

**REVISED TOTAL COLIFORM RULE – LEVEL 2 ASSESSMENT**

This form is intended to assist the Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Questions to be answered precede bracketed fields that are to be completed in response. The PWS must address each issue described in the Corrective Action table. **To avoid a violation, the water system must address the issues described in the Corrective Action table within 30 days of the completed Level 2 assessment.**

## ADMINISTRATIVE INFORMATION

|  |  |
| --- | --- |
| **Public Water System Name:** | **[insert Water System Name]** |
| **Public Water System Number:** | **[insert Water System Number]** |
| **Public Water System Type (CWS, NTNC, TNC):** | **[insert Water System Classification]** |
| **Date Investigation Completed:** | **[insert Date of Investigation]** |
| **Does the Water System operate on a Seasonal Basis?** | **[insert answer to question]** |
| **Months of Coliform Treatment Technique Trigger:** | **[insert Months of Violation]** |

## CONTACT INFORMATION

| Title | Name | Email Address | Telephone Number |
| --- | --- | --- | --- |
| Operator in Responsible Charge | **[insert Operator Name]** | **[insert operator’s email address]** | **[insert operator’s phone number]** |
| Person that collected TC samples  | **[insert collector’s name]** | **[insert collector’s email address]** | **[insert collector’s phone number]** |
| System Owner | **[insert owner’s name]** | **[insert owner’s email address]** | **[insert owner’s telephone number]** |
| Certified Laboratory for Microbiological Analyses | **[insert name of laboratory]** | **[insert email address of laboratory contact]** | **[insert laboratory’s telephone number]** |

## ASSESSMENT ELEMENTS

| Review of the sample sites | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Was the sample taken at the routine coliform site? List the name(s) of the sample site(s) that tested positive for coliform bacteria.  | **[insert names of positive sample sites]** | **[insert description of positive sample sites]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the tap area unsanitary at the time of sampling?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was this sample taken from an outside faucet?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the sample taken from a swivel tap? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Did the tap have a point of use treatment device on it? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Does the building where the sample was taken have a point of entry device? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has this location undergone any plumbing replacements or repairs? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is this location near a storage tank or dead end?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been any analytical results, or any additional samples collected, including source samples, which were positive (not for compliance)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Prior to this incident, when was the most recent satisfactory coliform samples taken? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other sample site issues not previously mentioned? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of sample protocol | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the sampler a regular, trained sampler?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was a laboratory-provided TC sample bottle used?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the aerator removed?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the water tap flushed for at least 5 minutes?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the tap disinfected or flamed? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Did the sample get too warm prior to being placed on ice? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Were there other sampler errors? Describe | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| If it is a seasonal system, were there any problems during the most recent start-up procedure?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of the distribution system | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Have any mains or service lines recently been repaired, replaced or installed?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have fire hydrants or blow offs been recently flushed/used/sheared?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have valves been recently exercised to direct flow?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any leaks or main breaks noted?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are all of the backflow prevention devices operational and maintained?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any recent pump station failures or repairs? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Air relief valve leaking? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Standing water or debris in (air relief) valve vault? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any recent power loss? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any unprotected cross connections (including yard hydrants and stock tanks)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has high turbidity been detected in the distribution system? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is there evidence of intentional contamination or vandalism?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of Storage Tank(s) (if applicable, note specific tank if issues are found) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Is there a presence of animals or insects in the tank(s)?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are there breaches or holes of any sort into tank(s)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is there any presence of animal droppings around openings, vents or overflows?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is there sediment buildup and floating debris in tank(s)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are the vents and overflows protected against entry from animals, insects or other contaminants?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are the screens damaged or not properly installed? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Does the reservoir have a common inlet/outlet? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Does the hatch have a solid, waterproof, shoebox type lid that is properly sealed? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the hatch locked or secured? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has the tank been accidently drained?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been high flows through the tank?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was there high water age in the tank (infrequent water use)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the sample taken when the tank was at the low-level mark? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Failure or improper operation on tank telemetry/altitude valves/controls? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any recent repairs on the tank(s)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was there any power loss? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the site secured (e.g. fencing, locked gates, etc.)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the tank vandalized or subject to tampering? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other storage tank issues not previously mentioned above? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of Pressure Tank(s) (if applicable, note specific tank if issues are found) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| What is the volume of the pressure tank? Attach additional sheets if needed. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| What is the age of the pressure tank?Attach additional sheets if needed. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Does the pressure tank use a bladder and/or air compressor?Attach additional sheets if needed. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Did the pressure tank(s) deviate from normal operating pressure? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the compressor pump running more than normal? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the tank bladder waterlogged? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the tank damaged, rusty, leaking or have holes? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was there any recent work performed on the tank? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the air relief vent (if there one) screened and facing down? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of treatment process (if applicable) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been any new treatment processes added or new equipment installed?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been any recent repairs of major unit processes or treatment equipment? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has a coagulant been added at all times the plant has been filtering water? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been changes in raw water quality? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the settled water turbidity increasing? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was the finished water turbidity increasing?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have filter clogging algae caused more frequent backwashing?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been any failures in adding disinfectant for any length of time?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Was water delivered that did not meet CT requirements? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| What is the entry point chlorine residual today? Free/Total? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has there been any vandalism or tampering at the plant? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other treatment plant issues not previously mentioned above? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of Groundwater Source(s) (if applicable, note specific source if issues are found) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Is there a 50-foot annular seal? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the surface seal defective or damaged or not water tight? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Does the casing and/or air relief vent have a screen to prevent the entry of insects? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| How is the well used? Specifically is it primary, backup or emergency? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are there any unprotected cross connections at the wellhead?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are there any unprotected openings in the pump or pump assembly?  | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the pitless adapter damaged? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are there any exposed holes or cracks near the wellhead? For example: electric conduit. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has there been any recent work performed on the pump? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the wellhead secured to prevent unauthorized access? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been any sewer spills, source water spills or other disturbances near the well? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the wellhead at least 18-inches above grade? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is there evidence of standing water near the wellhead? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the well pit in standing water or evidence of flooding? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other well issues not previously mentioned above? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of Spring Source(s) (if applicable, note specific source if issues are found) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Is there evidence of flooding or infiltration of surface water runoff around the spring? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the spring box improperly developed or poorly maintained? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the spring site secured (e.g. locks, fence, gate, etc). | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are there dead animals near the spring? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other issues about springs not previously mentioned above? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of Surface Water Source(s) (if applicable, note specific source if issues are found) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Have there been algae blooms? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has the source water turned over? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been any sewer spills, source water spills or other disturbances? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Any other source water issues not previously mentioned above? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of Purchased Water Source(s) (if applicable, note specific source if issues are found) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Have there been any Water quality issues with supplier? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| If applicable, was there a low disinfectant residual from supplier (typically <0.2 mg/L)? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Were there any other purchased water issues not previously mentioned above? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Additional Review for all Source(s) (if applicable, note specific source if issues are found) | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| Has an unapproved source been used? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has there been a change in sources? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Has there been recent rapid snowmelt, heavy rainfall or flooding? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is there any evidence of animals near the source? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity) | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination. | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Are there any other source issues not previously mentioned above? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

| Review of General Operations | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- |
| During or soon after bacteriological quality problems, did you receive any complaints of any customers’ illness suspected of being waterborne? How many? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| What were the symptoms of illness if you received complaints about customers being sick? | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc) | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

## SUMMARY

Based on the results of this Level 2 assessment and any other available information, are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action (DO NOT LEAVE BLANK).

| Significant Deficiency Number | Summary of Significant Deficiencies Attach additional sheets to this report, if necessary | Answer | Description | Corrective Action | Date of Corrective Action |
| --- | --- | --- | --- | --- | --- |
| **1.** | **[Insert description of deficiency]** | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| **2.** | **[Insert description of deficiency]** | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| **3.** | **[Insert description of deficiency]** | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |
| **4.** | **[Insert description of deficiency]** | **[Insert answer to question]** | **[Insert details of answer]** | **[insert corrective action needed]** | **[insert date of corrective action]** |

NAME:**[Insert name of DDW or LPA representative who has completed this assessment]**

DATE: **[Insert date of completion of this assessment]**

SIGNATURE:**[Insert Signature of DDW or LPA representative who has completed this assessment]**

Reserved for Regulatory Agency (DDW or LPA) Review

|  |  |  |
| --- | --- | --- |
| **Review Questions** | **Answer** | **Comments** |
| **Has assessment been successfully completed?** | **[Insert answer to question]** | **[Insert details of answer]** |
| **Likely reason for EC+ occurrence has been found.** | **[Insert answer to question]** | **[Insert details of answer]** |
| **System has corrected the problem.** | **[Insert answer to question]** | **[Insert details of answer]** |
| **Were all issues identified corrected?** | **[Insert answer to question]** | **[Insert details of answer]** |
| **Corrective Action Approved?** | **[Insert answer to question]** | **[Insert details of answer]** |