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, QFLGHQW 1DPH

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Critical customers (List):

Being Served (Yes/No)? ___

1. _____
2. _____
3. _____
4. _____

(Examples: Hospitals, Industries, Emergency Response Facilities, etc.)

OPERATOR INFORMATION

What are the water system's current staffing levels?

Category	Normal Staffing Level	
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OTHER SYSTEM RESPONSE MEASURES

Isolation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Emergency Booster Disinfection in Distribution System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Re-routing of water to customers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Discontinuation of service to customers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Have there been customer complaints reported:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Emergency Interconnection:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is additional assistance from the EPA being requested at this time? (If yes, describe below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Details/Notes

Any Additional Needs?

Designated date and time for update and follow-up to missing info: _____

Signature of Water System Representative: _____
(if present)

Signature of Assessor: _____

Name of Assessor (printed): _____

Today's Date: _____ >rtif Tw _____