

Emergency Operations Planning Partners

Water Department		
Name:		
Contact:		Title:
City Utilities Department		
Name:		
Contact:		Title:
Local Police Department		
Name:		
Contact:		Title:
Local Fire Department		
Name:		
Contact:		Title:
County Law Office/Sheriff		
Name:		
Contact:		Title:
Local Hospital		
Name:		
Contact:		Title:
LEPC/Civil Defense Office		
Name:		
Contact:		Title:
TN Emergency Management Agency		
Name:		
Contact:		Title:
Nearby Utility		
Name:		
Contact:		Title:
Nearby Utility		
Name:		
Contact:		Title:

Emergency Operations Planning Partners

Nearby Utility			
Name:			
Contact:		Title:	
Utility Board			
Name:			
Contact:		Title:	
Mayor			
Name:			
Contact:		Title:	
City Council			
Name:			
Contact:		Title:	
TN Division of Water Supply Regional Office			
Name:			
Contact:		Title:	
TN Division of Water Supply Central Office			
Name:			
Contact:		Title:	
TN Department of Health			
Name:			
Contact:		Title:	
Tennessee Association of Utility Districts			
Name:			
Contact:		Title:	
Other Agencies of Public Assistance			
Name:			
Contact:		Title:	
TN Dept. of Homeland Security			
Name:			
Contact:		Title:	

Emergency Operations Planning Partners

EPA Regional Office		
Name:		
Contact:		Title:
Water Testing Laboratory		
Name:		
Contact:		Title:
Water Testing Laboratory		
Name:		
Contact:		Title:

Emergency Policies, Plans and Procedures

Summary of Emergency Response Procedures:			
Policy/Plan	Location	Responsible Party	Date
Description:			
Policy/Plan	Location	Responsible Party	Date
Description:			
Policy/Plan	Location	Responsible Party	Date
Description:			
Policy/Plan	Location	Responsible Party	Date
Description:			
Policy/Plan	Location	Responsible Party	Date
Description:			
Policy/Plan	Location	Responsible Party	Date
Description:			

Mission Statement and Emergency Planning Goals

Mission Statement:	
Emergency Planning Goals:	

Water System Information

System Name:		
PWSID#:	County:	EFO Region :
Address:		
City:	State:	Zip Code:
Office Phone:	Plant Phone:	
Fax:		
E-mail:	Website:	
Owner (if other than System Name):		
Emergency Response Coordinator (ERC):		
Number of Employees:	Number of Certified Plant Operators:	
Number of Certified Distribution Operators:		
Emergency Operations Center (EOC):		
Address:		
City:	State:	Zip Code:
EOC Phone:	EOC Fax:	
EOC E-mail:		
Directions to EOC:		
Directions to Office:		
Directions to Water Plant:		
Service Area Boundaries:		
Electric Company:	Natural Gas Company	
Phone Company:	Cell Phone Company:	
Number of Connections:	Population:	
Residential Connections:	Commercial Connections:	
Average Daily Water Demand:	Peak Daily Water Demand:	

Well Water Source

Raw Water Source (Well I.D.):						
Road Location:				Active/Inactive:		
Latitude:				Longitude:		
Description of Surrounding Area:						
Description of Well Site:						
Well #	Well Depth (ft.)	Well Dia. (in.)	Static Water Level (ft.)	Pumping Water Level (ft.)	Capacity (GMF)	Pump Capacity (GPM)
Raw Water Lines to Water Plant:			Pipe Dia.	Material	Distance	Depth
Raw Water Source (Well I.D.):						
Road Location:				Active/Inactive:		
Latitude:				Longitude:		
Description of Surrounding Area:						
Description of Well Site:						
Well #	Well Depth (ft.)	Well Dia. (in.)	Static Water Level (ft.)	Pumping Water Level (ft.)	Capacity (GMF)	Pump Capacity (GPM)
Raw Water Lines to Water Plant:			Pipe Dia.	Material	Distance	Depth

Purchased Water Source

Purchased Water Source (System Name):
Location of master meter/tap:
Description of Surrounding Area:
Size of Meter:
Valving Arrangement:
Booster Pump:
Contact Person:
Notes:
Purchased Water Source (System Name):
Location of master meter/tap:
Description of Surrounding Area:
Size of Meter:
Valving Arrangement:
Booster Pump:
Contact Person:
Notes:
Purchased Water Source (System Name):
Location of master meter/tap:
Description of Surrounding Area:
Size of Meter:
Valving Arrangement:
Booster Pump:
Contact Person:
Notes:
Purchased Water Source (System Name):
Location of master meter/tap:
Description of Surrounding Area:
Size of Meter:
Valving Arrangement:
Booster Pump:
Contact Person:
Notes:

Spring Water Source

Raw Water Source (Spring):				
Location:		Road:		
Latitude:		Longitude:		
Description of Surrounding Area:				
Intake Pipe Size:				
Intake Pipe Distance to Pump:				
Spring Capacity (GPM)				
Raw Water Pump:	Type	HP	Capacity	Yr. Installed
Notes:				
Raw Water Source (Spring):				
Location:		Road:		
Latitude:		Longitude:		
Description of Surrounding Area:				
Intake Pipe Size:				
Intake Pipe Distance to Pump:				
Spring Capacity (GPM)				
Raw Water Pump:	Type	HP	Capacity	Yr. Installed
Notes:				
Raw Water Source (Spring):				
Location:		Road:		
Latitude:		Longitude:		
Description of Surrounding Area:				
Intake Pipe Size:				
Intake Pipe Distance to Pump:				
Spring Capacity (GPM)				
Raw Water Pump:	Type	HP	Capacity	Yr. Installed
Notes:				

Water Treatment Processes

Flash Mix					
Length (ft.):		Width (ft.):		Depth (ft.):	
Detention Time (sec.):					
Chemicals added:					
Flocculation Basins					
# Basins:		Detention Time (min.):			
Length (ft.):		Width (ft.):		Depth (ft.):	
Sedimentation Basins					
# Basins:		Detention Time (hours):			
Length (ft.):		Width (ft.):		Depth (ft.):	
Baffles:			Tube Settlers:		
Filters					
# Filters:		Filter Rate (gal/min/ft²):			
Filter Bay Dimensions:	Length (ft.):		Width (ft.):		
Filter Dimensions:	Length (ft.):		Width (ft.):		
Chemicals added:					
Chlorination					
Form of Chlorination:					
Points of application:					
Fluoridation					
Form of Fluoride:					
Feeder:					
Point of Application:					
Clearwell					
# Basins:		Detention Time (hours):			
Length (ft.):		Width (ft.):		Depth (ft.):	
Chemicals added:					

Pumping Facilities

Name/Location:	
Building/Underground Vault:	
Elevation:	Capacity:
Suction Pressure:	Discharge Pressure:
Control:	Type:
Brand:	Frame Number:
Name/Location:	
Building/Underground Vault:	
Elevation:	Capacity:
Suction Pressure:	Discharge Pressure:
Control:	Type:
Brand:	Frame Number:
Name/Location:	
Building/Underground Vault:	
Elevation:	Capacity:
Suction Pressure:	Discharge Pressure:
Control:	Type:
Brand:	Frame Number:
Name/Location:	
Building/Underground Vault:	
Elevation:	Capacity:
Suction Pressure:	Discharge Pressure:
Control:	Type:
Brand:	Frame Number:
Name/Location:	
Building/Underground Vault:	
Elevation:	Capacity:
Suction Pressure:	Discharge Pressure:
Control:	Type:
Brand:	Frame Number:

Storage Facilities

Total # of Storage Facilities:	
# Elevated Storage Tanks:	# Ground Level Storage Tanks:
Other Tanks:	Total Storage (gallons):
Average Daily Water Use (gallons):	
Average Total Storage Capacity (days):	
Peak Daily Water Use (gallons):	
Peak Total Storage Capacity (days):	
<hr/>	
Storage Facility Name/Location:	
Description (welded steel/concrete/elevated, etc.):	
Overflow Elevation (feet):	Ground Level Elevation (feet):
Capacity (gallons):	Level control:
Access:	Fence/Security:
<hr/>	
Storage Facility Name/Location:	
Description (welded steel/concrete/elevated, etc.):	
Overflow Elevation (feet):	Ground Level Elevation (feet):
Capacity (gallons):	Level control:
Access:	Fence/Security:
<hr/>	
Storage Facility Name/Location:	
Description (welded steel/concrete/elevated, etc.):	
Overflow Elevation (feet):	Ground Level Elevation (feet):
Capacity (gallons):	Level control:
Access:	Fence/Security:
<hr/>	
Storage Facility Name/Location:	
Description (welded steel/concrete/elevated, etc.):	
Overflow Elevation (feet):	Ground Level Elevation (feet):
Capacity (gallons):	Level control:
Access:	Fence/Security:
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SCADA or Automated Systems

SCADA or Electronic Control System			
Manufacturer	Software Name	Version	Controlled Components
Computer Hardware Running SCADA			
Manufacturer	Model/Series	Networked/Stand Alone	Location
Water System Component	Controlled by SCADA	Monitored by SCADA	
Network Software			
Manufacturer	Software Name	Version	
Other Software on Network/SCADA Computer			
Manufacturer	Software Name/Version	Type of Software	
Is System Dependent on outside Contractor or Tech Support?			
Name	Company	Phone Number	
Outside Access to SCADA System: Phone Line/DSL/Cable/Other/None			
Name	Title	Access by	

SCADA or Automated Systems

Staff with Access to SCADA System Internally				
Name	Title	Access by		
Is there a SCADA Security Policy?				
If yes, location of policy:				
Firewall/Security Software				
Manufacturer	Software Name	Version		
Anti-Virus Software				
Manufacturer	Software Name	Version		
Is System Password Protected?				
Person in control of SCADA Passwords:				
Back-up SCADA Software Location:				
Back-up Computer Hardware:				
Manufacturer	Description	Location		
Does Recovery Plan Exist?		Plan Location:		
Minimum Time to Restore System after Shutdown:				

Chemical Inventory

Chemical Brand Name:					
Chemical Common Name:					
Processes					
Coagulation		Absorption		Stabilization	
Disinfection		Fluoridation		Other	
Point of use:					
Form of Chemical:	Solid		Liquid		Gas
Strength of Chemical:					
Daily Consumption (normal):					
Minimum Daily Supply:					
Days of Supply:					
Primary Supplier:					
Contact:					
Street:					
City, State, Zip:					
Phone:		Fax:		e-mail:	
Secondary Supplier:					
Contact:					
Street:					
City, State, Zip:					
Phone:		Fax:		e-mail:	

Critical Customers

List Critical Customers in prioritized order based on Community Health issues
(e.g. Hospitals, Nursing Homes, Schools, Daycare Centers...)

Name	Description	Address	Phone #	GPD

Largest Customers

List in prioritized order based on Critical Products or Services to the Community				
Name	Description	Address	Phone #	GPD

Security Features

Building:
Location:
Surrounding Area:
Entrance Gates:
Fences:
Building Structure:
Doors/Windows:
Locks/Card Key:
Alarm Systems:
Security Lighting:
Cameras/Monitors:
Building:
Location:
Surrounding Area:
Entrance Gates:
Fences:
Building Structure:
Doors/Windows:
Locks/Card Key:
Alarm Systems:
Security Lighting:
Cameras/Monitors:
Building:
Location:
Surrounding Area:
Entrance Gates:
Fences:
Building Structure:
Doors/Windows:
Locks/Card Key:
Alarm Systems:
Security Lighting:
Cameras/Monitors:

Communication Equipment

Cellular Phones	Description	Serial #	Qty.	Location
Pagers				
2-way Radios				
Satellite Phones				
Laptops with Cell Phone Service				

Office Computers and Equipment

Name of Internal IT Manager:						
Office Phone:				Home Phone:		
Cell Phone:				Pager:		
Radio Call No.:				e-mail:		
Name of Outsource IT Person:						
Office Phone:				Home Phone:		
Cell Phone:				Pager:		
Radio Call No.:				e-mail:		
Computer Hardware/Software Tracking Software:						
Name of Software/Version:						
Office Computer Hardware—Workstation CPU						
Manufacturer	Serial #	Processor	RAM	Hard Drive	Oper. System	Location/ Network
Office Computer Hardware—Monitors						
Manufacturer	Serial #	Description	Screen Size	Location/CPU		

Office Computers and Equipment

Office Computer Hardware-- Servers				
Manufacturer	Serial #	Description	Location	
Office Computer Hardware—Miscellaneous (modems, power supply, external hard drives, storage devices, scanners, printers, etc.				
Item Desc.	Manufacturer	Serial #	Location	800-Service #
Network and Server Software				
Manufacturer	Software Name/Version	Serial #	Location of Back-up	Contact or 800-Service #
Billing Software				
Manufacturer	Software Name/Version	Serial #	Contact Person or 800-Service #	
Office Productivity Software				
Manufacturer	Software Name/Version	Serial #	Contact Person or 800-Service #	

Office Computers and Equipment

Location of Network Security Policy				
Firewall/Security Software				
Manufacturer	Software Name/Version	Contract Date/Renewel		
Anti-Virus Software				
Manufacturer	Software Name/Version	Contract Date/Renewel		
Is System Password Protected?				
Network Administrator:				
Back-up Software Location:				
Back-up Computer Hardware Location:				
Recovery Plan:		Plan Location:		
Minimum Time to Restore System after Shutdown:				
Other Office Electronics/Equipment—Fax, Copier, Shredder, Laminator				
Item Desc.	Manufacturer	Serial #	Location	800-Service #

Chain of Command

Call 911 for fire, police or medical emergencies. Call the following, starting with the #1 position, until all personnel are contacted. This list is the chain of command that will be followed in an emergency response.	
1	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:
2	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:
3	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:
4	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:

Chain of Command

5	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:
6	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:
7	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:
8	Name:
	Title:
	Office Phone:
	Home Phone:
	Cell Phone:
	Pager:
	Radio:

Water System Contact List

Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

Water System Contact List

Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

Water System Contact List

Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Name:	Title:
Emergency Response Responsibilities:	
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

External Contact List

Local Law Enforcement	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Fire Department	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Emergency Medical Services (EMS)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
County Emergency Management Agency (EMA)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Local Civil Defense	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Tennessee Emergency Management Agency (TEMA)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

External Contact List

HAZMAT Responders	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Tennessee Highway Patrol (THP)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Local Emergency Planning Committee (LEPC)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
City Council	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Mayor	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
TN Division of Water Supply—Regional EAC Office	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:

External Contact List

Radio Call No.:	e-mail:
TN Division of Water Supply—Director’s Office	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
TN Department of Environment and Conservation—Commissioner’s Office	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Environmental Protection Agency (EPA)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
TN Department of Homeland Security	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
TN Bureau of Investigation (TBI)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Federal Bureau of Investigation (FBI)	
Name:	Title:
Office Phone:	Home Phone:

External Contact List

Cell Phone:	Pager:
Radio Call No.:	e-mail:
TV Station	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Radio Station	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Newspaper	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Quick Print Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Neighbor Water Utility	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Mutual Aid Agreements	
Name:	Title:

External Contact List

Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Tennessee One Call (Call Before Digging)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Backhoe Operator/Excavator	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Portable Fencing Rentals	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Electrical Utility	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Power Generator Rentals	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

External Contact List

Natural Gas Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Diesel Fuel Supplier	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Phone Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Cell Phone Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Nextel/2-way Radio Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Satellite Phone Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

External Contact List

Security Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Chemical Supplier	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Chlorinator Rentals	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Chlorinator Repairman	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Tennessee Local Community Health Department	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Local Hospital	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:

External Contact List

Radio Call No.:	e-mail:
Tennessee Department of Health	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Critical Customers (Hospitals and Nursing Homes)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Critical Customers (Schools and Daycares)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
When to Notify:	
Largest Customers	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Water Testing Laboratories	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Center for Disease Control (CDC)	
Name:	Title:

External Contact List

Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
US Dept. of Health and Human Services	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Contractor	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Parts Vendor	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Pump Specialist	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Pipe Supplier	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

External Contact List

Well Driller	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Electrician	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Plumber	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Sewer Utility Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Computer SCADA Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Radio/Telemetry Company (if different from SCADA)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

External Contact List

Customer Billing Software Company	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Bottled Water Supplier	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:
Tanker Truck Company (Bulk Water Hauler)	
Name:	Title:
Office Phone:	Home Phone:
Cell Phone:	Pager:
Radio Call No.:	e-mail:

Emergency Communications Plan

List primary and alternative means of communicating during an emergency. Alternative communication procedures should include the worst case scenario of all electronic and radio communication shutting down. TEMA is the agency to notify for communication assistance.

1.	
2.	
3.	
4.	

Public Communications Guidelines

Role	Name	Title
#1 Spokesperson		
Alt. Spokesperson		
Print communications		
Emergency Category:		

Communication Tips:

- Restrict media to safe, remote location.
- Designate a spokesperson for all media communications.
- Prepare written notes/statements.
- Tell the truth and give accurate and timely information.
- Do not speculate or blame.
- Treat questions/concerns with respect and empathize with citizen concern.
- Emphasize that the public’s health is the main concern and the utility is doing everything within its power to fix the problem.
- If appropriate, admit that your knowledge may be limited now, but announce that more information will follow later.
- Document your communication for future reference.

Develop message:

Personnel Safety Checklist

	Description
Security Alarm	
Fire & Smoke Alarm	
Security Cameras	
Building Exits	
Evacuation Plan	
Evacuation Route	
Assembly Area	
Personnel Sign-in	
Signs	
First Aid Station	
Emergency Shower	
Personal Protection Equipment (PPE)	
Chlorine Gas Leak	
Shelter from Chemical Release	
Safety Training	

Alternate Water Sources

I. Short-term (Hours to Days) Water Sources				
A. Adjacent Water Systems				
Water System	Location of Master Meter	Emergency Water Contract	Max. Gallons/Day (GPD)	
B. Alternate Water Sources				
Name	Description	Quantity Available in Emergency	Phone #	(GPD)
II. Long-term (Weeks to Months) Water Sources				
A. Adjacent Water Systems				
Describe any long term agreements with adjacent water systems				
B. Alternate Sources of Water (other than adjacent water systems)				
Describe any other remedies to a long-term water outage at the current water intake or plant. If no long-term plan is in place, describe the planning process and schedule for implementing a long-term plan.				

Equipment and Spare Parts

Vehicles	Description	VIN or Serial #	Qty.	Location
Heavy Equipment				
Tools				
Generators				
Water Testing Equipment				
Spare Parts				
Chemicals (not listed with plant chemicals)				
2-Way Radios				
Other				

Property Protection Guidelines

ERC:	
The ERC will communicate with local police, fire, and emergency response teams. If the decision is made to lock down any facilities and/or secure the perimeter of the water plant site, follow the procedures below:	
Event	Procedure
Lockdown	
Secure the Perimeter	
Preserve Crime Scene	
Document Comments & Observations	
Other	

Water Sampling Plans

Description	Date	Location	Contact Person
Bacteriological Sampling Site Plan			
Drinking Water Monitoring Program			
Total Organic Carbon (TOC) and Enhanced Coagulation Report			
Disinfectant Monitoring and MDRL Compliance Report			
Disinfection By-product Monitoring Plan			
Chemical Analysis Reports			

Threat Identification Checklist

In the event your water system receives a threatening phone call, remain calm, let the caller speak and try to keep the caller on the line as long as you can. Record as much of the caller's conversation verbatim. Use this sheet to collect detailed information. Notify your supervisor after the call and do not tell anyone else.

Date: _____ **Time of Call:** _____

Caller's Exact Words:

Ask the Caller: Who are you?

Where are you now? _____ What do you want from us? _____

What are you going to do? _____ Why are you doing this? _____

When did you do this? _____

Where did you do this? _____ Storage tank/hydrant/raw water source/treatment plant

What kind of threat? _____ Biological/chemical/explosive

Contaminant Name? _____ Quantity? _____

Caller's name, address and telephone number (ask or copy from Caller ID):

Male: _____ Female: _____ Adult: _____ Teen: _____ Child: _____ Approximate Age: _____

Check any characteristics that apply to the caller:

Voice:	Speech:	Accent:	Word Choice:	Manner:	Background:
Loud	Fast	Local	Educated	Calm	Talking
Soft	Slow	Foreign	Average	Nervous	Laughing
Deep	Nasal	Race	Illiterate	Excited	Music/Radio/TV
Normal	Drunk	Region	Foul	Angry	Machinery
Pleasant	Slurred	Other	Incoherent	Laughing	Traffic
Whisper			Other	Crying	Animals
Taped Message				Reading Message	Children
					Other

Call received by: _____

Others in office at time of call: _____

Water System Name: _____

EOP Approval List

The EOP should be approved and signed by the following people.			
Name	Title	Signature	Date

EOP Training Schedule

Event	Description	Participating Organizations	Date