



# Emergency Response Checklist

From Drinking Water Guidelines, Appendix O, Attachment E

City/Town \_\_\_\_\_

PWS Name \_\_\_\_\_

PWS ID# \_\_\_\_\_

## Instructions

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



During or after every emergency a PWS must complete an emergency response checklist.

For a Level I or II emergency, the PWS must keep the checklist on file for MassDEP review. For a Level III, IV, or V emergency (**including a Boil order, Do not Drink or Do Not Use order**), the PWS must submit the checklist and a more detailed Emergency Response Report (After Action Report) within thirty (30) days of the emergency to the MassDEP regional Office, DWP – Emergency Response. The reported information must include a detailed timeline of the incident and response, evaluation of the incident, recommendations for improvements to emergency response planning and communication, recommendations for improvements to water system operations, staffing and budget, timeline for making all recommended changes and if necessary an updated emergency response plan except for those items that are security sensitive. A format for the more detailed Emergency Report (After Action Report) is located at <http://www.mass.gov/dep/water/laws/erreport.doc>.

**A PWS may use this form for creating a checklist. If you already have a reporting form available you may use it in lieu of this form.**

### REPORT ALL EMERGENCIES

Name of Person Completing Form \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Time of Report \_\_\_\_\_

Location of Emergency: \_\_\_\_\_  
Address / Line # / Well #

Emergency Caller Information (Check):  Male /  Female  Adult /  Child

Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Address \_\_\_\_\_

If the emergency is a threat against a water system, collect the following:

Voice:  Normal  Loud  Whisper  Calm  Excited  Nervous

Other: \_\_\_\_\_

Connection:  Clear  Other (could it have been a cell phone): \_\_\_\_\_

Background Noise:  Children  Music  Computer  Television  Radio

Animals (type): \_\_\_\_\_

Machinery (type): \_\_\_\_\_

Other: \_\_\_\_\_



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Describe the problem / emergency: \_\_\_\_\_  
Time \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Determine Emergency Level (check):  I\*  II\*  III  IV  V

\*If Levels I or II, described the steps taken to handle the emergency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For a Level I or II emergency, you may stop at this point and keep a copy of the report in your file. For a Level III or greater emergency, continue this report, you will must submit this report and the more detailed Emergency Response Report (After Action Report) to MassDEP within 30 days of the emergency.

Which of the following actions were involved in the emergency? (Check appropriate actions)

Motor vehicle accident: \_\_\_\_\_  
Vehicle Type \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Registration \_\_\_\_\_ State \_\_\_\_\_

Owner Name / Address \_\_\_\_\_

Accidental discharge (explain): \_\_\_\_\_

Illegal dumping / discharge (explain): \_\_\_\_\_

Chemical(s) involved

Trade Name/ Common Name: \_\_\_\_\_

(Check)  Solid  Liquid  Vapor  Other: \_\_\_\_\_

Placard / Label ID / DOT #: \_\_\_\_\_

Disease outbreak; type of disease: \_\_\_\_\_

Bacterial problem; describe: \_\_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Drinking Water Program

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Nearest Public Drinking Water Source (surface/ground):

\_\_\_\_\_  
Name / Address (location)

Approximate distance from emergency location: \_\_\_\_\_

Which of the following actions did you complete? (Check appropriate actions)

Notify person(s) in charge of all emergencies:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Work Telephone #

Initial Emergency Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Close reservoir:

\_\_\_\_\_  
Reservoir Name

\_\_\_\_\_  
Well(s) #(s)

Shut down pumps:

\_\_\_\_\_  
Pump # or Name

Shut off some of the distribution lines:

\_\_\_\_\_  
Specify (location, valve)

Cross connection survey; results: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Local authorities/departments contacted:

Water Supply Superintendent/Assistant

Certified Operator

Mayor/Officials

Fire Department

Police Department

Health Department

Other: \_\_\_\_\_

Local/regional news media contacted:

Local newspaper

Local radio station

Local TV station

Local short-wave radio operator(s)

Other: \_\_\_\_\_



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- State authorities/agencies contacted:
  - State Police / state agencies (emergency line)
  - MassDEP (Emergency Line):  Boston  NERO  SERO  CERO  WERO
  - MassDEP:  Water Pollution Control  Hazardous Waste
  - Department of Public Health
  - Massachusetts Emergency Management Agency (MEMA)
  - Other (specify): \_\_\_\_\_
  
- Federal agencies contacted:
  - EPA – Boston office (emergency line)
  - National Response Center
  - Coast Guard
  - Federal Emergency Management Agency (FEMA)
  - Federal Highway Administration
  - National Guard
  - Communicable Disease Center – Atlanta, GA
  - Other (specify): \_\_\_\_\_
  
- Notify office staff about the problem/emergency to answer questions from the users;
- Brief the person(s) in charge of the emergency response and superiors about new developments;
- Attach a list of equipment and materials (specification/quantity) used in emergency response;
- Emergency report (checklist) completed; (prepare and file the emergencies report for every single emergency situation.)
- Emergency report filed and one (1) copy submitted to MassDEP Regional Office-DWP.
- Other:

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