Ontario

Ministry of Health and Long-Term Care

Response to Adverse Drinking Water Quality Incidents - Issue

This form should only be used if the Drinking Water Advisory Reporting System website is not working.

Official Ministry Use Only - Notice Number

Section 1 - Event Action - Issue

Type of Advisory Notice	Date Event Occurred (yyyy/mm/dd)
Notice Issued By	Date Notice Issued to Users (yyyy/mm/dd)
Local Board of Health Office	Date Reported to Local Board of Health (yyyy/mm/dd)

Section 2 - Drinking Water Systems (DWS)

Regulation	Type of System	Source of Water Supply

Surface Water Name	GPS Coordinates of Intake Pipe or Well	
	North	West

Drinking Water System Name	Drinking Water System Number

Unit Number	Street Number	Street Name	PO Box

Rural Route	City/Town	Province	Postal Code
		ON	

Emergency Locator Address for this Property

Last Name of Owner	First Name of Owner

Unit Number	Street Number	Street Name	PO Box

Rural Route	City/Town	Province	Postal Code
		ON	

Telephone Number Ext.	Cell Phone Number	Email Address

Alternate Contact Information (Operator or Responsible Person)

Last Name	First Name

Telephone Number Ext.	Cell Phone Number	Email Address

Section 3 - Community, Facility or Municipality Information

- ☐ Institutional
- ☐ Food Establishment
- ☐ Campgrounds
- ☐ Residential, 6 or more residents
- ☐ Resorts
- ☐ First Nation
- ☐ Other (Specify)

Approximate Number of Facilities or Homes affected	Approximate Number of Users affected	Are there existing notices for this DWS? ☐ Yes, provide date when last notice was issued (yyyy/mm/dd) ☐ No

State Reason for Previous Notice and Any Actions Taken (or enter Notice Number if known)

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Section 4 - Reason for Drinking Water Advisory Notice

☐ Chemical
☐ Mechanical or Physical
☐ Microbiological
☐ Radiological
☐ Other (Specify)

Is this a water related incident or outbreak?	Are there two or more cases associated with this notice?
☐ Incident	☐ Yes, provide outbreak case number
☐ Outbreak	☐ No

Laboratory Sample Test

Was the system sampled? ☐ Yes ☐ No

Date Sampled (yyyy/mm/dd)	Results (e.g., CFU or mg/L)	Results (e.g., CFU or mg/L)

Section 5 - Corrective Action Taken - Select all that apply

☐ Operator response okay (actions taken meet regulation, no additional requirements given)
☐ Notify users or proposed corrective measures
☐ Provide additional FAC readings
☐ Provide bacterial treatment
☐ Raise chlorine level and flush
☐ Other (Specify)
☐ Resample in addition to regulated samples
☐ Repair or replace failing equipment
☐ Shock chlorinate and flush
☐ Municipal or regional emergency response plan
☐ No data available

Section 6 - Media Release and Method of Notification

Public Notification

Media Released Issued

Method of Public Notification - Select all that apply

☐ Automatic Dialing ☐ Direct Mail ☐ Door Hangers ☐ Door to Door ☐ Electronic Mail ☐ Newspaper
☐ Postings ☐ Radio ☐ Reverse 911 ☐ Telephone ☐ Television
☐ Other (Specify)

Notification of Official Agencies - Enter the date in applicable fields

☐ MOE District Office	Date Notified (yyyy/mm/dd)	☐ Information Required
☐ Health Canada - FNIHB	Date Notified (yyyy/mm/dd)	☐ Information Required
☐ Other Agencies	Date Notified (yyyy/mm/dd)	☐ Information Required

Contact Information - Local Board of Health Office

Last Name	First Name

Telephone Number Ext.	Cell Phone Number	Email Address

MOHLTC Contact Information

Forward the completed form to the Ministry of Health and Long-Term Care by email or fax only if DWARS site is down.

1. By Email: **Environmental.Health@ontario.ca**
2. By Fax: 416-327-0984

For general information about this form or for information about the overall process at the Ministry of Health and Long-Term Care contact the Program Coordinator at 416-326-3115.