

# Drinking water quality : incident reporting

Water Supply (Safety and Reliability) Act 2008, section 630



Queensland  
Government

**Privacy Disclaimer:** Collection of information provided in this approved form and any attachments is authorised under the *Water Supply (Safety and Reliability) Act 2008* (the Act) and is being used for the purpose of ensuring protection of public health. The Department of Energy and Water Supply will endeavour to maintain any confidentiality of information relating to your form. However, consideration of your form may involve consultation and if so, details of your form may be disclosed to third parties. This information will not otherwise be disclosed outside of the department unless required or authorised by law (for example as under the *Right to Information Act 2009*).

Office Use Only

DWIID

WSID

**Note:** Please refer to the Explanatory notes and instructions for *Drinking water quality: incident reporting* for further information on completing this form

## Part A - (To be completed and submitted within 24 hours of becoming aware of the incident)

Select **one box only** to describe the type of incident:

**For incidents below please complete sections 1, 2, 3, 4 and 5**

- Detection of *Escherichia coli* (*E. coli*)
- Detection of a pathogen
- Detection of chemical parameter that does not meet a health guideline value in *Australian Drinking Water Guidelines*
- Detection of radioactivity exceeding gross alpha and gross beta screening values in *Australian Drinking Water Guidelines*
- Detection of parameter for which there is no guideline value in the *Australian Drinking Water Guidelines*

**For incidents below please complete sections 1, 2, 4 and 5**

- An event or series of events likely to affect drinking water quality or will cause difficulty in ability to adequately treat drinking water

### 1. Drinking water service provider details

Drinking water service provider

SPID

Drinking water scheme

### 2. Contact details (for this incident)

Contact person

Position

Telephone number

Fax number

Mobile number

Postal address

Email address

#### Details of telephone report to the regulator

Drinking water service provider

Date reported (dd/mm/yyyy)

Time reported

AM

PM

Part A continued...

Have you informed any other organisation/agency about this incident?  Yes  No

If **Yes**, other organisation/agency contact details

Organisation/agency name

Contact name

Date (dd/mm/yyyy)

Telephone number

Email address

Organisation/agency name

Contact name

Date (dd/mm/yyyy)

Telephone number

Email address

### 3. Sample information

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#### Initial sample

System location

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

Date taken (dd/mm/yyyy)

Time taken

AM  PM

Parameter (e.g. *E. coli*, Fluoride)

Sample location (e.g. High Street Reservoir, 56 Gray St.)

Results (e.g. 5 cfu/100mL, 1.7mg/L)

Date results received

Laboratory name where analysis was undertaken

#### Follow up sample(s)

Have follow up samples been taken? (This must include a sample from the initial location)

Yes  No

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

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

Date (dd/mm/yyyy)

Time

AM  PM

Date (dd/mm/yyyy)

Time

AM  PM

### 4. Incident information

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Describe incident (e.g. events that led to the incident and the immediate impact)

(If space provided is insufficient, additional information may be attached)

**5. Immediate corrective actions**

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Have immediate corrective actions been taken?

Yes  No

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

*(If space provided is insufficient, additional information may be attached)*

If **No**, please explain reasons why immediate corrective actions have not been taken

*(If space provided is insufficient, additional information may be attached)*

**6. Declaration**

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I declare and warrant that I have all the necessary and appropriate authority on behalf of the relevant entity of the scheme to declare the information provided to be true and accurate to the best of my knowledge:

Family name

Given name(s)

Position

Signature

Date (dd/mm/yyyy)

/ /

**7. Submission**

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Please complete and sign Part A of this form and send via:

Facsimile: (07) 3405 3156

or

Email: [DrinkingWater.Reporting@dews.qld.gov.au](mailto:DrinkingWater.Reporting@dews.qld.gov.au)

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## Part B - (To be completed when the incident has been resolved and no further action is required)

Select **one box only** to describe the type of incident:

- Detection of *Escherichia coli* (*E. coli*)
- Detection of a pathogen
- Detection of chemical parameter that does not meet a health guideline value in *Australian Drinking Water Guidelines*
- Detection of radioactivity exceeding gross alpha and gross beta screening values in *Australian Drinking Water Guidelines*
- Detection of parameter for which there is no guideline value in the *Australian Drinking Water Guidelines*
- An event or series of events likely to affect drinking water quality or will cause difficulty in ability to adequately treat drinking water

### 1. Drinking water service provider details

Drinking water service provider

SPID

Drinking water scheme

### 2. Contact details (for this incident)

Contact person

Position

Telephone number

Fax number

Mobile number

Postal address

Email address

#### Details of telephone report to the regulator

Drinking water service provider

Date reported (dd/mm/yyyy)

Time reported

AM

PM

**3. What did you do to investigate the incident?** \_\_\_\_\_

*(If space provided is insufficient, additional information may be attached)*

**4. What did you find?** \_\_\_\_\_

*(If space provided is insufficient, additional information may be attached)*

**5. What actions did you take to correct the problem?** \_\_\_\_\_

*(If space provided is insufficient, additional information may be attached)*

**6. What actions did you take to prevent the incident occurring again?** \_\_\_\_\_

*(If space provided is insufficient, additional information may be attached)*

**7. Provide evidence that demonstrates that the incident has been resolved** \_\_\_\_\_

*(e.g. results of follow up sampling)*

*(If space provided is insufficient, additional information may be attached)*

**8. Declaration** \_\_\_\_\_

I declare and warrant that I have all the necessary and appropriate authority on behalf of the relevant entity of the scheme to declare the information provided to be true and accurate to the best of my knowledge:

Family name

Given name(s)

Position

Signature

Date (dd/mm/yyyy)

/ /

**9. Submission** \_\_\_\_\_

Please complete and sign this form and send to:

Queensland Water Supply Regulator  
Department of Energy and Water Supply  
PO Box 15456  
City East Qld 4002

or

Facsimile: (07) 3405 3156

or

Email: [DrinkingWater.Reporting@dews.qld.gov.au](mailto:DrinkingWater.Reporting@dews.qld.gov.au)