

Notification of a Drinking Water Event or detection of a parameter with no water quality criteria



Queensland
Government

Water Supply (Safety and Reliability) Act 2008

Privacy notice: Personal information on this form is being collected for the purpose of notifying the water supply regulator of a drinking water event or detection of a parameter with no water quality criteria. Your personal information will not be otherwise disclosed to any other parties without your consent unless authorised or required by law, such as under the Right to Information Act 2009 or the Evidence Act 1977. Further information about privacy is available on the department's website: www.dnrme.qld.gov.au.

The information contained in this form is a requirement of a condition of an approved drinking water quality management plan. For further information see section 93 of the *Water Supply (Safety and Reliability) Act 2008*.

Important note: This form consists of two sections. The initial notification section made up of pages 1 – 4 and the investigation report section pages 5 - 7. These sections are submitted separately to the regulator while dealing with a drinking water event or a parameter with no water quality criteria. Please refer to the *Explanatory Notes and Instructions for Notification of a Drinking Water Event or Detection of a Parameter with no Water Quality Criteria* for further information on completing this form.

Initial notification

This is the first section of the form and is to be completed and submitted as soon as practicable after becoming aware of a drinking water event or a parameter with no water quality criteria.

1. Drinking water service provider details

Drinking water service provider	SPID
<input type="text"/>	<input type="text"/>
Drinking water scheme	
<input type="text"/>	

2. Contact details for this notification

Principal Contact

Family name	Given names(s)	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Registered / business physical address		City / Town	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)		City / Town	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Mobile number	Email address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

3. Details of telephone report to the regulator

Name of person who reported the noncompliance	
<input type="text"/>	
Person reported to	
<input type="text"/>	
Date reported (dd/mm/yyyy)	Time reported (AM/PM)
<input type="text"/>	<input type="text"/>

4. Notification type _____

Event

or

Detection of a parameter with no water quality criteria

5. Other communication _____

Have you informed any other organisation / agency about this event or detection of a parameter with no water quality criteria?

Yes No

If **Yes**; other organisation/agency contact details

Organisation / agency

Contact name

Date (dd / mm / yyyy)

Telephone number

()

Email address

Organisation / agency

Contact name

Date (dd / mm / yyyy)

Telephone number

()

Email address

6. Event or detection of a parameter with no water quality criteria information _____

Describe the event or detection of parameter with no water quality criteria; including the circumstances that gave rise to the event or detection of a parameter with no water quality criteria and the immediate impact. What led to the event and the immediate impact? Was this part of the regular sampling program?

(Additional information may be attached)

6. Event or detection of a parameter with no water quality criteria information (continued...)

Sample information (if applicable)

Initial sample

System location Raw/source water Treated water from water treatment plant
 Transmission Reticulation

Date taken / / Time taken (AM / PM)

Parameter (e.g. chlorate, emerging pesticides)

Sample location/s (e.g. High Street Reservoir, 56 Gray St Highsville or Queen Street Water Treatment Plant)

Results (e.g. mg/L, µg/L) Date results received / /

Laboratory name where analysis was undertaken or process if own laboratory used

7. Immediate investigation and corrective action

Have immediate corrective actions been taken?

Yes If **Yes**, please describe immediate corrective action taken e.g. what corrective action took place, when it occurred and if any public health notification has already taken place, or will be required?

No If **No**, please explain reasons why immediate corrective action has not been taken.

(Additional information may be attached)

Follow up sample/s (if applicable)

Have you taken follow up sample/s? (This must include a sample from the initial location)

Yes If **Yes**, expected timeframe for receipt of results Date (dd / mm / yyyy) Time AM / PM
 / /

No If **No**, expected timeframe for follow up sample(s) to be taken Date (dd / mm / yyyy) Time AM / PM
 / /

8. Further action _____

What further action will be taken? (Additional information may be attached)

(Additional information may be attached)

9. Declaration _____

I declare and warrant that I have all the necessary and appropriate authority on behalf of the drinking water service provider to declare the information provided in this form, including any attachments or supporting information provided, are true and accurate to the best of my knowledge.

Family name

Given name(s)

Position

Signature

Date (dd / mm / yyyy)

10. Submission _____

Please complete and sign the form and send via email at drinkingwater.reporting@dnrme.qld.gov.au

Reminder: Pages 5-7 must be completed and submitted to the regulator following your investigation. Before submitting these pages, make sure you have identified the measures you will take to prevent the event in the future.

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Investigation report

This is the second section of the form and is to be completed and submitted when the provider has identified the measures the provider will take to prevent the drinking water event in the future or manage the detected parameter with no water quality criteria.

1. Drinking water service provider details

Drinking water service provider	SPID
<input type="text"/>	<input type="text"/>
Drinking water scheme	
<input type="text"/>	

2. Contact details for this notification

Principal Contact

Family name	Given names(s)	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Registered / business physical address		City / Town	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)		City / Town	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Mobile number	Email address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

3. Details of initial notification of event or detection of a parameter with no water quality criteria

Date initial written notification (pages 1–4) was submitted to the regulator / /

4. Notification type

Event or Detection of a parameter with no water quality criteria

5. Investigation actions and outcomes

What actions were taken to investigate the event or the detection of a parameter with no water quality criteria?
What were the outcomes?

(Additional information may be attached)

6. Corrective actions

Provide evidence that demonstrates that the event has been resolved, or the detection of a parameter with no water quality criteria is being managed.

(Additional information may be attached)

7. Preventative actions

What additional measures have been, or will be, implemented to prevent the event from occurring in the future? How is, or will the detected parameter with no water quality criteria be managed?

(Additional information may be attached)

Are these preventative measures reflected in the approved Drinking water quality management plan?

Yes No

(Additional information may be attached)

8. Declaration

I declare and warrant that I have all the necessary and appropriate authority on behalf of the drinking water service provider to declare the information provided in this form, including any attachments or supporting information provided, are true and accurate to the best of my knowledge.

Family name	Given name(s)	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date (dd / mm / yyyy)	
<input type="text"/>	<input type="text" value="/ /"/>	

9. Submission

Please complete and sign the form and send via email at drinkingwater.reporting@dnrme.qld.gov.au