Ontario

Ministry of Health and Long-Term Care

Notice of Adverse Test Results and Issue Resolution

Small Drinking Water Systems Regulation (O.Reg. 319/08) and Transitional - Small Drinking Water Systems Regulation (O.Reg. 318/08)

Instructions

The purpose of this form is to notify the small drinking water system operator, local Public Health Unit and the Ministry of Health and Long-Term Care (MOHLTC) of Adverse Water Quality Incidents (AWQI) under s. 9(1) of O. Reg. 319/08 (Small Drinking Water Systems) and schedule 4 of O. Reg. 318/08 (Transitional – Small Drinking Water Systems).

This notice is being initiated by (please check one):

☐A laboratory (complete sections 1 and 3)

☐An drinking water system operator (complete section 2)

Please identify the reason and/or adverse observation below (if applicable)

Section 1 – Laboratory Notification

The Laboratory is required to provide immediate written notification of the AWQI to the MOHLTC by completing section 1 along with the laboratory sample results (use section 3 or attach laboratory report) (MOHLTC Fax Number: 416-327-0984).
Additionally, the Laboratory is required to provide immediate verbal notification of the AWQI to the local Board of Health and the system operator. Following this verbal notification, section 1 is to be completed by laboratory and forwarded the local Board of Health (i.e. Medical Officer of Health) within 24 hours of AWQI.
Additionally, section 3 is to be completed by the laboratory and faxed within 24 hours of adverse water quality result along with the laboratory sample results (use section 3 or attach laboratory report) to the local Board of Health.

Indicators of Adverse Drinking Water Quality

☐Microbiological ☐Physical/Chemical

Licensed Laboratory

Name of Laboratory	Telephone Number ext.

Address

Unit Number	Street Number	Street Name	PO Box

Rural Route	City/Town	Province	Postal Code

Name of Person Notifying

Last Name	First Name

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Name of Emergency Contact

Last Name	First Name	Position Title
Telephone Number ext.	Fax Number	AWQI Notification Number(s)

Drinking Water System

Name of Drinking Water System	Telephone Number ext.

Address

Unit Number	Street Number	Street Name	PO Box
Rural Route	City/Town	Province	Postal Code

Name of Emergency Contact

Last Name	First Name	Position Title
Telephone Number ext.	Fax Number	Drinking Water System Number

Verbal Notification to Operator of Drinking Water System

Name of Person Contacted

Last Name	First Name	Position Title	Date (yyyy/mm/dd)	Time (hh:mm)

Verbal Notification to Local Medical Officer of Health

Name of Person Contacted

Last Name	First Name	Position Title	Date (yyyy/mm/dd)	Time (hh:mm)

Comments

Include laboratory sample results (complete section 3 or attach report provided to you by the laboratory)

Written Notification prepared by

Last Name	First Name
Signature	Date (yyyy/mm/dd)

Section 2 – Corrective Action and Issue Resolution

Section 2 is to be completed and provided to the local Board of Health by the drinking water system operator based on discussions with the local Board of Health, within 24 hours of verbal notification. Section 2 should be updated and resubmitted to the local Board of Health within 7 days of the issue resolution.

Verbal Notification to Local Medical Officer of Health

Name of Person Contacted

Last Name	First Name	Position Title	Date (yyyy/mm/dd)	Time (hh:mm)

Drinking Water Systems Contact

Name of Person Contacted

Last Name	First Name	Telephone Number ext.
Position Title		Fax Number

Adverse Water Quality Test Results Corrective Action and Issue Resolution

Name of Drinking Water System	Date of Resolution (yyyy/mm/dd)
Initial AWQI Notification Number(s)	All Resample AWQI Numbers

Corrective Actions to be taken by Owner/Operator

Corrective Actions	Required	Completed	Comments
Warning notice posted	☐Yes ☐No	☐Yes ☐No ☐N/A	
Resample and test	☐Yes ☐No	☐Yes ☐No ☐N/A	
Disinfectant restored / increased	☐Yes ☐No	☐Yes ☐No ☐N/A	
Mains / pipes flushed	☐Yes ☐No	☐Yes ☐No ☐N/A	
Users advised to boil water / seek alternate source	☐Yes ☐No	☐Yes ☐No ☐N/A	
	☐Yes ☐No	☐Yes ☐No ☐N/A	

Summary of Action Taken and Results Achieved (include test results showing drinking water quality is no longer adverse)

When resolving an AWQI state all resample AWQI Numbers associated with the initial AWQI. For example, if there is an adverse test result of Total Coliform one of the corrective actions is to resample. If the resample came back adverse then you resample again. If the second resample test results are clear and the incident is then resolved, include all AWQI Numbers (Initial AWQI Number and Resample AWQI Numbers) on the same Section 3 form. This eliminates the requirement to submit a Section 3 form for every adverse test result associated with one incident. If the first resample test result is clear then this section does not apply.

The personal information that you provide on this form is collected by the (Insert name of Public Health Unit):

pursuant to section 5(1) of O.Reg. 319/08 and section 13(1) of O. Reg. 318/08 under the *Health Protection and Promotion Act*, and may be used and disclosed to other government institutions for the purpose of administering any Act or program that pertains to drinking water safety. If you have any questions about the collection of your personal information on this form, you can contact:

Title of Public Health Unit Contact	Telephone Number ext.

Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	

Section 3 – Adverse Water Quality Test Analytical Results

Section 3 is to be completed by the laboratory and faxed within 24 hours of adverse water quality result along with the laboratory sample results to the local Board of Health. In the absence of an actual Laboratory Results Report, complete the applicable table and forward to MOHLTC by fax immediately following an Adverse Water Quality Test Result. Additionally, complete the applicable table and forward to the local Board of Health within 24 hours of an Adverse Water Quality Test Result.

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Sample Collected Date (yyyy/mm/dd)	Sample Collected Time (hh:mm)	Sample Location U: Untreated T: Treated	Total Coliforms	E. coli (EC)	P-A / 100mL Confirmed	Free Chlorine Residual Mg/L or N/A if no chlorine	Date of Data Approval (yyyy/mm/dd)
					☐U ☐T	cfu/100 mL	cfu/100 mL	☐TC ☐EC	mg/L ☐N/A	

Physical/Chemical

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Sample Collected Date (yyyy/mm/dd)	Sample Collected Time (hh:mm)	Sample Location U: Untreated T: Treated	Parameter	Results	Unit of Measure	Standard	Date of Data Approval (yyyy/mm/dd)
					☐U ☐T					

Authorization

Last Name	First Name

Signature	Date (yyyy/mm/dd)