



Emergency Report Form 1- Sample Report

After Action Report

A. System Information

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



<u>XYZ Water System</u>	<u>November 5, 2008</u>	
PWS Name	Date	
<u>9999999</u>	<u>XYZ</u>	
PWS ID #	City /Town	
PWS Type: <input checked="" type="checkbox"/> COM <input type="checkbox"/> NTNC <input type="checkbox"/> TNC		
<u>999 Main Street, XYZ, MA 99999</u>		
Mailing Address		
<u>(999) 999-9999</u>	<u>(999) 999-9998</u>	<u>mready@xyz.ma.us</u>
Phone	FAX	E-mail

B. Certification

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

<u>Marsha Ready</u>	<u>November 6, 2008</u>
Name of PWS certified operator or responsible party:	Date
<u>Marsha Ready</u>	
Signature	

INSTRUCTIONS: 310 CMR 22.15(9)(c) requires that "a water supplier must file an Emergency Response Report **within 30 days** of any of the emergencies identified in 310 CMR 22.04(13)(a), a Level III or higher emergency, as described in Massachusetts Drinking Water Guidelines and Policies for Public Water Systems, Appendix O – Handbook for Water Supply Emergencies, or any cross connection problem that results in contamination of the water provided by the public water system." Return this form with all attachments to your regional MassDEP office **within 30 days of the start date of the emergency.**

This form may also be used to comply with 310 CMR 22.15 (9)(d).

C. Narrative Checklist

The following checklist is provided to help you submit the information that is required to be in your Emergency Response Report. Check each box to indicate that you have provided the information and any supporting documentation. Your report is not complete unless all of boxes are checked.

1. General Overview of Emergency:

Date(s) of the Emergency: from November 4, 2008 to November 5, 2008
Date Date

Provide a brief overview of the nature of the emergency. (What happened?):

There was an overfeed of sodium hydroxide into the distribution system causing complaints from consumers about receiving burns that required hospital treatment.

2. Detailed Timeline of the Incident and Response:

Provide a chronological history of the emergency and its resolution. (If this is not provided you must provide a narrative as to why you did not provide it.)

Tuesday, November 4, 2008

7::00 AM - Start-up operator arrived at plant and found high pH alarm going off.

7:05 AM - Checked sodium hydroxide feed system and found that it was left in manual mode.

7:10 AM -pH meter recording value of 12

7:15 AM - Shut off sodium hydroxide feed system.

7:20 AM - Contacted Superintendent and advised her of the situation

7:30 AM - Began opening hydrants in distribution system to flush high pH water from system

8:00 AM - Received call from 100 Terry Way complaining of burning sensation when showering.

8:10 AM - Received call from 20 dePeiza Terrace saying that son was burned from water in shower

8:15 AM - Contacted and consulted with MassDEP DWP Regional Office. MassDEP determined a water quality emergency existed and issued a Do Not Drink Water Order.



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8:20 AM - Notified BOH of Do Not Drink Water Order
 8:30 AM - Contacted WWW Radio Station and requested that they announce that a Do Not Drink Water Order had been issued.
 9:00 - 11:00 AM - Continued opening hydrants and monitoring pH levels throughout system
 12 Noon - pH levels below critical levels. Sodium hydroxide feed system returned to automatic operations. Will continue to flush system and monitor pH level.
 Wednesday, November 5, 2008
 8:00 AM - pH level normal. Request MassDEP lift Do Not Drink Water Order.
 9:00 AM - MassDEP agrees to lift Do Not Drink Water Order
 9:30 AM - Notify WWW Radio Station that Do Not Drink Water has been lifted.

3. Evaluation of the Incident:

Provide an assessment of the cause of the incident and the response to the incident. (What caused the emergency and how well did your system respond to the emergency?)
Overfeed of sodium hydroxide was caused by chemical feed pump being left in manual position. The pump had been placed in the manual mode while work was being performed on the sytem on 11/3/2008. At the end of the day on 11/3, the operator failed to place the pump back in the automatic mode. As a result, the chemical feed pump continued to pump sodium hydroxide into the system after the high lift pumps shut down when the tank was full. The high level alarm worked properly, but the autodialer was not connected so no operator was notified. When demand on the system increased due to morning usage, the first customers received water at a pH level of greater than 12, which caused burns to approximately 15 consumers. The operator arriving at the plant to staqrt the day quickly understood what had happened and acted properly to correct the situation and notify the proper personnel.

Please number all attachments. Attach pictures wherever helpful.

See sample emergency report on the web at [www..](http://www.mass.gov)

4. Recommendations for Improvements to Emergency Response Planning, Training, and Communication:

Review lessons learned from the incident. (What did you learn from this incident?)
Alarms and controls must be tested regularly to insure they are working properly.

Recommend needed improvements to the Emergency Response Plan (ERP), if any. If none, enter "None" below.
None

5. Recommendations for Improvements to Water System Operations, Staffing, and Budget:

Review system deficiencies, if any. If none, enter "None" below.
Chemical feed system alarms were not set at proper levels and autodialer was not working properly.

Recommend needed improvements, if any. If none, enter "None" below.
*Alarms and controls must be updated to meet MassDEP Guidelines
 Alarms and controls must be tested quarterly.
 Controls must be installed so that pumps cannot be left in manual mode.*

6. Timeline for Making All Recommended Changes

Provide a schedule for making any recommended improvements. If none, enter "None" below.



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Begin testing controls and alarms quarterly - December 1, 2008

Update alarms and controls - January 1, 2010

7. Updated Emergency Response Plan

If any revisions are needed, provide an updated copy of the ERP. (Attach to this report.)

8. Notices

Provide copies of all notices given to the public during the emergency. (Attach to this report.)

D. Compliance

I have reviewed my system's deficiencies and identified the following needed improvements and a schedule for completion of these improvements.

Test alarms and controls quarterly

December 1, 2008

Improvement 1

Completion Date

Update alarms and controls

January 1, 2010

Improvement 2

Completion Date

Improvement 3

Completion Date

Improvement 4

Completion Date

Improvement 5

Completion Date

Improvement 6

Completion Date

Improvement 7

Completion Date

Improvement 8

Completion Date

Improvement 9

Completion Date

Improvement 10

Completion Date

E. MassDEP Use

Date received

Comments