|       | Massachusetts Department of Environmental Protection DWP ER Report 1Bureau of Resource Protection – Drinking Water Program Emergency Report Form 1 **After Action Report** |
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|  | 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: [ ]  COM [ ]  NTNC [ ]  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.  |
| **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.** |       Name of PWS certified operator or responsible party:      Final Date (or Revised Date if applicable) |
|  |       Signature |       Date |
|  |  |
|  | 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?):  |
|  |  |
|  | 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.)  |
|  |  |
|  | 3. Evaluation of the Incident: |
| See sample emergency report on the web at <https://www.mass.gov/lists/drinking-water-permits-forms-and-templates#emergency-response-forms-> | [ ]  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?)  |
|  |  |
|  |  |
|  | 4. Recommendations for Improvements to Emergency Response Planning, Training, and Communication: |
|  | [ ]  Review lessons learned from the incident. (What did you learn from this incident?) |
|  |  |
|  | [ ]  Recommend needed improvements to the Emergency Response Plan (ERP), if any. If none, enter “None” below.  |
|  |  |
|  | 5. Recommendations for Improvements to Water System Operations, Staffing, and Budget: |
|  | [ ]  Review system deficiencies, if any. If none, enter “None” below.  |
|  |  |
|  | [ ]  Recommend needed improvements, if any. If none, enter “None” below.  |
|  |  |
|  | 6. Timeline for Making All Recommended Changes |
|  | [ ]  Provide a schedule for making any recommended improvements. If none, enter “None” below.  |
|  |  |
|  | 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 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 |
|  |  |
|  |  |