

DRINKING WATER SYSTEM INSPECTION REPORT

Health Protection

SYSTEM NAME	E.H.O. NAME	
ADDRESS	POSTAL CODE	SYSTEM NUMBER
OPERATOR	INSPECTION DATE (DMY) DD / MM / YYYY	TIME SPENT(Hrs. - nearest 1/4)

SYSTEM TYPE (CHECK One)

☐ > 20,000 (DWP) ☐ 10,001 - 20,000 (DWM) ☐ 301 - 10,000(DWT) ☐ 15 - 300(DWC) ☐ 2 - 14(DWS)

☐ 1 - SERVES PUBLIC (DWQ) ☐ 1 HAULER (DWH)

TYPE OF INSPECTION

☐ INITIAL ☐ ROUTINE
☐ COMPLAINT ☐ FOLLOW-UP

CRITICAL HAZARD

These items relate to Public Health Safety & **MUST RECEIVE IMMEDIATE ATTENTION**

Microbiological Contamination of Raw Water Supply Due to:

☐ 301 Flood
☐ 302 Sewage
☐ 303 Industrial
☐ 304 Agriculture
☐ 305 Other (Specify) _____
☐ 306 Chemical Contamination of Raw Water Supply
☐ 307 Contamination of Finished Water - Reservoir
☐ 308 Contamination of Finished Water - Mains
☐ 309 Cross-Connection
☐ 310 Use of Unapproved Source
☐ 311 Interruption of Treatment
☐ 312 Inadequate Treatment
☐ 313 Other (Specify) _____

SANITATION & MAINTENANCE

These items must be corrected within a designated time period

<input type="checkbox"/>	314	Improper Maintenance of Distribution System
<input type="checkbox"/>	315	Improper or No Disinfection of New or Repaired Main
<input type="checkbox"/>	316	Source Unprotected and Subject to Contamination
<input type="checkbox"/>	317	Inadequate or Improper Construction of Water Works
<input type="checkbox"/>	318	Inadequate Microbiological Analysis Data
<input type="checkbox"/>	319	Inadequate Chemical Analysis Data
<input type="checkbox"/>	320	Interruption of Treatment
<input type="checkbox"/>	321	Inadequate Treatment
<input type="checkbox"/>	322	Emergency Response Plan
<input type="checkbox"/>	323	Other (Specify)

[illegible]

At the time of inspection this system has a hazard rating of ☐ HIGH ☐ MODERATE ☐ LOW ☐ Issue Permit ☐ Conditions of Permit

FOLLOW UP ☐ VISIT ☐ PHONE Date

DD / MMM / YYYY

RECEIVED BY	PRINT NAME	E.H.O.
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