|  | Massachusetts Department of Environmental Protection  Bureau of Water Resources – Drinking Water Program  Water Treatment Chemical Feed System Control and Alarm Testing Log | | | | | | | | | PWS Name    PWS ID# | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PWSs with chemical treatment must test controls and alarms for critical chemical feed systems quarterly.**  **A log must be maintained for inspection by the MassDEP DWP when requested.** | | | | | | | | | | |
|  | Alarms shall be checked every: | | Interval (weeks or months) | | | (at least quarterly per MassDEP requirements) | | | | Quarter | |
| **Important**: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | **Identified Alarm**  **Points** | **Original Value** | | **Alarm Sounded?**  **Yes/No** | **Plant**  **Shutdown?1**  **Yes/No/NA** | **Operator Received Call Out?2**  **Yes/No/NA** | **Alarm Reset to Original Value  Check** | **Date** | **Operator Signature** | | **Comments** |
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|  | 1 Describes if the identified alarm point caused a plant shutdown. If NA, explain in the Comments column.  2 Describes if a call out was received on SCADA, on the on-call operator’s phone, on a SCADA phone app, etc. Use the Comments column to describe where call outs were received. If NA, explain in the Comments column. | | | | | | | | | | |