

# Backflow Incident Report Form

Many backflow incidents occur that are not reported. This is usually because:

- The incidents are of short duration;
- The incidents are not detected;
- The customer is not aware the incident should be reported;
- Customers do not know who to report the incidents to; and/or
- Liability concerns on the part of the customer.

If you have any knowledge of a backflow incident, please fill out a copy of the Backflow Incident Report Form and return a copy to the Rhode Island Department of Health and the Pawtucket Water Supply Board C/O Cross-Connection Control.

# Backflow Incident Report Form

Reporting Agency: \_\_\_\_\_ Report Date: \_\_\_\_\_

Reported By: \_\_\_\_\_ Title: \_\_\_\_\_

Mail Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

General Location (Street, etc.): \_\_\_\_\_

## **Backflow Originated From:**

Name of Premises: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**Description of Contaminants:**

(Attach Chemical Analysis if available)

---

---

---

---

---

---

---

**Distribution of Contaminants:**

Contained within customer's premises:      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Number of persons affected: \_\_\_\_\_

**Effect of Contamination:**

Illness Reported: \_\_\_\_\_

---

---

Physical irritation reported: \_\_\_\_\_

---

---

**Backflow Incident Report**

Cross-Connection Source of Contaminant (boiler, chemical pump, irrigation system, etc.):

---

---

Cause of Backflow (main break, fire flow, etc.):

---

---

Corrective Action Taken to Restore Water Quality (main flushing, disinfection, etc.):

---

---

Corrective Action Ordered to Eliminate or Protect from Cross Connection (type of backflow preventer, location, etc.)

---

---

Previous Cross-Connection Survey of Premises:

Date: \_\_\_\_\_ By: \_\_\_\_\_

**Types of Backflow Preventer Isolating Premises:**

RPZ: \_\_\_\_\_ RPDC: \_\_\_\_\_ DCVA: \_\_\_\_\_ DCDC: \_\_\_\_\_ PVB: \_\_\_\_\_ SVB: \_\_\_\_\_

AVB: \_\_\_\_\_ Air Gap: \_\_\_\_\_ None: \_\_\_\_\_ Other Type: \_\_\_\_\_

Date of Latest Test of Assembly: \_\_\_\_\_

**Notification to Rhode Island State Department of Health Department and the Pawtucket Water Supply Board c/o Cross-Connection Control.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Notified: \_\_\_\_\_

**Attach sheets with additional information, sketches, and/or media information, and mail to:**

D.O.H  
3 Capitol Hill  
Ste 302  
Providence, R.I. 02904  
401-222-2212

PWSB  
C/O Cross Connection Control  
85 Branch Street  
Pawtucket, R.I. 02860  
401-729-5013