

Notice of non-compliance with water quality criteria – drinking water



Queensland
Government

Water Supply (Safety and Reliability) Act 2008

Important information – This form is used by a drinking water service provider to inform the drinking water regulator of a non-compliance with water quality criteria under section 102 of the *Water Supply (Safety and Reliability) Act 2008* ('the Act'). Before submitting this form, please be fully aware of your rights and obligations under the Act and relevant subordinate legislation and guidelines. Failure to comply with these legislative requirements may attract enforcement action.

Privacy notice – Personal information on this form is being collected for the purpose of notifying the water supply regulator of a non-compliance with water quality criteria under section 102 of the *Water Supply (Safety and Reliability) Act 2008*. Your personal information will not be otherwise disclosed to any other parties without your consent unless authorised or required by law, such as under the *Right to Information Act 2009* or the *Evidence Act 1977*.

This form consists of two sections. The initial notification section made up of pages 1 – 5 and the investigation report, pages 6 – 8. These sections are submitted separately to the regulator while dealing with a non-compliance with water quality criteria.

Initial notification

To be completed and submitted as soon as practicable after becoming aware of the noncompliance

SECTION 1 – Drinking water service provider details

Drinking water service provider

SPID

Drinking water scheme

SECTION 2 – Contact details for this noncompliance

Principal contact

Name (including title)

Position

Registered / business physical address

City / Town

State

Postcode

Mailing address (if different from above)

City / Town

State

Postcode

Telephone number

Mobile number

Email address

SECTION 3 – Details of telephone report to the regulator

Name of person who reported the noncompliance

Person reported to

Date reported (dd/mm/yyyy)

Time reported (AM/PM)

SECTION 4 – Other communication

Have you informed any other organisation/agency about this non-compliance?

Yes No

If **Yes**; please provide contact details for the organisations/agencies (additional information may be attached)

Organisation / agency

Contact name

Date (dd / mm / yyyy)

Telephone number

Email address

Organisation / agency

Contact name

Date (dd / mm / yyyy)

Telephone number

Email address

SECTION 5 – Sample information

Initial sample

System location

- Raw/source water Treated water from water treatment plant
 Transmission Reticulation

Date taken

Time taken (AM / PM)

Parameter (e.g. chlorate, emerging pesticides)

Sample location/s (e.g. High Street Reservoir, 56 Gray St Highsville or Queen Street Water Treatment Plant)

Results (e.g. mg/L, µg/L)

Date results received

If the parameter detected is *E.coli*, record the most recent rolling percentage annual value and the last month included in the calculation

Laboratory name where analysis was undertaken or process if own laboratory used

Date results received

SECTION 6 – Follow up samples

Have you taken follow up samples?

Yes If **Yes**, expected timeframe for receipt of results

Date (dd / mm / yyyy) Time AM / PM

No If **No**, expected timeframe for follow up sample(s) to be taken

Date (dd / mm / yyyy) Time AM / PM

SECTION 7 – Non-compliance information

Describe the non-compliance, including the circumstances that gave rise to the non-compliance and the immediate impact. Include any investigations and additional operational monitoring being undertaken. Include the results of any related samples including disinfection residuals if relevant.

(Additional information may be attached)

SECTION 8 – Immediate corrective action

Have you taken any immediate corrective action?

No If **No**, please explain the reasons why corrective action has not been taken.

Yes If **Yes**, please describe immediate corrective action taken e.g. what corrective action took place, when it occurred and if any public health notification has already taken place, or will be required?

(Additional information may be attached)

SECTION 9 – Further action

What further action will be taken?

(Additional information may be attached)

SECTION 10 – Declaration

Please read the following carefully before signing:

I declare and warrant that –

- I am authorised to provide the information included in this form (and attachments) and make this declaration.
- The information I have provided in this form (including information submitted as part of this application) is true and correct to the best of my knowledge.
- I understand that it can be an offence under the Act to state anything in this form or provide material that is false or misleading.
- I understand the privacy notice in this form and I consent to the collection, use and disclosure of my personal information in the manner described in that notice.

Name	Organisation
<input type="text"/>	<input type="text"/>
Position	Email address
<input type="text"/>	<input type="text"/>
Phone number	Mobile number
<input type="text"/>	<input type="text"/>
Date	Signature
<input type="text"/>	<input type="text"/>

Complete and sign this form, attaching all relevant materials, and send to:

Email address: drinkingwater.reporting@rdmw.qld.gov.au

Reminder: The following pages must be completed and submitted to the regulator following your investigation. Before submitting these pages, make sure you have identified the measures you will take to prevent the non-compliance in the future.

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Privacy notice – Personal information on this form is being collected for the purpose of notifying the water supply regulator of a drinking water event or detection of a parameter with no water quality criteria. Your personal information will not be otherwise disclosed to any other parties without your consent unless authorised or required by law, such as under the *Right to Information Act 2009* or the *Evidence Act 1977*.

Investigation report

This is the second section of the form to be completed and submitted when the provider has identified the measures the provider will take to prevent the non-compliance in the future.

SECTION 12 – Drinking water service provider details

Drinking water service provider	SPID
<input type="text"/>	<input type="text"/>
Drinking water scheme	
<input type="text"/>	

SECTION 13 – Contact details for this noncompliance

Principal contact

Name (including title)	Position		
<input type="text"/>	<input type="text"/>		
Registered / business physical address	City / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Mobile number	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 14 – Details of initial notification information

Date initial written notification (pages 1–4) was submitted to the regulator:

SECTION 15 – Investigation actions

What actions were taken to investigate the non-compliance?

(Additional information may be attached)

SECTION 16 – Investigation outcomes

What were the outcomes of the investigation?

(Additional information may be attached)

SECTION 17 – Corrective actions

What actions were taken to protect public health?

(Additional information may be attached)

What actions were taken to correct the non-compliance?

(Additional information may be attached)

SECTION 18 – Preventative actions

What actions have been implemented, or will be implemented, to prevent the non-compliance occurring again?

(Additional information may be attached)

SECTION 19 – Declaration

Please read the following carefully before signing:

I declare and warrant that –

- I am authorised to provide the information included in this form (and attachments) and make this declaration.
- The information I have provided in this form (including information submitted as part of this application) is true and correct to the best of my knowledge.
- I understand that it can be an offence under the Act to state anything in this form or provide material that is false or misleading.
- I understand the privacy notice in this form and I consent to the collection, use and disclosure of my personal information in the manner described in that notice.

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Position	Email address
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Phone number	Mobile number
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Date	Signature
<input type="text"/>	<input type="text"/>

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