

EMERGENCY RESPONSE PLAN

(For very small water systems)

NAME OF WATER SYSTEM: _____

Physical Address: _____

Mailing Address: _____

Prepared on: _____

EMERGENCY NUMBERS *(must include after-hours numbers incase of emergency)

Name	Phone Number	Cell/Radio Phone	Email	Fax
1st Operator:				
2nd Operator:				
All Owners:				
Electrician:				
Plumber:				
Bulk Water Hauler/Alternate Water Source:				
Equipment Supplier (i.e. UV bulbs, pump):				
Environmental Health Officer:				
Public Health Engineer:				
Medical Health Officer (MHO):				
Other: After Hour Vancouver Island Health Authority MHO Emergency Contact	1-800-204-6166			
Ministry of Environment (MOE):	1-800-663-3456			
Provincial Emergency Preparedness. (PEP):	1-800-663-3456			

Drinking Water Officer (DWO): Medical Health Officer
 Drinking Water Officer delegate: Environmental Health Officer

In the case of emergency contacts, provide as many avenues of communication possible. The Emergency Contacts are to be reviewed on an annual basis to ensure the contact information is up to date. (Forward changes to your local Environmental Health Officer)

IN CASE OF EMERGENCY WHERE THE WATER IS NOT SAFE FOR CUSTOMERS TO USE (i.e. contamination/vandalism):

1. Issue Boil Water Notice or shut off water supply if necessary.
2. Contact appropriate person(s) from the list of emergency numbers.
 - Contact DWO delegate or DWO.
3. _____ will notify any affected water users. Please keep a phone and address list of users handy. May need to phone or hand-deliver the notice to users.
4. _____ will post warning signs
5. _____ will notify appropriate health officers.
6. _____ will coordinate repairs.
7. Alternate source of drinking water:_____.

START UP PROCEDURE (person responsible for task):_____.

1. Send water sample/s to appropriate lab for testing. This is dependant on the type of contamination suspected. Chemical:_____.
Bacteriological:_____.
2. Identify and correct source of contamination:_____.
3. Entire system should be flushed and disinfected by (name):_____.
4. Submit water sample/s to appropriate approved lab for testing. For bacteriological contamination three consecutive sampling results must be negative.
5. Resume water supply only if approved by DWO (d)/MHO.

LOCATION OF EMERGENCY RESPONSE PLAN:_____.

ADDITIONAL CRITERIA:

- A. Attach a drawing of the water system that shows mains, critical control points (intake/pump house/valves/treatment units/connections/pressure zones, etc.), buildings, access routes, and maintenance equipment.
- B. Attach a contact list of water system users in the event that they need to be notified.
- C. Attach **“Boil Water Notice”** and **“Do Not Use The Water Notice”** signs.
- D. Attach cleaning and disinfection procedures for the waterlines/reservoir.

The plan is to be reviewed on an annual basis to ensure the contact information is up to date and accurate (Forward changes to your DWO delegate).

DATE REVIEWED

COMPLETED BY

EMERGENCY RESPONSE PLAN – ACTION LIST

Type of emergency: i.e. power outage _____

Actions: _____

Contacts: _____

Type of emergency: i.e. suspect microbial contamination _____

Actions: _____

Contacts: _____

Type of emergency: i.e. suspect chemical contamination _____

Actions: _____

Contacts: _____

Type of emergency: i.e. water treatment/disinfection malfunction

Actions: _____

Contacts: _____

Type of emergency: _____

Actions: _____

Contacts: _____

Type of emergency: _____

Actions: _____

Contacts: _____

Type of emergency: _____

Actions: _____

Contacts: _____