

Drinking Water Complaint

Work order #:	Date:	Time:	Received: <input type="checkbox"/> Online <input type="checkbox"/> Voicemail/phone <input type="checkbox"/> In-person
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Complainant Information

Name:	I/C:	Contact info:
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Location of the Complaint

Bldg:	Room:
Fixture: <input type="checkbox"/> Drinking fountain <input type="checkbox"/> Sink <input type="checkbox"/> Other: _____	Duration/frequency:

Nature of Complaint

<input type="checkbox"/> Taste & Odor	Obs.*	<input type="checkbox"/> Dirty Water	Obs.	<input type="checkbox"/> Outlet Condition	Obs.	<input type="checkbox"/> Other	Obs.
<input type="checkbox"/> Metallic	<input type="checkbox"/>	<input type="checkbox"/> Yellow	<input type="checkbox"/>	<input type="checkbox"/> Not working	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
<input type="checkbox"/> Chlorine	<input type="checkbox"/>	<input type="checkbox"/> Brown	<input type="checkbox"/>	<input type="checkbox"/> Staining	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
<input type="checkbox"/> Stale	<input type="checkbox"/>	<input type="checkbox"/> Black	<input type="checkbox"/>	<input type="checkbox"/> Signage	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
<input type="checkbox"/> Musty/earthy	<input type="checkbox"/>	<input type="checkbox"/> Milky	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
<input type="checkbox"/> Sewage-like	<input type="checkbox"/>	<input type="checkbox"/> Particulates	<input type="checkbox"/>				
<input type="checkbox"/> Fuel/solvent-like	<input type="checkbox"/>	<input type="checkbox"/> Soapy	<input type="checkbox"/>				
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> Rusty	<input type="checkbox"/>				
		<input type="checkbox"/> _____	<input type="checkbox"/>				

Obs.*= Check if observed by Facility Management during initial investigation

Source of Problem

<input type="checkbox"/> Point of Use (POU)	<input type="checkbox"/> Distribution System	
<input type="checkbox"/> Fixture/outlet	<input type="checkbox"/> Hot water tank	<input type="checkbox"/> Construction/repair*
<input type="checkbox"/> Water treatment unit	<input type="checkbox"/> Boiler	<input type="checkbox"/> Low Volume/pressure
<input type="checkbox"/> POU device (ice machine, etc.)	<input type="checkbox"/> Heat exchanger	<input type="checkbox"/> Dead end
<input type="checkbox"/> Cross-connection	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Closed valve
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Cross-connection	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Air	

*DOHS will need summary of what construction/repair took place and if work was completed by a contractor in comments if a referral is made.

Remediation

Maintenance Completed	Recommendation
<input type="checkbox"/> Open valve	<input type="checkbox"/> Flush water system (Time: _____ Frequency: _____)
<input type="checkbox"/> Flush hydrant or blow-off	<input type="checkbox"/> Additional repairs: _____
<input type="checkbox"/> Repair/replacement	<input type="checkbox"/> Refer to DOHS for follow-up- provide reasoning in comments
<input type="checkbox"/> Pull meter	<input type="checkbox"/> Refer to RPMO or Capital Improvement
<input type="checkbox"/> Temporary service	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	
Resolution:	
<input type="checkbox"/> Telephone	<input type="checkbox"/> Site Investigation
	<input type="checkbox"/> Info mailing

Comments/Observations:

Signature:	Date:
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