



City of Tumwater Backflow Incident Report Form

Reporting Agency: _____ Date: _____
Reported By: _____ Title: _____
Mail Address: _____
City: _____
State: _____ Zip Code: _____ Telephone: _____

Date of Incident: _____ Time: _____
General Location (Street, etc.): _____

Backflow Originated From:

Name of Premise: _____
Street Address: _____
City: _____
Contact Person: _____ Telephone: _____
Type of Business: _____

Description of Contaminants:

(Attach Chemical Analysis of MSDS if available)

Distribution of Contaminants:

Contained within customer's premise: Yes No
Number of persons affected: _____

Effect of Contamination:

Illness reported? Yes No
Illness type: _____

Physical irritation reported? Yes No
Irritation type: _____

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 Premise:

Date: _____ By: _____

Types of Backflow Preventer Isolating Premise:

RPBA: RPDA: DCVA: DCDA: PVBA: SVBA:
AVB: Air Gap: None: Other: _____

Date of Last Test of Assembly: _____

Notification of State Health Department:

Date: _____ Time: _____ Person Notified: _____

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

City of Tumwater
Public Works Operations
% Cross Connection Control
555 Israel Road SW
Tumwater, WA 98501