

Appendix K Amador Water Agency Emergency Response Plan

Amador Water Agency Water System Emergency Response Plan for all

Water Systems

Prepared by:

Amador Water Agency



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1.0 INTRODUCTION

PURPOSE

The purpose of the Emergency Response Plan (ERP) is to effectively respond to an emergency/disaster, to minimize injuries, lessen the impact in the community, minimize facilities damage, and provide guidance to local emergency response personnel.

TYPES OF EMERGENCIES

- Chlorine/Hazardous Materials Release
- Water Outages due to Extended Power Outages
- Untreatable/Contaminated Water
- MCL failures
- Loss of system pressure
- Plant/Well Failure
- Acts of Sabotage/Bio Terrorism
- Earthquakes
- Major Fire Emergencies
- Localized Flooding

PLANNING AND HANDLING THE EMERGENCY

Responsibility:

The Agency General Manager is ultimately responsible for the implementation of the plan. He or she is responsible for keeping the plan current and insuring that all employees are properly trained.

2.0 EMERGENCY SITUATIONS

CHLORINE/HAZARDOUS MATERIALS RELEASE

Chlorine Sources:

The potential source for chlorine release is:

- 60 gallons of 10% Cl₂ solution

(Note: PG & E @ Tiger Creek facility uses liquid sodium hypochlorite) There is a potential for a small, contained spill or splash. Protective gear should be worn at all times when handling corrosive substances. In the event of a spill, use absorbent paper towels to mop up as much of the liquid as possible. Spray down the remainder. If the chemical should get on your face or skin, use the eye-wash station available and seek medical assistance immediately).

Chlorine Release Type:

Type 1: A chlorine release contained within the plant facilities and controllable by plant personnel and equipment.

Assessment and Response:

1. Determine the need for a rescue team:

The rescue team consists of three plant operators with one serving as back up. It is the policy of this facility to certify these employees in the Red Cross First Aid Program.

2. Determine the need for an emergency repair team:

The emergency repair team consists of three operators (one serving as back up).

	<u>Work</u>	<u>Home</u>	<u>Cell</u>
Damon Wyckoff	257-52484	217-8174	256-1748
Doug Yardley	257-5233	267-1243	987-2963
Kreg Miller	257-5216	296-5120	765-9762

3. Determine the need for outside assistance and/or notification.

The Operations Manager is authorized to notify directly or through delegation, the appropriate outside agencies/neighbors. These may include the fire department, police (sheriff) department, Local Office of Emergency Services (OES), industrial or residential neighbors, and anyone else who might provide assistance in responding to the emergency, or who might be affected by it. (See attached list)

2.1 EMERGENCY SITUATIONS

WATER OUTAGES DUE TO EXTENDED POWER OUTAGES

Assessment and Response:

In the event of an extended power outage:

1. Determine the extent of the outage:

Operations Manager and/or Water Production Supervisor (WPS) to determine the extent of the outage, which system it applies to and the potential length of the outage.

2. Determine the level of response:

Operations Manager and/or WPS will determine the “level” of the team required.

3. Set up “Command Center” if applicable.

4. Response

Under direction of the Water Production Supervisor and/or WPS orders:

- Operators are to isolate storage facilities in all affected installations.
 - Operators will startup Emergency generation where applicable if the storage level drops to 40%.
 - Customer Service shall notify customers and immediately implement conservation measures based on predetermined level (moderate to severe).
 - Public Information officer shall notify the local media.
 - Customer Service Dept shall issue a public notice on the telephone “hotline” or door tags
 - Distribution Supervisor or WPS shall arrange the movement of generators and fuel as define by the timetable.
5. Contact additional staff to assist in response and logistics.
 6. Determine the need for outside assistance and/or notification.

2.2 EMERGENCY SITUATIONS

UNTREATABLE/CONTAMINATED WATER

Assessment and Response:

In the event of untreatable water due to outside contamination:

Operations Manager, Water Production Supervisor or Construction Superintendent, upon determining the water is untreatable and/or contaminated, issues an immediate stop-production order.

1. Determine the extent of the problem:

Operations Manager, Water Production Supervisor or their designees determine the extent and cause of the problem, which system it applies to, and the potential length of the stop-production order.

2. Determine the level of response:

Operations Manager or Water Production Supervisor will determine the “level” of the team required.

3. Set up “Command Center” if applicable.

4. Response:

Under direction of the Water Production Supervisor

- Operators shall isolate storage facilities in all affected installations.
- Customer Service shall notify customers and immediately implement conservation measures based on predetermined level (moderate to severe).
- Public information officer shall notify the local media.
- Customer Service Dept shall issue a public notice on the telephone “hotline” or door tags.
- Draw all required Water Quality Samples and deliver to California Laboratory Services – available 24/7

5. Contact additional staff to assist in response and logistics.

6. Determine the need for outside assistance and/or notification.

7. Contact State Water Resources Control Board, Division of Drinking Water office at 916-948-3816 or 800-852-7550 24 hrs. Additional contact information is available in Appendix E.

2.3 EMERGENCY SITUATIONS

LOSS OF SYSTEM PRESSURE

Assessment and Response:

1. In the event of a loss of system pressure:
2. Gather information and determine response
3. Re-establish pressure as soon as possible
 - Notify affected customers with:
 - Door tags
 - Local Newspaper
 - Local Radio
4. Notify regulatory agencies: (refer to Appendix E)
 - State Water Resources Control Board, Division of Drinking Water
 - Amador County Environmental Health Department
 - Amador County Public Health Department
 - Office of emergency services (OES)
5. Up the dosage of Cl₂ by 20%
6. Obtain (2) bacteriological samples and bring to Sierra Foothill Laboratory, Available 24/7.
7. Determine the need for outside assistance

2.4 EMERGENCY SITUATIONS

MCL FAILURE

Assessment and Response:

1. In the event of an MCL failure:
2. Determine the significance of the exceedence
3. Contact California Department of Health Services for consultation and instructions(refer to Appendix E)
4. Obtain repeat samples and deliver to California Laboratory Services, available 24/7
5. Possibly issue a boil order or other public notice by appropriate communication method
6. Notify Amador County Environmental Health Department and Amador County Public Health Department
7. Determine need for outside assistance

Note:

Positive bacteriological samples for Ecoli, significant loss of system pressure or well or plant sabotage would all require immediate public notification and possibly a system shut down.

2.5 EMERGENCY SITUATIONS

PLANT/WELL FAILURE

Assessment and Response:

In the event of a well failure:

1. Check all electrical controls and power supply.
2. Sound well to check water level.
3. Check infiltration galley and piping.
4. Notify customers for immediate conservation via door tags and telephone calls.
5. Switch to the hydro plant auxiliary raw water supply.
6. Replace failed components (either from stock or local suppliers)
7. Reinstall and test.

2.6 EMERGENCY SITUATIONS

ACTS OF SABOTAGE/BIO TERRORISM

Assessment and Response:

1. Gather information.

Information and/or evidence will need to be collected to help determine that an act of sabotage or bio terrorism has occurred.

2. Determine the level of response.

Operations Manager, Water Production Supervisor, or their designees, will determine the magnitude of the situation and level of response required.

3. Response.

- Determine affected area.
- Isolate system valves or the single water storage tank.

2.6 EMERGENCY SITUATIONS continued

- Notify the Agency General Manager and Customer Service Department.

- Contact the following agencies:
Refer to Appendices C and E for contact information

Office personnel will contact the following agencies. The order in which the agencies are contacted will vary case-by-case.

- State Water resources Control Board, Division of Drinking Water
- Office of Emergency Services
- Office of Environmental Health
- Office of Public Health
- Sheriff
- Hospital
- Center for Disease Control
- FBI
- Fire Department
- Media (refer to media inquiry instructions)
- Customers
- Any other agency listed in the Emergency Notification attachment

4. Obtain a water quality sample and deliver to California Laboratory Services for analysis, available 24/7

5. Determine the need for outside assistance.

3.0 EMERGENCY RESPONSE

3.1 RESPONSIBILITY

These duties are the responsibility of the overall emergency response coordinator. He or she may choose to delegate some or all of these duties to a designated certified operator.

ACTIVITY	RESPONSIBILITY	
	Day Shift	Night Shift
Initiating the Emergency	Any Employee	Any Employee
Response Plan:		
Overall Coordination	Operations Manager	Operations Manager
Inside Communications	Supervisor/Clerk	Supervisor/Clerk
Outside Communications	Supervisor/Clerk	Supervisor/Any available employee
First Aid/Rescue	Plant Operators	Plant Operators
Phone Answering	Clerk	Supervisor/Any available employee
Agency Notification	Ranking on-site Supervisor	Ranking on-site Supervisor
Emergency Repair	Plant Operators	Plant Operators
Employee Accounting	Plant Operators	Plant Operators
Visitor Accounting	Plant Operators	Plant Operators
	Other Times	
Initiating the Emergency	Any Employee	
Response Plan:	Any available employee	
Inside Communications	Any available employee	
Outside Communications	Any available employee	
First Aid/Rescue	Any available employee	
Phone Answering	Any available employee	
Agency Notification	Ranking on-site Supervisor	
Emergency Repair	Plant Operators	
Employee Accounting	Not applicable	
Visitor Accounting	Not applicable	

3.2 EMERGENCY RESPONSE

ALARMS

Any employee receiving a call from the plant auto dialer may initiate the ERP.

See Autodialer page in Emergency binder	
18 Alarms	All Are Voice Alerts

ASSEMBLY AREAS

	LaMel	CSA3	Ione	Tanner	Buckhorn
Primary	At the storage tanks on Mella Drive	CSA3 Maint. Bldg. on Camanche Rd	Base of Plant access road Foothill Blvd.	Airport pump Ridge Road	Buckhorn Grocery-Highway 88
Secondary	Intersection of Mella Dr. & Shakeridge Rd	Lift Station D located on Quiver Dr.	Highway 104 & Highway 88	Operations Bldg.-Ridge Road	Silver Dr. & Hwy 88

	PG&E	Plymouth			
Primary	At Hydro Office	At Water Treatment Plant			
Secondary	At Water treatment Plant next to Hydro Plant	City main office on Main St.			

3.3 EMERGENCY RESPONSE

OVERALL EMERGENCY RESPONSE COORDINATION

The Operations manager is the responsible overall emergency response coordinator. Responsibilities include:

1. Determine the need to mobilize the Emergency Response team.
2. Determine the need for an emergency repair team.

The emergency repair team consists of three operators, with one serving as back up.

Operator	Work Phone	Cell Phone	Home Phone	Pager
Damon Wyckoff	257-5284	256-1748	217-8174	None
Doug Yardley	257-5233	418-5721	267-1243	987-0228
Kreg Miller	257-5216	765-9762	296-5120	None

3. Determine the need for outside assistance and/or notification.

As overall emergency response coordinator, the Operations Manager is authorized to notify, directly or through delegation, the appropriate outside agencies/neighbors. These may include the fire department, police and sheriff departments, local Office of Emergency Services (OES), Amador County Environmental Health Department, Amador County Public Health Services, industrial or residential neighbors, and anyone else who might provide assistance in responding to the emergency, or who might be affected by it. (see attached list)

4. Contact additional plant personnel to assist in the response.

The Agency Manager and the off-shift Supervisor are to be contacted as soon as practical to assist in the response. If there is no answer at the home phone, call that person's pager number. When someone is reached, have that person contact the other. That person can also be used to contact any needed non-supervisory personnel.

The Water Production Supervisor and Distribution Supervisor are designated back up to the Operations Manager and are responsible for performing all the duties in the event of the unavailability of the Manager.

PG&E- Contact- Hydro Manager- 209-295-2650 or Hydro Office- 209-295-2600

EMERGENCY RESPONSE

3.4 PHONE ANSWERING

During the day shift, the telephone will be staffed by the Customer Service Department. During the evening shift, it will be staffed by any available employee. Any requests from the media are to be referred to the Agency General Manager or the Public Information Officer at (209)223-3018. If either of these is unavailable, take the person's name, organization, and phone number.

Persons assigned to answering the phone are not authorized to discuss the incident with the media or with any other callers except people involved with the emergency response. Simply state, "We have had an emergency. We are responding to it now (or it is now ended). Someone from this facility will return your call as soon as possible if you will give me your name, organization, and phone number. I am not authorized to give you any information." Give your name if asked.

3.5 PROCEDURES FOR NON-WORKING HOURS

The plants are not staffed on a regular 5 day schedule on weekends or holidays. During non-working hours, all gates and building entrances should be closed and locked. A call-duty supervisor is to inspect the plant once a day during weekends and holidays. He or she is authorized to initiate the emergency response plan during these periods.

If the call-duty supervisor receives a call from a neighbor regarding a plant problem, he or she is authorized to initiate the emergency response plan.

The call-duty supervisor will use his or her own discretion in seeking additional help.

3.6 OUTSIDE ASSISTANCE

The overall emergency response coordinator will meet or will delegate an available person to meet at the front gate and escort any outside responders notified by the coordinator to assist in the response. If the front gate is not accessible, the responders should be met at the closest public road.

EMERGENCY RESPONSE

3.7 MEDIA INQUIRY

Media inquiries should be handled, as time permits, by the public information officer or other supervisory personnel. Arriving media representatives should be allowed to wait in the Agency offices, if accessible. No one other than plant employees and emergency responders are allowed access to the plant at anytime during the emergency without prior authorization.

When dealing with the media remember to be honest, courteous, and straight forward and concerned. Do not speculate. Do not give “off the record” comments.

3.8 OSHA Notification

In the event of fatality or multiple hospitalizations, OSHA is to be notified within 48 hours in accordance with OSHA regulations. 209-576-6260.

3.9 Training

There is to be annual refresher training for all emergency response personnel.

Appendix C

Emergency Phone Lists

Communication Procedures

In general, communications during an emergency response will proceed along the chain of command of the SEMS/ICS. The number of people notified will increase as the incident expands and decrease as the incident contracts toward its conclusion.

The type and extent of the disaster will dictate the normal and/or alternative methods of communication that will be used. The possibility of a coordinated attack that targets the water, power, and communications systems must be considered. In this case, it would be reasonable to assume that some methods of communication will either be unavailable or limited to certain areas during an emergency. It is anticipated that employees will know upon arrival at their duty stations which communication systems are functional and which are not. This information should be relayed to the [AWA Information Officer](#) upon discovery.

[AWA](#) uses the ICS for its command structure during water emergencies. The table below describes the ICS command structure positions and shows which individuals will hold the various positions during different emergency situations (recognizing that at different stages of an event or for different severity of events that the person/position responsible in the ICS changes).

[AWA Chain of Command](#)

[AWA Primary Position Descriptions and Assignments](#)

Name and Title	Responsibilities during an Emergency	Contact Numbers
Gene Mancebo Incident Commander	Sets incident objectives and priorities. Responsible for management of incident. Coordinates all emergency response activities between agencies. Communicates with all participants including those outside water utility.	Office: 209-223-3018 Cell: 209-969-5631
Damon Wyckoff Water Utility Emergency Response Manager	Overall management and decision making for the water system. WUERM is lead for managing the emergency and contacting the regulatory agencies. All communications to external parties are approved by the WUERM.	Office: 209-257-5284 Cell: 209-256-1748 Home: 209-217-8174

[AWA Primary Position Descriptions and Assignments](#)

Name and Title	Responsibilities during an Emergency	Contact Numbers
Gene Mancebo Water Utility Emergency	Heads water utility's EOC. Provides operational and	Office: 209-223-3018 Cell: 209-969-5631

AWA Primary Position Descriptions and Assignments

Name and Title	Responsibilities during an Emergency	Contact Numbers
Operations Center Manager	resource management during an	
Cris Thompson Public Information Officer PIO	Member of the command staff and reports directly to the Incident Commander. Interfaces with media and disseminates public information. Plans the information strategy.	Office: 209-257-5238 Home: 209-274-6055 Cell: 209-304-3169
Karen Gish Liaison Officer	Member of the command staff On-scene contact for representatives from other agencies.	Office: 209-257-5234 Home: 209-245-4649 Cell: 209-304-8438
Karen Gish Safety Officer Office Administrator	Develops and recommends measures for assuring personnel safety. Assess and anticipates hazardous and unsafe conditions.	Office: 209-257-5243 Home: 209-245-4649 Cell: 209-304-8438
Karen Gish Con't.	Responsible for administrative functions in the office. Receives customer phone calls and maintains a log of complaints and calls. In an emergency, could provide a standard carefully pre-scripted message for customers who call with general questions.	
Doug Yardley Technical Specialist Water Quality Manager Technical Specialist Water Treatment Plant (WTP) Operator	In charge of collecting samples, having samples analyzed by certified labs, receiving the results. Determines the quality of the water being served meets all drinking water and public health requirements.	Office: 209-257-5233 Home: 209-267-1243 Cell: 209-418-5721
Doug Yardley Cont'd.	In charge of running water treatment plant. Performs inspections, maintenance, sampling of the WTP and relaying critical information to the WUERM. Assess WTP facilities and treatment provided and provides recommendations to the WUERM.	

AWA Primary Position Descriptions and Assignments

Name and Title	Responsibilities during an Emergency	Contact Numbers
Kreg Miller Technical Specialist Distribution System Supervisor	In charge of operating the water distribution system. Performs inspections, maintenance, sampling of the system and relaying critical information to the WUERM. Assess facilities and provides recommendations to the WUERM.	Office: 209-257-5216 Home: 209-296-5120 Cell: 209-765-9762
Keith Heimback	In charge of PG&E Hydro Operations	Office: 209-295-2650 (Forwards to Cell)

AWA Water Sampling and Monitoring Procedures

The AWA in coordination with the California Department of Health Services, will have the primary responsibility for all water sampling and monitoring activities during an actual or potential contamination event. The AWA will provide technical support and advice to the local emergency management agency or HAZMAT team as needed throughout the incident.

The AWA will also play a key role in the interpretation and communication of monitoring or lab results and will consult directly with the WUERM on significant findings.

If outside laboratory assistance is needed, AWA will contact the following laboratory facilities:

Outside Laboratory Name	Contact Number	Capabilities
Alpha Analytical Laboratories, Inc. Robbie Phillips Karen Lantz	916-686-5190 916-650-464-3237 (for after hours) 209-418-9787 (for after hours)	Specialize in environmental chemistry, microbiology, and freshwater aquatic toxicity analyses.

TABLE C-1

911 Area	Direct Phone Number
PG&E – Chris Bennett or Jeff Elin	209-736-6483 , 209-942-1711 cell 209-406-7628
County Environmental Health Department – Mike Israel	209-223-6439 wk 209- 223-3218 hm
County Public Health Officer- Dr Rita Kerr	209-223-6407 223-9500 24/7

The individual(s) who discover the threat or emergency situation will immediately notify AWA's 24-hour Call Center. The **Dispatcher at the Call Center** will then notify the **Water Utility Emergency Response Manager**

AWA Primary Position Descriptions and Assignments

Name and Title	Responsibilities during an Emergency	Contact Numbers
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TABLE C-2

Name and Title	Responsibilities during an Emergency	Contact Numbers
Doug Yardley, Water Production Supervisor	Damon Wyckoff, Operations Manager	Office: 209-257-5233 Home: 209-267-1243
Kreg Miller, Water Distribution Supervisor	Damon Wyckoff, Operations Manager	Office: 209-257-5216 Home: 209-257-1484
Karen Gish, Safety Officer	Gene Mancebo, General Manager	Office: 209-257-5234 Home: 209-245-4649
Information Technology Leverage IT	Damon Wyckoff, Operations Manager	Office: 916-984-6243 Ext 1013
Erik Christeson, Supervisor Engineering & Planning	Damon Wyckoff, Operations Manager	Office: 209-257-5242 Home: 209-295-6632
Damon Wyckoff, Operations Manager	Gene Mancebo, General Manager	Office: 209-257-5284 Home: 209-217-8174
Karen Gish, Utilities Dispatch / Customer Service Supervisor	Gene Manacebo, General Manager	Office: 209-257-5234 Home: 209-245-4649
Enter Other Key Personnel as necessary		
Pat Purnell, SCADA System	Damon Wyckoff, Operations Manager	Office: 209-257-5270 Home: 707-421-8531
Gene Mancebo, General Manager	Cris Thompson, Gene Mancebo	Home: 209-296-1789

TABLE C-3

Local Agencies	Name	Contact Numbers
Local Police	Amador County Sheriff California Highway Patrol Ione Police Department Jackson Police Department Sutter Creek Police Department	209-223-6500 209-223-4890 or 911 209-274-2456 209-223-1771 209-267-5646
Fire Department	California Department of Forestry & Fire Ione Fire Department Jackson Fire Department Sutter Creek Fire Department	209-267-5215 209-274-4548 209-223-6391 209-267-0285
HAZMAT Team	Clay Hawkins, Calaveras County HAZMAT Team	209-754-6500
Hospital / Critical Care Facility	Sutter Amador Hospital	209-223-7500
Power Company	Chris Bennett, PG&E Jeff Elin	209-736-6483 209-942-1711

TABLE C-4

County Agencies	Name	Contact Numbers
County Director of Environmental Health Department	Mike Israel	209-223-6439
Amador County Public Health Officer	Dr Kerr	209-223-6407 223-9500 24/7
County OES	Lynn Olson	Office: 209-223-6384 Sheriff's Office: 209-223-6500 24/7

TABLE C-5

Facility Owner	Name	Contact Numbers
PG&E @ Tiger Creek	Administrator	209-295-2651

TABLE C-6

State Agencies	Name	Contact Numbers
Water Boards District Engineer	Bhupinder Sahota If can't get a hold of "DE", call the CA Warning Center's 24/7 phone number and ask for the CDHS Duty Officer. A CDHS manger will be contacted and call the water system	209-948-3881- wk 209-608-9108- hm 800-852-7550 24/7 916-845-8911 24/7
Department of Water Resources	Emil Calzascia, Supervising Engineer	916-277-7570
Department of Fish and Game	Banky Curtis	916-357-2899
Department of Toxic Substances Control	B.B. Bevins, Director	Cheril Burgess (916) 322-0504
Regional Water Quality Control Board	Mary Boyd	916-464-4676
CA OES (State OES)	Warning Center (Ask for CDHS Duty Officer-Drinking Water Program)	800-852-7550 24/7 916-845-8911 24/7

TABLE C-7

Federal Agencies	Name	Contact Numbers
FBI – Sacramento Field Office	Keith Slotter, Special Agent in Charge	916-481-9110
EPA	Tam Dudoc, Environmental Quality	916-445-1399
Department of Homeland Security (DHS)	Operator	202-282-8000
Health and Human Services (HHS)	Kim Belshe	
Center for Disease Control (CDC)		1-800-311-3435
ATF		925-479-7500

TABLE C-8

Vendors / Contractors	Name	Contact Numbers
Internet Service Provider	Volcano Communications	209-296-7502
Fuel Supplier (backup generator)	Tom's Sierra Tire	209-274-2470
Computer Emergency Response Team	Pat Purnell	Office: 209-257-5270 Home: 707-421-8531 Office: 209-257-5211 Home:
Price Brothers Water Supplier		209-267-9292
Speedy Gonsolis Water Supplier	Gilbert Gonsolis	209-295-4251 wk 209-295-7129 hm
California Laboratory Services For after hours emergencies	Scott Furnas	916-638-7301 / 800-635-7301 -wk 916-216-2349 cell
FGL Environmental Lab 2500 Stage Coach Rd. Stockton CA 95215 (back up to main lab)		209-942-0182 24/7

TABLE C-9

Customer Name	Critical Care Customers	Large Water Users	Primary Contact Information	Secondary Contact Information
Mule Creek State Prison	Yes	Yes	209-274-4911	
CDF Academy	Yes	Yes	209-274-2426	
Sutter Amador Hospital	No	No	209-223-7500	
City of Lone	Yes	Yes	209-274-2412	
Preston School of Industry	Yes	Yes	209-274-8000	
Lone Elementary	Yes	Yes	209-274-2152	

Ione Jr High	Yes	Yes	209-257-5500	
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TABLE C-10

Media Type	Contact Information
Ledger Dispatch	Contact Person: Office phone: 209-223-1667
KNGT	Contact Person: Jim Guidi 209-223-0241
Sacramento Television Stations: ABC – KXTV, Channel 10 NBC – KCRA, Channel 3 CBS – KOVR, Channel 13	Erin Tognetti, Program Director 916-321-3300 News Department 916-444-7316 916-374-1313

TABLE C-11

County Agency	Name	Contact Numbers
County Environmental Health Department	Primary: Mike Israel	209-223-6439 209-223-3821hm
County Environmental Health Department	1 st Alternate: Scott Myer	209-223-6439
County Health Environmental Health Department	2 nd Alternate: Tim Hall	209-223-6439
County Public Health Department	Dr Kerr- Public Health Officer	209-223-6407 223-9500 24/7

APPENDIX D

PUBLIC NOTICES AND PRESS RELEASES

PUBLIC NOTICE

CONSUMER ALERT DURING WATER OUTAGES OR PERIODS OF LOW PRESSURE

1. If you are experiencing water outages or low water pressure, immediately discontinue any non-essential water usage. This includes all outdoor irrigation and car washing. Minimizing usage will reduce the potential for the water system to lose pressure or completely run out of water. Please notify your water system of the outage or low pressure.
2. If the water looks cloudy or dirty, you should not drink it. Upon return of normal water service, you should flush the hot and cold water lines until the water appears clear and the water quality returns to normal.
3. If you are concerned about the water quality or are uncertain of its safety, you may add eight drops of household bleach to one gallon of water and let it sit for 30 minutes or alternatively, if you are able, water can be boiled for one minute at a rolling boil to ensure its safety.
4. Use of home treatment devices does not guarantee the water supply is safe after low pressure situations.
5. Do not be alarmed if you experience higher than normal chlorine concentrations in your water supply since the California Department of Health Services is advising public water utilities to increase chlorine residuals in areas subject to low pressure or outages.
6. The California Department of Health Services has also advised public water systems to increase the bacteriological water quality monitoring of the distribution system in areas subject to low pressure. They may be collecting samples in your area to confirm that the water remains safe. You will be advised if the sampling reveals a water quality problem.
7. Your water system is committed to make certain that an adequate quantity of clean, wholesome, and potable water is delivered to you. We recommend that you discuss the information in this notice with members of your family to ensure that all family members are prepared should water outages or low water pressure occur.

FECHA:

ORDEN DE HERVIR EL AGUA

Hierva su Agua antes de Usarla

Falta de seguir este aviso podría tener resultados estómago o enfermedad intestinal

Debido a la [falta de agua ([water outage](#)), falta de electricidad ([power outage](#)), inundación ([flood](#)), incendio ([fire](#)), temblor ([earthquake](#)) or [other emergency](#)], durante [date, month, etc.], el Departamento de California de Servicios de Salud en conjunción con la [City, water system name] y el Condado de [County name] esta aconsejando a todos usuarios de el sistema de [water system name] que hiervan el agua de canilla o usen agua embotellada para beber y cocinar como medida de seguridad.

Que debo hacer?

NO BEBA EL AGUA SIN ANTES HERVIRLA. Hierva toda el agua, **déjela hervir por un minuto**, y déjela reposar antes de usarla, o utilice agua embotellada. Agua hervida o embotellada debe ser usada para beber y para preparar la comida hasta el próximo aviso. [Hierviendo morta a bacteria y otros organismos en el agua.](#) [[or Este es el metodo preferido para asegurar que el agua esta segura para beber.](#)]

[Optional alternative to include for prolonged situations where it fits.](#)

- Otro método de purificación del agua para los residentes que no tengan gas o electricidad disponibles es utilizar blanqueador líquido de uso doméstico (Clorox®, Purex®, etc.). Para hacerlo, añada 8 gotas (o 1/4 cucharadita) de blanqueador por galón de agua clara, o 16 gotas (o media cucharadita) por galón de agua turbia, mézclelo bien y déjelo descansar 30 minutos antes de utilizarlo. Este procedimiento de purificación causa que el agua huela y tenga sabor a cloro, lo que indica que ha sido desinfectada de manera adecuada.
- También se puede utilizar tabletas de purificación del agua siguiendo las instrucciones del fabricante.
- [Optativo:](#) Hay agua potable disponible en los siguientes sitios: [[List locations](#)]
Traiga un recipiente limpio para el agua (con una capacidad máxima de 5 galones).

Le informaremos cuando las pruebas demuestren que no hay bacterias y que usted ya no necesita hervir su agua. Anticipamos que resolveremos el problema el [[date of expected resolution in Spanish day-month-year](#)].

Para mas información, por favor póngase en contacto con:

Contacto del sistema de agua: [[contact name](#)] al [[phone number](#)] o escribiendo a [[mailing address](#)].

Departamento de Salud de California: [XXX-XXX-XXXX](#).

Condado de [[county name](#)]: [[XXXXXX](#)] County at ([XXX](#)) [XXX-XXXX](#)].

Por favor comparta esta información con otros que pueden tomar de esta agua, colocando este aviso en lugares visibles, o remitiéndolo por correo, o entregandolo manualmente. Es de particular interés distribuir este aviso ampliamente si usted lo recibe representando un negocio, un hospital u hogar de infantes u hogar de ancianos o comunidad residencial.

UNSAFE WATER ALERT

**[System Name] water is possibly contaminated
with [an unknown substance]**

DO NOT DRINK YOUR WATER

Failure to follow this advisory could result in illness.

An unknown substance has been added to the drinking water supplied by the [Water System Name] due to a recent [intrusion; break-in] at [one of the wells; our treatment plant; storage tank; specific facility]. The California Department of Health Services, [County Name] County Health Department, and [Water System name] Water System are advising residents of [City, Town, System] to NOT USE THE TAP WATER FOR DRINKING AND COOKING UNTIL FURTHER NOTICE.

What should I do?

- **DO NOT DRINK YOUR TAP WATER---USE ONLY BOTTLED WATER.** Bottled water should be used for all drinking (including baby formula and juice), brushing teeth, washing dishes, making ice and food preparation until further notice.
- **DO NOT TRY AND TREAT THE WATER YOURSELF.** Boiling, freezing, filtering, adding chlorine or other disinfectants, or letting water stand will not make the water safe.

OPTIONS

- **Optional:** Potable water is available at the following locations: [List locations] Please bring a clean water container (5 gallons maximum capacity).

We will inform you when tests show that the water is safe again. We expect to resolve the problem within [estimated time frame].

For more information call:

Water Utility contact: [Name, title, phone & address of responsible utility representative].

California Department of Health Services at: [insert local district office, DE and phone number].

Local County Health Department: [insert phone number of local health department].

This notice is being sent to you by [insert water system name]. California Public Water System ID # [XXXXXXXX]. Date Distributed: [date].

Please share this information with all other people who receive this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.

UNSAFE WATER ALERT

[Insert one-liner language other than Spanish here, otherwise delete.]

**[System Name] water is possibly contaminated
with [an unknown substance]**

DO NOT USE YOUR WATER

Failure to follow this advisory could result in illness.

An unknown substance has been added to the drinking water supplied by the [Water System Name] due to a recent [intrusion; break-in] at [one of the wells; our treatment plant; storage tank; specific facility]. The California Department of Health Services, [County Name] County Health Department, and [Water System name] Water System are advising residents of [City, Town, System] to NOT USE THE TAP WATER FOR DRINKING, COOKING, HAND WASHING, OR BATHING UNTIL FURTHER NOTICE.

What should I do?

- **DO NOT USE YOUR TAP WATER---USE ONLY BOTTLED WATER.** Bottled water should be used for all drinking (including baby formula and juice), brushing teeth, washing dishes, making ice, food preparation and bathing until further notice.
- **DO NOT TRY AND TREAT THE WATER YOURSELF.** Boiling, freezing, filtering, adding chlorine or other disinfectants, or letting water stand will not make the water safe.

OPTIONS

- **Optional:** Potable water is available at the following locations: [List locations] Please bring a clean water container (5 gallons maximum capacity).

We will inform you when tests show that the water is safe again. We expect to resolve the problem within [estimated time frame].

For more information call:

Water Utility contact: [Name, title, phone & address of responsible utility representative].

California Department of Health Services at: [insert local district office, DE and phone number].

Local County Health Department: [insert phone number of local health department].

This notice is being sent to you by [insert water system name]. California Public Water System ID # [XXXXXX]. Date Distributed: [date].

Please share this information with all other people who receive this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.

Date:

BOIL WATER ORDER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

BOIL YOUR WATER BEFORE USING

Failure to follow this advisory could result in stomach or intestinal illness.

Due to the recent event [e.g., water outage, power outage, flood, fire, earthquake or other emergency situation], the California Department of Health Services in conjunction with the [County Name] County Health Department, and [Water System name] Water System are advising residents of [City, Town, System] to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution.

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for one (1) minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking and food preparation until further notice. Boiling kills bacteria and other organisms in the water. [or This is the preferred method to assure that the water is safe to drink.]

Optional alternative to include for prolonged situations where it fits.

- An alternative method of purification for residents that do not have gas or electricity available is to use fresh liquid household bleach (Clorox®, Purex®, etc.). To do so, add 8 drops (or 1/4 teaspoon) of bleach per gallon of clear water or 16 drops (or 1/2 teaspoon) per gallon of cloudy water, mix thoroughly, and allow to stand for 30 minutes before using. A chlorine-like taste and odor will result from this purification procedure and is an indication that adequate disinfection has taken place.
- Water purification tablets may also be used by following the manufacturer's instructions.
- Optional: Potable water is available at the following locations: [List locations] Please bring a clean water container (5 gallons maximum capacity).

We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem within [estimated time frame].

For more information call:

Water Utility contact: [Name, title, phone & address of responsible utility representative].

California Department of Health Services – Drinking Water Field Operations Branch-District Office at [(XXX) XXX-XXXX].

Local Environmental Health Jurisdiction: [XXXXX County at (XXX) XXX-XXXX].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Appendix E
California Statewide Emergency Notification Plan

Name of Utility: Amador Water Agency PGE @ Tiger Creek Water System #0300073

Physical Location/Address: 29000 Tiger Creek Rd. Pioneer, CA 95666

The following persons have been designated to implement the plan upon notification by the State Department of Health Services that an imminent danger to the health of the water users exists:

Water Utility: Contact Name & Title	Email Address	Telephone		
		Day	Evening	Cell
1. Damon Wyckoff	dwyckoff@amadorwater.org	209-257-5284	209-217-8174	209-256-1748
2. Doug Yardley	dyardley@amadorwater.org	209-257-5233	209-267-1243	209-418-5721
3. Kreg Miller	kmiller@amadorwater.org	209-257-5216	209-296-5120	209-765-9762

The implementation of the plan will be carried out with the following State and County Health Department personnel:

State & County Health Departments: Contact Name & Title	Telephone	
	Day	Evening
1. Bhupinder Sahota , District Engineer Division Of Drinking Water	(209) 948-3881	(209) 608-9108
Dave Remick , Sanitary Engineer Division of Drinking Water	(209)948-3878	(209) 523-1503
2. Tahir Mansoor , Sanitary Engineer Division of Drinking Water	(209) 948-3879	(916) 714-5383
Brian Kidwell , Sanitary Engineer California Department of Health Services	(209) 948-3963	(209) 603-2814
3. Michael Israel County Environmental Health Department Local Primacy Agency	(209) 223-6439	(209) 223-3821
Michelle Opalenik Environmental Scientist County Environmental Health Department Local Primacy Agency	(209) 223-6439	
4. County Health Department Dr Kerr- Public Health Officer Lori Jagoda – Public Health Nurse Laurie Schroder- additional contact	(209) 223-6407	(209) 223-6500 24/7 Sheriffs Dept

If the above personnel cannot be reached, contact:

Office of Emergency Services Warning Center (24 hrs)	(800) 852-7550 or (916) 845-8911
When reporting a water quality emergency to the Warning Center, please ask for the California Department of Health Services – Drinking Water Program Duty Officer.	

NOTIFICATION PLAN

Attach a written description of the method or combination of methods to be used (radio, television, door-to-door, sound truck, etc.) to notify customers in an emergency. For each section of your plan give an estimate of the time required, necessary personnel, estimated coverage, etc. Consideration must be given to

special organizations (such as schools), non-English speaking groups, and outlying water users. Ensure that the notification procedures you describe are practical and that you will be able to actually implement them in the vent of an emergency. Examples of notification plans are attached for large, medium and small communities.

Report prepared by:

Signature and Title

Date

Please use this area for your notification plan: (use additional sheets of paper if needed)

Emergency communication methods include the following:

1. Radio local KNGT 223-0241 or 754-3745
Immediately available 0-15 minutes
2. Door to Door and or by loudspeaker- verbal communication or written door tags/
Immediately available 0-2 hours
3. Notify Local Law enforcement –Amador County Sheriff 209-223-6500 24/7
Immediately available
4. Extreme Cases would utilize a variety of Sacramento Radio and TV Stations:
ABC KXTV CHANNEL 10-(916) 321-3300
NBC KCRA CHANNEL 3- (916) 444-7316
CBS KOVR CHANNEL 13-(916) 374-7313
5. Other recourses would include our office staff @ 209-223-3018 and our answering
Service- Volcano Telephone @ 296-6518

Appendix F

Incident Reports and Forms

Written Threat Report Form

INSTRUCTIONS

The purpose of this form is to summarize significant information from a written threat received by a drinking water utility. This form should be completed by the WUERM or an individual designated by incident command to evaluate the written threat. The summary information provided in this form is intended to support the threat evaluation process; however, the completed form is not a substitute for the complete written threat, which may contain additional, significant details.

The written threat itself (e.g., the note, letter, e-mail message, etc.) may be considered evidence and thus should be minimally handled (or not handled at all) and placed into a clean plastic bag to preserve any forensic evidence.

Remember, tampering with a drinking water system is a crime under the SDWA Amendments!

SAFETY

A suspicious letter or package could pose a threat in and of itself, so caution should be exercised if such packages are received.

The US Postal Service has issued guidance when dealing with suspicious packages

(http://www.usps.com/news/2001/press/pr01_1022gsa.htm).

THREAT NOTIFICATION

Name of person receiving the written threat: _____

Person(s) to whom threat was addressed: _____

Date threat received: _____ Time threat received: _____

How was the written threat received?

- | | | |
|--|---|---|
| <input type="checkbox"/> US Postal service | <input type="checkbox"/> Delivery service | <input type="checkbox"/> Courier |
| <input type="checkbox"/> Fax | <input type="checkbox"/> E-mail | <input type="checkbox"/> Hand delivered |
| <input type="checkbox"/> Other _____ | | |

If mailed, is the return address listed? Yes No

If mailed, what is the date and location of the postmark? _____

If delivered, what was the service used (list any tracking numbers)? _____

If Faxed, what is the number of the sending fax? _____

If E-mailed, what is the e-mail address of sender? _____

If hand-delivered, who delivered the message? _____

DETAILS OF THREAT

Has the water already been contaminated? Yes No

Date and time of contaminant introduction known? Yes No

Date and time if known: _____

Location of contaminant introduction known? Yes No

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

Name or type of contaminant known? Yes No

Type of contaminant

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Biological | <input type="checkbox"/> Radiological |
|-----------------------------------|-------------------------------------|---------------------------------------|

Specific contaminant name/description: _____

Mode of contaminant introduction known? Yes No

Method of addition: Single dose Over time Other _____

Amount of material: _____

Additional Information: _____

Appendix F – Incident Reports and Forms

Motive for contamination known?

- Yes No
 Retaliation/revenge Political cause Religious doctrine
 Other _____

Describe motivation: _____

NOTE CHARACTERISTICS

Perpetrator Information:

Stated name: _____
Affiliation: _____
Phone number: _____
Location/address: _____

Condition of paper/envelop:

- Marked personal Marked confidential Properly addressed
 Neatly typed or written Clean Corrected or marked-up
 Crumpled or wadded up Soiled/stained Torn/tattered
 Other: _____

How was the note prepared?

- Handwritten in print Handwritten in script Computer typed
 Machine typed Spliced (e.g., from other typed material)
 Other: _____
If handwritten, does writing look familiar? Yes No

Language:

- Clear English Poor English
 Another language: _____
 Mixed languages: _____

Writing Style

- Educated Proper grammar Logical
 Uneducated Poor grammar/spelling Incoherent
 Use of slang Obscene
 Other: _____

Writing Tone

- Clear Direct Sincere
 Condescending Accusatory Angry
 Agitated Nervous Irrational
 Other: _____

SIGNOFF

Name of individual who received the threat:

Print name _____
Signature _____ Date/Time: _____

Name of person completing form (if different from written threat recipient):

Print name _____
Signature _____ Date/Time: _____

Source: EPA Response Protocol Toolbox Module 2, Section 8.6 – Interim Final December 2003

IT Incident Response and Reporting Checklist

Date _____ Time _____

Status:

- Site Under Attack
- Past Incident
- Repeated Incidents
- Unresolved

Contact Information:

Name _____
Title _____
Utility _____
Direct-dial phone _____
E-mail _____
Location / Site _____
involved _____
Street Address _____
City _____
State/ZIP _____

1. What is the nature of the emergency? (Check all that apply)
 - Denial of Service attack
 - Unauthorized electronic monitoring
 - Network intrusion
 - Insider attack
 - Probe/scan
 - Malicious code (virus, Trojan horse, worm)
 - Website defacement
 - Other (explain)
2. Is there just one, or more than one, incident involved simultaneously?
3. Is this a single or multi-site incident?
4. What is the extent of penetration / infection?
5. Estimate the duration of attack
6. What is the entry point of the incident (network, the phone line, etc)?
7. What resources will be required to deal with this incident? (A Computer Emergency Response Team with a forensic expert might be needed immediately to analyze a major incident versus simply disconnecting the compromised equipment from the Internet for later analysis)
8. What is the source of the attack?
9. What is the target of the attack?
10. Impact of attack
11. Has there been a loss or compromise of business data?
12. What type of data has already been compromised or is at risk?

Appendix F – Incident Reports and Forms

13. How critical is this data?

14. Affect on customers (Customers might be sensitive, based on the intensity level of the intellectual property loss. It could be a violation of privacy legislation versus a serious theft of software property, critically affecting a customer's enterprise-level business)

15. Estimate system downtime

16. Document damage to systems

17. Estimate financial loss

18. Has there been damage to the integrity or delivery of water or services?

19. Describe

20. Other utility systems affected

21. Severity of attack (include financial loss)

Low Medium High

22. Did the attacker gain root, administrative or system access?

23. How was the incident detected?

- Intrusion detection system or audit logs
- External complaint
- User report
- Other

24. What are the known symptoms?

25. What utility areas are affected?

26. What systems are affected?

Gather as much information as possible about the systems, including suspected systems. For example:

- Operating system
- Platform
- Applications
- IP addresses
- Associated or suspected user IDs
- Most recent changes applied
- Other related items

27. Are the backups of the perceived affected systems available (provide all of the information regarding online, onsite, or offsite backups)?

See www.cert.org/tech_tips/intruder_detection_checklist.html for more information on detecting an intruder.

Maintaining Crime Scene Integrity*

Security breaches and suspicious activity need to be evaluated to determine if the actions are a result of “normal” activity, such as a construction crew working in the area, or the result of activity that could result in an intentional threat to the safety or security of the facility and its operations.

- As soon as **you** recognize that the threat is/was intentional and particularly if the actions of the threatening individuals are suspected to have been successful, **you** must notify facility management ([Security Director]/[General manager]).
- The ([SD]/[GM]) should immediately notify the local law enforcement agency responsible for criminal investigation at the facility as soon as they have verified a credible threat.
- **No personnel** from [UTILITY ABBREVIATION] facility should enter the area where any possible criminal activity might have occurred so as not to disturb the area. All signs of inappropriate entrance to the facility and any physical activity of the suspects must be available for evaluation by law enforcement without any disturbance.
- [UTILITY ABBREVIATION] facility staff and/or law enforcement may collect water samples prior to the collection of physical evidence.
- [UTILITY ABBREVIATION] facility staff should collect samples outside of the boundaries of the suspected crime scene, if possible, to avoid concerns about the integrity of the crime scene.
- The [UTILITY ABBREVIATION] facility [GM] should pre-designate a qualified laboratory that can assist in analysis, if the sample is suspected to contain water that has been intentionally contaminated, to insure chain of evidence custody. Law enforcement may require the collection of an additional sample set to be analyzed by their designated lab.
- [UTILITY ABBREVIATION] facility staff should be aware of possible physical evidence of contamination that might include discarded PPE, equipment (such as pumps and hoses), or containers with residual material. Special care should be taken by facility personnel to avoid moving or disturbing any potential physical evidence.
- [UTILITY ABBREVIATION] facility staff should notify [SD]/[GM] of any obvious physical evidence of contamination.
- [UTILITY ABBREVIATION] facility staff should not handle any physical evidence except at the direction of the appropriate law enforcement agency.
- Any photographs or videos taken by [UTILITY ABBREVIATION] facility staff should be reported to law enforcement for proper handling to ensure integrity of the evidence.

The [UTILITY ABBREVIATION] [SD]/[GM] if appropriate, should clearly designate the area of suspected criminal activity to assure that facility personnel do not inadvertently enter the area and disturb evidence.

Appendix F – Incident Reports and Forms

The [UTILITY ABBREVIATION] [SD]/[GM] can instruct security personnel to stand by and/or lock doors/gates, and/or string tape or rope to restrict entrance, as appropriate.

The [SD]/[GM] should balance the needs of both the public health concerns and the concerns of possible criminal activity in their decisions to protect the crime scene.

**** Adapted from EPA Response Protocol Toolbox: Planning for and Responding to Drinking Water Contamination Threats and Incidents Module 3: Site Characterization and Sampling Guide Section 3.6.***

Phone Threat Report Form

INSTRUCTIONS

This form is intended to be used by utility staff that regularly answer phone calls from the public (e.g., call center operators). The purpose of this form is to help these staff capture as much information from a threatening phone call while the caller is on the line. It is important that the operator keep the caller on the line as long as possible in order to collect additional information. Since this form will be used during the call, it is important that operators become familiar with the content of the form. The sections of the form are organized with the information that should be collected during the call at the front of the form (i.e., Basic Call Information and Details of Threat) and information that can be completed immediately following the call at the end of the form (i.e., the description of the caller). The information collected on this form will be critical to the threat evaluation process.

Remember, tampering with a drinking water system is a crime under the SDWA Amendments

THREAT NOTIFICATION

Name of person receiving the call: _____
 Date phone call received: _____ Time phone call received: _____
 Time phone call ended: _____ Duration of phone call: _____
 Originating number: _____ Originating name: _____

*If the number/name is not displayed on the caller ID, press *57 (or call trace) at the end of the call and inform law enforcement that the phone company may have trace information.*

Is the connection clear? Yes No
 Could call be from a wireless phone? Yes No

DETAILS OF THREAT

Has the water already been contaminated? Yes No
 Date and time of contaminant introduction known? Yes No

Date and time if known: _____

Location of contaminant introduction known? Yes No

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

Name or type of contaminant known? Yes No

Type of contaminant

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Biological | <input type="checkbox"/> Radiological |
|-----------------------------------|-------------------------------------|---------------------------------------|

Specific contaminant name/description: _____

Mode of contaminant introduction known? Yes No

Method of addition: Single dose Over time Other _____

Amount of material: _____

Additional Information: _____

Motive for contamination known? Yes No

- | | | |
|--|--|---|
| <input type="checkbox"/> Retaliation/revenge | <input type="checkbox"/> Political cause | <input type="checkbox"/> Religious doctrine |
| <input type="checkbox"/> Other _____ | | |

Describe motivation: _____

CALLER INFORMATION

Basic Information:

Stated name: _____

Appendix F – Incident Reports and Forms

Affiliation: _____
 Phone number: _____
 Location/address: _____

Caller's Voice:

Did the voice sound disguised or altered? Yes No
 Did the call sound like a recording? Yes No
 Did the voice sound? Male / Female Young / Old
 Did the voice sound familiar? Yes No
 If 'Yes,' who did it sound like? _____
 Did the caller have an accent? Yes No
 If 'Yes,' what nationality? _____

How did the caller sound or speak?
 Educated Well spoken Illiterate
 Irrational Obscene Incoherent
 Reading a script Other _____

What was the caller's tone of voice?
 Calm Angry Lipping Stuttering/broken
 Excited Nervous Sincere Insincere
 Slow Rapid Normal Slurred
 Soft Loud Nasal Clearing throat
 Laughing Crying Clear Deep breathing
 Deep High Raspy Cracking
 Other _____

Were there background noises coming from the caller's end?
 Silence
 Voices describe _____
 Children describe _____
 Animals describe _____
 Factory sounds describe _____
 Office sounds describe _____
 Music describe _____
 Traffic/street sounds describe _____
 Airplanes describe _____
 Trains describe _____
 Ships or large boats describe _____
 Other: _____

SIGNOFF

Name of call recipient:
 Print name _____
 Signature _____ Date/Time: _____
 Name of person completing form (if different from call recipient):
 Print name _____
 Signature _____ Date/Time: _____

Source: EPA Response Protocol Toolbox Module 2, Section 8.5 – Interim Final December 2003

Public Health Information Report Form Instructions

The purpose of this form is to summarize significant information about a public health episode that could be linked to contaminated water. This form should be completed by the WUERM or an individual designated by incident command. The information compiled in this form is intended to support the threat evaluation process. In the case of a threat warning due to a report from public health, it is likely that the public health agency will assume incident command during the investigation. The drinking water utility will likely play a support role during the investigation, specifically to help determine whether or not water might be the cause.

PUBLIC HEALTH NOTIFICATION

Date and Time of notification: _____

Name of person who received the notification: _____

Contact information for individual providing the notification

Full Name: _____

Title: _____

Organization: _____

Address: _____

Day-time phone: _____

Evening phone: _____

Fax Number: _____

E-mail address: _____

Why is this person contacting the drinking water utility? _____

Has the state or local public health agency been notified? Yes No

If "No," the appropriate public health official should be immediately notified.

DESCRIPTION OF PUBLIC HEALTH EPISODE

Nature of public health episode:

Unusual disease (mild) Unusual disease (severe) Death

Other: _____

Symptoms:

Diarrhea Vomiting/nausea Flu-like symptoms

Fever Headache Breathing difficulty

Other: _____

Describe symptoms: _____

Causative Agent: Known Suspected Unknown

If known or suspected, provide additional detail below

Chemical Biological Radiological

Describe _____

Estimate of time between exposure and onset of symptoms: _____

Appendix F – Incident Reports and Forms

Exposed Individuals:

Location where exposure is thought to have occurred

- Residence
- Restaurant
- Other: _____
- Work
- Shopping mall
- School
- Social gathering

Additional notes on location of exposure: _____

Collect addresses for specific locations where exposure is thought to have occurred.

Is the pattern of exposure clustered in a specific area? Yes No

Extent of area

- Single building
- Neighborhood
- Other: _____
- Complex (several buildings)
- Cluster of neighborhoods
- City block
- Large section of city

Additional notes on extent of area: _____

Do the exposed individuals represent a disproportionate number of:

- Immune compromised
- Infants
- Other: _____
- Elderly
- Pregnant women
- None, no specific groups dominate the makeup of exposed individuals
- Children
- Women

EVALUATION OF LINK TO WATER

Are the symptoms consistent with typical waterborne diseases, such as gastrointestinal disease, vomiting, or diarrhea? Yes No

Does the area of exposure coincide with a specific area of the system, such as a pressure zone or area feed by a specific plant? Yes No

Were there any consumer complaints within the affected area? Yes No

Were there any unusual water quality data within the affected area? Yes No

Were there any process upsets or operational changes? Yes No

Was there any construction/maintenance within the affected area? Yes No

Were there any security incidents within the affected area? Yes No

SIGNOFF

Name of person completing form:

Print name _____

Signature _____

Date/Time: _____

Source: EPA Response Protocol Toolbox Module 2, Section 8.8 – Interim Final December 2003

Security Incident Report Form

INSTRUCTIONS

The purpose of this form is to help organize information about a security incident, typically a security breach, which may be related to a water contamination threat. The individual who discovered the security incident, such as a security supervisor, the WUERM, or another designated individual may complete this form. This form is intended to summarize information about a security breach that may be relevant to the threat evaluation process. This form should be completed for each location where a security incident was discovered.

DISCOVERY OF SECURITY INCIDENT

Date/Time security incident discovered: _____

Name of person who discovered security incident: _____

Mode of discovery:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alarm (building) | <input type="checkbox"/> Alarm (gate/fence) | <input type="checkbox"/> Alarm (access hatch) |
| <input type="checkbox"/> Video surveillance | <input type="checkbox"/> Utility staff discovery | <input type="checkbox"/> Citizen discovery |
| <input type="checkbox"/> Suspect confession | <input type="checkbox"/> Law enforcement discovery | |
| <input type="checkbox"/> Other _____ | | |

Did anyone observe the security incident as it occurred? Yes No

If "Yes", complete the 'Witness Account Report Form'

SITE DESCRIPTION

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

BACKGROUND INFORMATION

Have the following "normal activities" been investigated as potential causes of the security incident?

- | | |
|--|--|
| <input type="checkbox"/> Alarms with known and harmless causes | <input type="checkbox"/> Utility staff inspections |
| <input type="checkbox"/> Routine water quality sampling | <input type="checkbox"/> Construction or maintenance |
| <input type="checkbox"/> Contractor activity | <input type="checkbox"/> Other _____ |

Was this site recently visited prior to the security incident? Yes No

If "Yes," provide additional detail below

Date and time of previous visit: _____

Name of individual who visited the site: _____

Additional Information: _____

Has this location been the site of previous security incidents? Yes No

If "Yes," provide additional detail below

Date and time of most recent security incident: _____

Description of incident: _____

What were the results of the threat evaluation for this incident?

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 'Possible' | <input type="checkbox"/> 'Credible' | <input type="checkbox"/> 'Confirmed' |
|-------------------------------------|-------------------------------------|--------------------------------------|

Have security incidents occurred at other locations recently? Yes No

If "Yes", complete additional 'Security Incident Reports' (Appendix 8.3) for each site

Name of 1st additional site: _____

Name of 2nd additional site: _____

Name of 3rd additional site: _____

Appendix F – Incident Reports and Forms

SECURITY INCIDENT DETAILS

Was there an alarm(s) associated with the security incident? Yes No

If "Yes," provide additional detail below

Are there sequential alarms (e.g., alarm on a gate and a hatch)? Yes No

Date and time of alarm(s): _____

Describe alarm(s): _____

Is video surveillance available from the site of the security incident? Yes No

If "Yes," provide additional detail below

Date and time of video surveillance: _____

Describe surveillance: _____

Unusual equipment found at the site and time of discovery of the security incident:

- | | |
|--|--|
| <input type="checkbox"/> Discarded PPE (e.g., gloves, masks) | <input type="checkbox"/> Empty containers (e.g., bottles, drums) |
| <input type="checkbox"/> Tools (e.g., wrenches, bolt cutters) | <input type="checkbox"/> Hardware (e.g., valves, pipe) |
| <input type="checkbox"/> Lab equipment (e.g., beakers, tubing) | <input type="checkbox"/> Pumps or hoses |
| <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |

Describe equipment: _____

Unusual vehicles found at the site and time of discovery of the security incident:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Car/sedan | <input type="checkbox"/> SUV | <input type="checkbox"/> Pickup truck |
| <input type="checkbox"/> Flatbed truck | <input type="checkbox"/> Construction vehicle | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | | |

Describe vehicles (including make/model/year/color, license plate #, and logos or markings): _____

Signs of tampering at the site and time of discovery of the security incident:

- | | |
|--|--|
| <input type="checkbox"/> Cut locks/fences | <input type="checkbox"/> Open/damaged gates, doors, or windows |
| <input type="checkbox"/> Open/damaged access hatches | <input type="checkbox"/> Missing/damaged equipment |
| <input type="checkbox"/> Facility in disarray | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | |

Are there signs of sequential intrusion (e.g., locks removed from a gate and hatch)? Yes No

Describe signs of tampering: _____

Signs of hazard at the site and time of discovery of the security incident:

- | | |
|--|---|
| <input type="checkbox"/> Unexplained or unusual odors | <input type="checkbox"/> Unexplained dead animals |
| <input type="checkbox"/> Unexplained dead or stressed vegetation | <input type="checkbox"/> Unexplained liquids |
| <input type="checkbox"/> Unexplained clouds or vapors | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | |

Describe signs of hazard: _____

SIGNOFF

Name of person responsible for documenting the security incident:

Print name _____
Signature _____ Date/Time: _____

Source: EPA Response Protocol Toolbox Module 2, Section 8.3 – Interim Final December 2003

SUSPECT DESCRIPTION FORM

GENERAL APPEARANCE

CLOTHING

Gender:

Male
Female

Color/Type:

Layered Shirts/Blouse

Race:

White
 Black
 Middle Eastern

Cap/Hat

Hispanic
 Asian
 Native American

Coat/Jacket

Other _____

Hair:

Color
Style
Texture
Sideburns

Tie

Pants

Eyes:

Color
Shape
Glasses (type)

Shoes

Stockings

Physical Characteristics:

Age
Height
Weight
Build

Gloves

Jewelry

Distinguishing Marks (describe):

Scars
Tattoos
Gang Insignia

Bag/Backpack
Purse/Briefcase

Other:

Left Handed / Right Handed

SUSPECT Demeanor

Appendix F – Incident Reports and Forms

- Apologetic
- Calm
- Belligerent
- Angry
- Threatening
- Nervous
- Confused

DISTINGUISHING TRAITS

- Speech
- Accent
- Gait / Limp

FACIAL CHARACTERISTICS

Skin:

- Color
- Texture

Describe shape of:

- Mouth
- Lips
- Ears
- Cheeks
(full or sunken)
- Nose
- Neck
- Eyes
- Eyebrows

Presence of:

- Adam's Apple
- Chin clefts
- Wrinkles

Hair:

- Mustache
- Beard
- Other

Describe any:

- Facial piercing
- Ear piercing

WEAPON (describe if any)

- Handgun
- Long gun
- Knife

Direction of Escape

What did the suspect say?

VEHICLE

- Color
- Make
- Model
- Body Style
- Damage / Rust
- Antenna
- Bumper Sticker
- Wheel Covers

License Number _____

BOMB THREAT CHECKLIST

Be Calm and Courteous

Give a co-worker a signal to “listen in”

Date: _____ Time call started: _____
_____ Time call ended: _____

Check call display for phone number (if available) _____

EXACT WORDING OF BOMB THREAT:

What can you tell me?

When is the bomb going to explode?

What kind of bomb is it?

Where is the bomb right now?

What does the bomb look like?

What will cause the bomb to explode?

Did you place the bomb?

Why?

What is your name?

REMARKS:

CALLER'S VOICE

- Male
- Female
- Old (Age?) _____
- Young (Age?) _____
- Calm
- Excited
- Soft
- Loud
- Angry
- Cracking Voice
- Laughter
- Crying
- Normal
- Disguised
- High pitched
- Deep
- Nasal
- Slurred

Appendix F – Incident Reports and Forms

- Distinct
- Ragged

- Rapid
- Slow

- Raspy
- Stutter

- Lisp
- Heavy Breather

- Clearing Throat
- Intoxicated

- Pleasant
- Whisper

- Familiar (who?) _____

- _Accent (type?) _____

FAMILIARITY WITH FACILITY

- Much
- Some
- None

BACKGROUND SOUNDS

- Street
- Party Sounds

- Office Noises
- Train

- Voices
- Airplane

- PA System
- Animals

- Local Music
- Static on line

- Long Distance
- Motors

- Bells
- Whistles

- Factory Machinery
- Crockery

- Household sounds
- Bedlam

- ___Chanting
- ___Other

Appendix F – Incident Reports and Forms
Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.

BOMB THREAT LANGUAGE

- Well Spoken
- Incoherent

- Foul
- Irrational

- Taped
- Deliberate

- Abusive
- Righteous

- Message read by threat maker

Threat Evaluation Worksheet

INSTRUCTIONS

The purpose of this worksheet is to help organize information about a contamination threat warning that would be used during the Threat Evaluation Process. The individual responsible for conducting the Threat Evaluation (e.g., the WUERM) should complete this worksheet. The worksheet is generic to accommodate information from different types of threat warnings; thus, there will likely be information that is unavailable or not immediately available. Other forms in the Appendices are provided to augment the information in this worksheet.

THREAT WARNING INFORMATION

Date/Time threat warning discovered: _____

Name of person who discovered threat warning: _____

Type of threat warning:

- | | | |
|--|--|---|
| <input type="checkbox"/> Security breach | <input type="checkbox"/> Witness account | <input type="checkbox"/> Phone threat |
| <input type="checkbox"/> Written threat | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Unusual water quality |
| <input type="checkbox"/> News media | <input type="checkbox"/> Consumer complaints | <input type="checkbox"/> Public health notification |
| <input type="checkbox"/> Other _____ | | |

Identity of the contaminant: Known Suspected Unknown

If known or suspected, provide additional detail below

- Chemical Biological Radiological

Describe _____

Time of contamination: Known Estimated Unknown

If known or estimated, provide additional detail below

Date and time of contamination: _____

Additional Information: _____

Mode of contamination: Known Suspected Unknown

If known or suspected, provide additional detail below

Method of addition: Single dose Over time Other _____

Amount of material: _____

Additional Information: _____

Site of contamination: Known Suspected Unknown

If known or suspected, provide additional detail below

Number of sites: _____

Provide the following information for each site.

Site #1

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

Site #2

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

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Additional Site Information: _____

Site #3

Site Name: _____

Type of facility

- Source water
- Ground storage tank
- Distribution main
- Other _____
- Treatment plant
- Elevated storage tank
- Hydrant
- Pump station
- Finished water reservoir
- Service connection

Address: _____

Additional Site Information: _____

ADDITIONAL INFORMATION

Has there been a breach of security at the suspected site? Yes No

If "Yes", review the completed 'Security Incident Report'

Are there any witness accounts of the suspected incident? Yes No

If "Yes", review the completed 'Witness Account Report'

Was the threat made verbally over the phone? Yes No

If "Yes", review the completed 'Phone Threat Report'

Was a written threat received? Yes No

If "Yes", review the completed 'Written Threat Report'

Are there unusual water quality data or consumer complaints? Yes No

If "Yes", review the completed 'Water Quality/Consumer Complaint Report'

Are there unusual symptoms or disease in the population? Yes No

If "Yes", review the completed 'Public Health Report'

Is a 'Site Characterization Report' available? Yes No

If "Yes", review the completed 'Site Characterization Report'

Are results of sample analysis available? Yes No

If "Yes", review the analytical results report, including appropriate QA/QC data

Is a 'Contaminant Identification Report' available? Yes No

If "Yes", review the completed 'Sample Analysis Report'

Is there relevant information available from external sources? Yes No

Check all that apply

- Local law enforcement
- Public health agency
- Media reports
- Other _____
- FBI
- Hospitals / 911 call centers
- Homeland security alerts
- DW primacy agency
- US EPA / Water ISAC
- Neighboring utilities

Point of Contact: _____

Summary of key information from external sources (provide detail in attachments as necessary):

THREAT EVALUATION

Has normal activity been investigated as the cause of the threat warning? Yes No

Normal activities to consider

- Utility staff inspections
- Construction or maintenance
- Operational changes
- Other _____
- Routine water quality sampling
- Contractor activity
- Water quality changes with a known cause

Is the threat 'possible'? Yes No

Summarize the basis for this determination: _____

Appendix F – Incident Reports and Forms

Response to a 'possible' threat:

- None
- Increased monitoring/security
- Site characterization
- Other _____
- Isolation/containment

Is the threat 'credible'? Yes No

Summarize the basis for this determination: _____

Response to a 'credible' threat:

- Sample analysis
- Partial EOC activation
- Other _____
- Site characterization
- Public notification
- Isolation/containment
- Provide alternate water supply

Has a contamination incident been confirmed? Yes No

Summarize the basis for this determination: _____

Response to a confirmed incident:

- Sample analysis
- Full EOC activation
- Initiate remediation and recovery
- Other _____
- Site characterization
- Public notification
- Isolation/containment
- Provide alternate water supply

How do other organizations characterize the threat?

Organization	Evaluation	Comment
<input type="checkbox"/> Local Law Enforcement	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> FBI	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Public Health Agency	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Drinking Water Primacy Agency	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Other	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Other	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	

SIGNOFF

Name of person responsible for threat evaluation:

Print name _____

Signature _____

Date/Time: _____

Source: EPA Response Protocol Toolbox Module 2, Section 8.2 – Interim Final December 2003

Water Quality/Consumer Complaint Report Form

INSTRUCTIONS - This form is provided to guide the individual responsible for evaluating unusual water quality data or consumer complaints. It is designed to prompt the analyst to consider various factors or information when evaluating the unusual data. The actual data used in this analysis should be compiled separately and appended to this form. The form can be used to support the threat evaluation due to a threat warning from unusual water quality or consumer complaints, or another type of threat warning in which water quality data or consumer complaints are used to support the evaluation. Note that in this form, water quality refers to both specific water quality parameters and the general aesthetic characteristics of the water that might result in consumer complaints.

Threat warning is based on: Water quality Consumer complaints Other

What is the water quality parameter or complaint under consideration?

Are unusual consumer complaints corroborated by unusual water quality data?

Is the unusual water quality indicative of a particular contaminant of concern? For example, is the color, odor, or taste associated with a particular contaminant?

Are consumers in the affected area experiencing any unusual health symptoms?

What is 'typical' for consumer complaints for the current season and water quality?

Number of complaints.
Nature of complaints.
Clustering of complaints

What is considered to be 'normal' water quality (i.e., what is the baseline water quality data or level of consumer complaints)?

What is reliability of the method or instrumentation used for the water quality analysis?

Are standards and reagents OK?
Is the method/instrument functioning properly?

Based on recent data, does the unusual water quality appear to be part of a gradual trend (i.e., occurring over several days or longer)?

Are the unusual water quality observations sporadic over a wide area, or are they clustered in a particular area?

What is the extent of the area? Pressure zone. Neighborhood. City block. Street. Building.

If the unusual condition isolated to a specific area:

Is this area being supplied by a particular plant or source water?
Have there been any operational changes at the plant or in the affected area of the system?
Has there been any flushing or distribution system maintenance in the affected area?
Has there been any repair or construction in the area that could impact water quality?

SIGNOFF

Name of person completing form:

Print name _____
Signature _____ Date/Time: _____

Source: EPA Response Protocol Toolbox Module 2, Section 8.7 – Interim Final December 2003

Witness Account Report Form

INSTRUCTIONS

The purpose of this form is to document the observations of a witness to activities that might be considered an incident warning. The individual interviewing the witness, or potentially the witness, should complete this form. This may be the WUERM or an individual designated by incident command to perform the interview. If law enforcement is conducting the interview (which may often be the case), then this form may serve as a prompt for “utility relevant information” that should be pursued during the interview. This form is intended to consolidate the details of the witness account that may be relevant to the threat evaluation process. This form should be completed for each witness that is interviewed.

BASIC INFORMATION

Date/Time of interview: _____

Name of person interviewing the witness: _____

Witness contact information

Full Name: _____

Address: _____

Day-time phone: _____

Evening phone: _____

E-mail address: _____

Reason the witness was in the vicinity of the suspicious activity: _____

WITNESS ACCOUNT

Date/Time of activity: _____

Location of activity:

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

Type of activity

- | | | |
|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Trespassing | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Breaking and entering |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Tampering | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Other _____ | | |

Additional description of the activity _____

Description of suspects

Were suspects present at the site? Yes No

How many suspects were present? _____

Describe each suspect’s appearance:

Suspect #	Sex	Race	Hair color	Clothing	Voice
1					
2					
3					
4					
5					
6					

Where any of the suspects wearing uniforms? Yes No

Appendix F – Incident Reports and Forms

If "Yes," describe the uniform(s): _____

Describe any other unusual characteristics of the suspects: _____

Did any of the suspects notice the witness? Yes No

If "Yes," how did they respond: _____

Vehicles at the site

Were vehicles present at the site? Yes No

Did the vehicles appear to belong to the suspects? Yes No

How many vehicles were present? _____

Describe each vehicle:

Vehicle #	Type	Color	Make	Model	License plate
1					
2					
3					
4					

Where there any logos or distinguishing markings on the vehicles? Yes No

If "Yes," describe: _____

Provide any additional detail about the vehicles and how they were used (if at all): _____

Equipment at the site

Was any unusual equipment present at the site? Yes No

- Explosive or incendiary devices
- PPE (e.g., gloves, masks)
- Tools (e.g., wrenches, bolt cutters)
- Lab equipment (e.g., beakers, tubing)
- Other _____
- Firearms
- Containers (e.g., bottles, drums)
- Hardware (e.g., valves, pipe, hoses)
- Pumps and related equipment

Describe the equipment and how it was being used by the suspects (if at all): _____

Unusual conditions at the site

Were there any unusual conditions at the site? Yes No

- Explosions or fires
- Dead/stressed vegetation
- Other _____
- Fogs or vapors
- Dead animals
- Unusual odors
- Unusual noises

Describe the site conditions: _____

Additional observations

Describe any additional details from the witness account: _____

SIGNOFF

Name of interviewer:

Print name _____

Signature _____

Date/Time: _____

Name of witness:

Print name _____

Signature _____

Date/Time: _____

Appendix F – Incident Reports and Forms

Source: *EPA Response Protocol Toolbox Module 2, Section 8.4 – Interim Final December 2003*

Appendix F – Incident Reports and Forms

Damage Assessment Form

INITIAL DAMAGE ASSESSMENT		DATE	PAGE OF
SITE ID	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE			
IMPACT			COST ESTIMATE
SITE ID	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE			
IMPACT			COST ESTIMATE
SITE ID	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE			
IMPACT			COST ESTIMATE
NAME OF INSPECTOR	DEPARTMENT	PHONE	

Appendix G
ERP Certification Form

CERTIFICATION OF COMPLETION

OF AN EMERGENCY RESPONSE PLAN

Public Water System ID number: _

System Name: _____

City where system is located:

State : California

Printed Name of Person Authorized to Sign this Certification on Behalf of the System:

Damon Wyckoff

Title: Operations Manager

Address : 12800 Ridge Road

City: Sutter Creek

State and ZIP Code: 95685

Phone: 209-223-3018 Fax: 209-257-5267 Email: dwyckoff@amadorwater.org

I certify to the Administrator of the U.S. Environmental Protection Agency that this community water system has completed an Emergency Response Plan that complies with Section 1433(b) of the Safe Drinking Water Act as amended by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188, Title IV — Drinking Water Security and Safety). I further certify that this document was prepared under my direction or supervision. I am aware that there are significant penalties for submitting false information (Safe Drinking Water Act (42 U.S.C.300f *et seq.*)).

The emergency response plan that this community water system completed incorporates the results of the vulnerability assessment completed for the system and includes “plans, procedures, and identification of equipment that can be implemented or utilized in the event of a terrorist or other intentional attack ” on this community water system. The emergency response plan also includes “actions, procedures, and identification of equipment which can obviate or significantly lessen the impact of terrorist attacks or other intentional actions on the public health and the safety and supply of drinking water provided to communities and individuals.”

This CWS has coordinated, to the extent possible, with existing Local Emergency Planning Committees established under the Emergency Planning and Community Right-to- Know Act (42 U.S.C.11001 *et seq*) when preparing this emergency response plan.

Signed: Damon Wyckoff Date: 03/15/16

Primary: Damon Wyckoff

Address (if different than that of the Authorized Representative):

Phone: 209-257-5284

Email Address: dwyckoff@amadorwater.org

Alternate Contact Person:

Name: Gene Mancebo, General Manager

Address (if different than that of the Authorized Representative):

