

Notification of a Drinking Water Event or detection of a parameter with no water quality criteria

Water Supply (Safety and Reliability) Act 2008



Queensland Government

Important information – This form is used by a drinking water service provider to notify the drinking water regulator of a drinking water event or detection of a parameter with no water quality criteria. Before submitting this form, please be fully aware of your rights and obligations under the *Water Supply (Safety and Reliability) Act 2008* ('the Act') and relevant subordinate legislation and guidelines. Failure to comply with these legislative requirements may attract enforcement action. The information contained within this form is a requirement of a condition of an approved drinking water quality management plan. For further information, refer to section 93 of the Act.

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*.

This form consists of two sections. The initial notification section made up of pages 1 – 4 and the investigation report, pages 5 – 7. These sections are submitted separately to the regulator while dealing with a drinking water event or a parameter with no water quality criteria. Please refer to the Explanatory Notes and Instructions for further information on completing this form.

Initial notification

This is the first section of the form and is to be completed and submitted as soon as practicable after becoming aware of a drinking water event or detection of a parameter with no water quality criteria.

SECTION 1 – Drinking water service provider details

Drinking water service provider

SPID

Drinking water scheme

SECTION 2 – Contact details for this notification

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 – Notification type

Event or Detection of a parameter with no water quality criteria

SECTION 5. Other communication

Have you informed any other organisation / agency about this event or detection of a parameter with no water quality criteria?

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 6 – Event or detection of a parameter with no water quality criteria information

Describe the event or detection of parameter with no water quality criteria; including the circumstances that gave rise to the event or detection of a parameter with no water quality criteria and the immediate impact. What led to the event and the immediate impact? Was this part of the regular sampling program?

(Additional information may be attached)

SECTION 6 – Event or detection of a parameter with no water quality criteria information (continued)

Sample information (if applicable)

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

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

SECTION 7 – Immediate investigation and corrective action

Have immediate corrective actions been taken?

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)

Follow up sample/s (if applicable)

Have you taken follow up sample/s? (This must include a sample from the initial location)

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

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

<input type="text"/>	<input type="text"/>
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No If **No**, expected timeframe for follow up sample(s) to be taken

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

<input type="text"/>	<input type="text"/>
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SECTION 8 – Further action

What further action will be taken?

(Additional information may be attached)

SECTION 9 – 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

Position

Phone number

Date

Organisation

Email address

Mobile number

Signature

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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Investigation report

This is the second section of the form and is to be completed and submitted when the provider has identified the measures the provider will take to prevent the drinking water event in the future or manage the detected parameter with no water quality criteria.

SECTION 10 – Drinking water service provider details

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

SECTION 11 – Contact details for this notification

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 12 – Details of initial notification of event or detection of a parameter with no water quality criteria

Date initial written notification (pages1–4) was submitted to the regulator:

SECTION 13 – Notification type

Event or Detection of a parameter with no water quality criteria

SECTION 14 – Investigation actions and outcomes

What actions were taken to investigate the event or the detection of a parameter with no water quality criteria?
What were the outcomes?

(Additional information may be attached)

SECTION 15 – Corrective actions

Provide evidence that demonstrates that the event has been resolved, or the detection of a parameter with no water quality criteria is being managed.

(Additional information may be attached)

SECTION 16 – Preventative actions

What additional measures have been, or will be, implemented to prevent the event from occurring in the future? How is, or will the detected parameter with no water quality criteria be managed?

(Additional information may be attached)

Are these preventative measures reflected in the approved Drinking water quality management plan?

Yes No

(Additional information may be attached)

SECTION 17 – Declaration

Please read the following carefully before signing:

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Name

Organisation

Position

Email address

Phone number

Mobile number

Date

Signature

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