

Massachusetts Department of Environmental Protection

RTCR-2

1.0	Sample Site Evaluation Complete one form for each positive coliform sample location (routine or repeat)								
	Identify sample site location:					ocation Code:			
	E.coli positive? ☐ Yes ☐ No		e Residual?	_ mg/L	ee easur	☐ Total ☐ Combined red ☐ No chlorination			
	Assessment Elements For any shaded box checked, it should be considered an issue and a description must be included.		Issue and/or Description						
			* If any element has not been reviewed, you must include an explanation.			Yes	No	Not Reviewed*	
1.1	What is the regular use of the sample site? (janitor sink, hand washing, dedicated sample station, laundry sink, etc.)								
1.2	Describe the location and condition (physical and sanitary) of the tap.								
1.3	Were there any recent plumbing breaks, changes, or construction in vicinity of sample site? If yes, describe.								
1.4	Is the sample location in a pit or a vault? If yes, are there issues with flooding?								
1.5	Were there any low pressure events or changes in water pressure in the premises plumbing? If yes, when?								
1.7	Are there any identified cross connections in the premises plumbing? Describe if present.								
1.8	Were all backflow prevention devices at the sample location operational, maintained, and tested according to required schedule?								
1.9	Are there any treatment devices (point of entry and/or point of use) in the premises of the sample site? If yes, describe.								
1.10	Does this location have a history o positive TC samples?								
1.11	Other comments on sample site?								
	List all sample site corrective actions (including date). Include assessment element number.								