



Emergency Report Form 1

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.



PWS Name _____		Date _____
PWS ID # _____		City /Town _____
PWS Type: <input type="checkbox"/> COM <input type="checkbox"/> NTNC <input type="checkbox"/> TNC		
Mailing Address _____		
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.

Name of PWS certified operator or responsible party: _____

Signature _____ Date _____

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).

Please number all attachments. Attach pictures wherever helpful.

See sample emergency report on the web at <http://www.mass.gov/dep/water/drinking/systems.htm#emerresp>.

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 _____ Date _____ to _____ Date _____

Emergency Level: I II III IV V

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

Insert text here

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.)

Insert text here

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?)

Insert text here



Emergency Report Form 1

After Action Report

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

Review lessons learned from the incident. (What did you learn from this incident?)

Insert text here

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

Insert text here

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

Review system deficiencies, if any. If none, enter "None" below.

Insert text here

Recommend needed improvements, if any. If none, enter "None" below.

Insert text here

6. Timeline for Making All Recommended Changes

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

Insert text here

7. Updated Emergency Response Plan

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

8. Notices

Is notice required? Yes No

If yes, select type: Boil Order Do Not Drink Do Not Use

Other (specify): _____

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.

Improvement 1	Completion Date
Improvement 2	Completion Date
Improvement 3	Completion Date
Improvement 4	Completion Date
Improvement 5	Completion Date



Emergency Report Form 1

After Action Report

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