Ontario

Ministry of Health and Long-Term Care

Response to Adverse Drinking Water Quality Incidents - Resolve

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 - Rescind

Date Notice was Rescinded (yyyy/mm/dd)	Date User Notified Notice was Rescinded (yyyy/mm/dd)
Local Board of Health	Date Reported to Local Board of Health Office (yyyy/mm/dd)
Drinking Water System Name	Drinking Water System Number

Section 2 - Laboratory Test Results

Was the system re-sampled? ☐Yes ☐No

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

Section 3 - Additional Instructions Given to the Operator (if applicable) ☐Yes, update the list below ☐No

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

Section 4 - 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.

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