



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