CORRECTIVE ACTION REPORT

Manitoba
Water Stewardship

WATER SYSTEM:_____ **WATER SYSTEM CODE:**_____

LOCATION OF NON-COMPLIANCE INCIDENT (ex. Water Plant): _____

OPERATOR: _____ **Signature:** _____

TYPE OF NON-COMPLIANCE INCIDENT:

- ☐ Low disinfectant residual entering the distribution system, 21(1) MR 40/2007
- ☐ Low disinfectant residual in the distribution system, 22 MR 40/2007
- ☐ Filtered water turbidity exceeding the turbidity standard, 6(1) MR 41/2007
- ☐ Low positive total coliform (< 10 CFU/100mL), 3 MR 41/2007
- ☐ Other

INITIAL TEST RESULTS: ☐ **DATE:** _____

DESCRIPTION OF CORRECTIVE ACTIONS TAKEN (attach additional sheets if required):

TEST RESULTS AFTER CORRECTIVE ACTIONS: ☐ **DATE:** _____

(attach laboratory results if applicable)

EMERGENCY REPORTING IS REQUIRED WHERE A POTENTIAL HEALTH RISK IS INVOLVED. FOLLOW THE INSTRUCTIONS OF YOUR DRINKING WATER OFFICER ON SITUATIONS REQUIRING IMMEDIATE REPORTING.

DISTRIBUTION:

FORWARD THE ORIGINAL TO YOUR DRINKING WATER OFFICER WITH YOUR MONTHLY DISINFECTION OR TURBIDITY MONITORING REPORT

RETAIN A COPY FOR YOUR RECORDS

Contact your Drinking Water Officer with any comments, questions or concerns.