

Contaminant type (check all that apply):

Microbiological \_\_\_\_\_ Chemical \_\_\_\_\_ Physical \_\_\_\_\_

Describe contaminant (for example, the organism name, chemical, etc.). Please attach lab analysis or MSDS, if available.



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## **E. Extent and Effects of Contamination**

Estimated extent of contamination: \_\_\_\_\_

    Contained within premises

    Entered PWS distribution system

Estimated number of connections affected:

    Residential

    Non-residential

Estimated population affected or at risk:

    Residential

    Non-residential

Number water quality complaints:

Describe water quality complaints:

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Number illnesses reported:

Number physical injuries (e.g. burns) or irritation(e.g. rashes) cases reported:

Describe illnesses/irritation (specific illnesses, if known):

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### Part 3: Cross-Connection Control Information at Backflow Site

#### A. Source of Contaminant

Source of contaminant or fixture type (check all that apply):

- Air conditioner/heat exchanger \_\_\_\_\_ Auxiliary water supply \_\_\_\_\_
- Beverage machine \_\_\_\_\_ Boiler, hot water system \_\_\_\_\_ Chemical injector/aspirator \_\_\_\_\_
- Fire protection system \_\_\_\_\_ Irrigation system \_\_\_\_\_
- Industrial/commercial process water/fluid \_\_\_\_\_ Medical/dental fixture \_\_\_\_\_
- Reclaimed water system \_\_\_\_\_ Swimming pools, spa \_\_\_\_\_ Wastewater (sewage) system \_\_\_\_\_
- Other (specify):

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#### B. Distribution System Pressure Conditions in the Vicinity of the Backflow Incident

Type of backflow: \_\_\_\_\_ Backsiphonage \_\_\_\_\_ Backpressure

Typical distribution system pressure in vicinity of incident (if range, enter lower end of range): \_\_\_\_\_psi

Main/pressure status at time of incident (check all that apply):

- Normal \_\_\_\_\_ Main break \_\_\_\_\_ Firefighting \_\_\_\_\_ Other high usage \_\_\_\_\_
- Power outage \_\_\_\_\_ Source/plant outage \_\_\_\_\_ Scheduled water shutoff by PWS \_\_\_\_\_
- Unscheduled/emergency shutoff \_\_\_\_\_ Unknown \_\_\_\_\_

Other (specify) Describe causes and circumstances leading to backflow:

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### Part 4: Corrective Action/Notifications

Action **taken** by PWS to restore water quality (check all that apply):

- None \_\_\_\_\_
- Flushed/cleaned mains \_\_\_\_\_ Flushed/cleaned plumbing \_\_\_\_\_
- Disinfected mains \_\_\_\_\_ Disinfected plumbing \_\_\_\_\_
- Replaced mains \_\_\_\_\_ Replaced plumbing \_\_\_\_\_



Other:

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Action **ordered** by PWS to correct cross-connection (check all that apply):

- None \_\_\_\_\_
- Eliminate cross-connection \_\_\_\_\_ Remove by-pass \_\_\_\_\_
- Install new preventer \_\_\_\_\_
  - For premises isolation \_\_\_\_\_
  - For fixture protection \_\_\_\_\_
- Change existing preventer \_\_\_\_\_
  - Repair/replumb \_\_\_\_\_
  - Reinstall correctly \_\_\_\_\_
  - Replace with same type \_\_\_\_\_
  - Upgrade type \_\_\_\_\_

Other:

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Action(s) ordered accomplished? \_\_\_\_\_ Yes Date: \_\_\_\_\_ No

If no, explain:

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Regulatory notifications made: \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate agencies notified:

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Notifications of consumers in area of incident (check all that apply):

Population at risk \_\_\_\_\_

Public notification \_\_\_\_\_

Boil Water Advisory \_\_\_\_\_

Other (describe):

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Other enforcement/corrective actions (describe):

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### **Part 5: Cost of Backflow Incident (optional)**

Items to be considered: PWS Personnel Hours Expended, Cost to PWS, Cost to Premises Owner, Investigation, Restoration of water quality, Correction of cross-connection situation, Litigation and/or settlement and any other consideration not included above:

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### **Part 6: Further Information/Documentation**

Additional information about this incident such as pictures, sketches, newspaper/journal articles, water quality analyses, epidemiological reports, etc. would be helpful. Information may be in electronic form and emailed to the address below or by hard copy attached to this form. Additional items supplied (please list):

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## Part 7: Form Completion Information

Note: Form should be completed by a person currently certified as a Cross-Connection Control specialist in the jurisdiction.

I certify that the information provided in this Backflow Incident Report to the best of my knowledge, information and belief is complete and accurate.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

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

Cert. Number: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed backflow incident form:

By mail to:

National Water Specialties Company (NAWSC)  
CCC Program Manager  
P O Box 767  
Pittston, PA 18640

By email to: [ccc@pawsc.com](mailto:ccc@pawsc.com)

Also, please note that your individual state, county, municipality or water provider may require you to file a backflow incident report with their offices as well. Check the regulations in your area. Please send questions, comments, or suggestions about this form to us at the address above or e-mail them to [ccc@pawsc.com](mailto:ccc@pawsc.com).