



National Outbreak Reporting System

Waterborne Disease Transmission



This form is used to report waterborne disease outbreak investigations. This form has 6 parts, indicated by tabs at the top of each page. Part 1 asks for the minimum or basic information about the outbreak investigation. Part 2 asks for epidemiological data and clinical specimen test results. Parts 3, 4, 5 and 6 collect information about types of water exposure (treated recreational water, untreated recreational water, drinking water, and water not intended for drinking/unknown intent). Only 1 of these 4 water exposure parts should be completed for an outbreak investigation report.

CDC USE ONLY

CDC Report ID

State Report ID

Form Approved
OMB No. 0920-0004

General Section

Primary Mode of Transmission (check one)

Food (Complete CDC 52.13)

Person-to-person (Complete CDC 52.13)

Water (Complete tabs for General, Water-General and type of water exposure)

Environmental contamination other than food/water (Complete CDC 52.13)

Animal contact (Complete CDC 52.13)

Indeterminate/Other/Unknown (Complete CDC 52.13)

Investigation Methods (check all that apply)

Interviews only of ill persons

Treated or untreated recreational water venue assessment

Case-control study

Investigation at factory/production/treatment plant

Cohort study

Investigation at original source (e.g., farm, water source, etc.)

Food preparation review

Food product or bottled water traceback

Water system assessment: Drinking water

Environment/food/water sample testing

Water system assessment: Nonpotable water

Other

Comments

Dates (mm/dd/yyyy)

Date first case became ill (required) _____

Date last case became ill _____

Date of initial exposure _____

Date of last exposure _____

Date of report to CDC (other than this form) _____

Date of notification to State/Territory or Local/Tribal Health Authorities _____

Geographic Location

Reporting state: _____

Exposure occurred in multiple states

Exposure occurred in a single state but cases resided in multiple states

Other states: _____

Reporting county: _____

Exposure occurred in multiple counties in reporting state

Exposure occurred in a single county but cases resided in multiple counties in reporting state

Other counties: _____

City/Town/Place of exposure: _____

Do not include proprietary or private facility names

Primary Cases

| Number of primary cases | | Sex (number or percent of the primary cases) | | | |
|--|---------|--|--|---|---|
| Lab-confirmed primary cases | | # | Male | # | % |
| Probable primary cases | | # | Female | # | % |
| Estimated total primary cases | | # | Unknown | # | % |
| | # Cases | Total # of cases for whom info is available | Age (number or percent of the primary cases) | | |
| Died | # | # | <1 year | # | % |
| Hospitalized | # | # | 1–4 years | # | % |
| Visited Emergency Room | # | # | 5–9 years | # | % |
| Visited health care provider (excluding ER visits) | # | # | 10–19 years | # | % |
| | | | 20–49 years | # | % |
| | | | 50–74 years | # | % |
| | | | ≥ 75 years | # | % |
| | | | Unknown | # | % |

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases only

| Incubation Period <i>(select appropriate units)</i> | | | Duration of Illness <i>(among recovered cases-select appropriate units)</i> | | |
|---|--|------------------|---|--|------------------|
| Shortest | | Min, Hours, Days | Shortest | | Min, Hours, Days |
| Median | | Min, Hours, Days | Median | | Min, Hours, Days |
| Longest | | Min, Hours, Days | Longest | | Min, Hours, Days |
| Total # of cases for whom info is available | | | Total # of cases for whom info is available | | |
| Unknown incubation period | | | Unknown duration of illness | | |

Signs or Symptoms

| Feature | # Cases with signs or symptoms | Total # cases for whom info available |
|------------------|--------------------------------|---------------------------------------|
| Vomiting | | |
| Diarrhea | | |
| Bloody stools | | |
| Fever | | |
| Abdominal cramps | | |
| HUS | | |
| Asymptomatic | | |
| | | |
| | | |
| | | |

Secondary Cases

| Mode of Secondary Transmission <i>(check one)</i> | Number of Secondary Cases | |
|---|---|---|
| Food Water Animal contact Person-to-person Environmental contamination other than food/water Indeterminate/Other/Unknown | Lab-confirmed secondary cases | # |
| | Probable secondary cases | # |
| | Estimated total secondary cases | # |
| | Estimated total cases (Primary + Secondary) | # |

Environmental Health Specialists Network *(if applicable)*

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____

Traceback *(for food and bottled water only, not public water)*

Please check if traceback conducted

| Source name <i>(If publicly available)</i> | Source type <i>(e.g. poultry farm, tomato processing plant, bottled water factory)</i> | Location of source | | Comments |
|---|---|--------------------|---------|----------|
| | | State | Country | |
| | | | | |
| | | | | |
| | | | | |

Recall

Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

Reporting Agency

Agency name: _____ E-mail: _____
 Contact name: _____ Contact title: _____
 Phone no.: _____ Fax no.: _____

Remarks *Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons)*

Waterborne Disease and Outbreaks - General

Type of Water Exposure (check ONE box)

- Water intended for recreational purposes – treated venue (e.g., pool, spa/whirlpool/hot tub, spray pad)
- Water intended for recreational purposes – untreated venue (e.g., freshwater lake, hot spring, marine beach)
- Water intended for drinking (includes water used for bathing/showering)
- Water not intended for drinking or water of unknown intent (e.g., cooling/industrial, occupational, decorative/display)

| Geographic Location | Symptoms | Route of Entry |
|---|---|--------------------------|
| Percent of primary cases living in reporting state : _____ % | For each category, indicate # of persons with: | |
| Associated Events | Gastrointestinal symptoms/ conditions _____ | Ingestion |
| Was exposure associated with a specific event or gathering? Yes No Unknown | Respiratory symptoms/ conditions _____ | Contact |
| If Yes , what type of event or gathering was involved? _____ | Skin symptoms/conditions _____ | Inhalation |
| If outbreak occurred during a defined event, dates of event: Start date: _____ End date: _____ (mm/dd/yyyy) (mm/dd/yyyy) | Ear symptoms/conditions _____ | Other, specify: _____ |
| | Eye symptoms/conditions _____ | Unknown |
| | Neurologic symptoms/ conditions _____ | |
| | Wound infections _____ | |
| | Other, specify (e.g., hepatitis A, leptospirosis): _____ | |

Epidemiologic Data

1. Estimated total number of persons with primary exposure: _____
2. Were data collected from comparison groups to estimate risk?

| | | |
|---|----|---------|
| Yes (specify in table below) | No | Unknown |
| If No or Unknown , was water the only common source shared by persons who were ill? | No | Unknown |

| Exposure (Vehicle/Setting) <small>(e.g., pool—waterpark; hot spring; well water)</small> | Total # Exposed (A) | # Ill Exposed (B) | Total # Not Exposed | # Ill Not Exposed | Attack Rate (%) (B/A) | Odds Ratio | Relative Risk | p-Value <small>(provide exact value)</small> | 95% Confidence Interval |
|---|------------------------|----------------------|---------------------|-------------------|--------------------------|------------|---------------|---|-------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

Attack rate for residents of reporting state: _____ % **Attack rate for non-residents of reporting state:** _____ %

Clinical Specimens - Laboratory Results (refer to the laboratory findings from the outbreak investigation)

1. Were clinical diagnostic specimens taken from persons? Yes No (go to next tab) Unknown (go to next tab)

If **Yes**, from how many persons were specimens taken? _____

| Specimen Type* | Specimen Subtype** | Tested for § (list all that apply) |
|----------------|--------------------|------------------------------------|
| | | |
| | | |
| | | |

* Specimen Type: 1- Autopsy Specimen (specify subtype), 2-Biopsy (specify), 3-Blood, 4-Bronchial Alveolar Lavage (BAL), 5-Cerebrospinal Fluid (CSF), 6-Conjunctiva/Eye Swab, 7-Ear Swab, 8-Endotracheal Aspirate, 9-Saliva, 10-Serum, 11-Skin Swab, 12-Sputum, 13-Stool, 14-Urine, 15-Vomit, 16-Wound Swab, 17-Unknown

** Specimen Subtype: 1-Bladder, 2-Brain, 3-Dura, 4-Hair, 5-Intestine, 6-Kidney, 7-Liver, 8-Lung, 9-Nails, 10-Skin, 11-Stomach, 12-Wound, 13-Other, 14-Unknown

§ Tested for: 1-Bacteria, 2-Chemicals/Toxins, 3-Fungi, 4-Parasites, 5-Viruses

Report the confirmed and/or suspected etiological agent(s) in the table below..

| Clinical Specimen Row Number | Genus/ Chemical/ Toxin | Species | Serotype/ Serogroup/ Serovar | Genotype/ Subtype |
|------------------------------|------------------------|---------|------------------------------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

| Clinical Specimen Row Number | Confirmed as Etiology ? | Concentration (numerical value) | Unit | Specimen Type * | Specimen Subtype ** |
|------------------------------|-------------------------|---------------------------------|------|-----------------|---------------------|
| 1 | Yes | | | | |
| 2 | Yes | | | | |
| 3 | Yes | | | | |
| 4 | Yes | | | | |

| Clinical Specimen Row Number | Test Type § | Total # People Tested | Total # People Positive |
|------------------------------|-------------|-----------------------|-------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

* Specimen Type: 1- Autopsy Specimen (specify subtype), 2-Biopsy (specify), 3-Blood, 4-Bronchial Alveolar Lavage (BAL), 5-Cerebrospinal Fluid (CSF), 6-Conjunctiva/Eye Swab, 7-Ear Swab, 8-Endotracheal Aspirate, 9-Saliva, 10-Serum, 11-Skin Swab, 12-Sputum, 13-Stool, 14-Urine, 15-Vomit, 16-Wound Swab, 17-Unknown

** Specimen Subtype: 1-Bladder, 2-Brain, 3-Dura, 4-Hair, 5-Intestine, 6-Kidney, 7-Liver, 8-Lung, 9-Nails, 10-Skin, 11-Stomach, 12-Wound, 13-Other, 14-Unknown

§ Test Type: 1-Culture, 2-DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR), 3-Microscopy (e.g., fluorescent, EM), 4-Serological/Immunological Test (e.g., EIA, ELISA), 5-Phage Typing, 6-Chemical Testing, 7-Tissue Culture Infectivity Assay

Isolates

| Which system contains this isolate profile? (e.g., PulseNet, State Lab) | Lab Isolate ID | Specimen Profile | Lab Method Used (e.g., PFGE, MLVA, GP60, PCR) |
|---|----------------|------------------|---|
| | | | |
| | | | |
| | | | |

Drinking Water Vehicle Description

Drinking Water Vehicle Description

| Water Type* <i>(e.g., commercially-bottled water, community water system, individual water system)</i> | Public Water System EPA ID Number** | Water Source <i>(select ground water, surface water or unknown)</i> | Water Source Description <i>(e.g., spring; well; lake)</i> | Setting of Exposure <i>(e.g., airport, mobile home park)</i> | USUAL Water Treatment Provided <i>(e.g., no treatment, disinfection, home filtration)</i> | Water Treatment Subtype <i>(disinfection or filtration: e.g., boiling; chlorine; rapid sand filter; reverse osmosis)</i> |
|---|-------------------------------------|--|---|---|--|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Water system definitions: Community and noncommunity water systems are public water systems that have ≥ 15 service connections or serve an average of ≥ 25 residents for ≥ 60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park. A noncommunity water system serves an institution, industry, camp, park, hotel, or business and can be nontransient or transient. Nontransient systems serve ≥ 25 of the same persons for > 6 months of the year but not year-round (e.g., factories and schools), whereas transient systems provide water to places in which persons do not remain for long periods (e.g., restaurants, highway rest stations, and parks). Individual water systems are small systems not owned or operated by a water utility that have < 15 connections or serve < 25 persons.

** Number used for EPA reporting that uniquely identifies the water system within a specific state. The water system ID number can be found at <http://www.epa.gov/safewater/dwinfo/index.html> by first selecting a state and then selecting a county.

Drinking Water Quality

Did the drinking water system have any monitoring violations in the 1 month prior to the outbreak?

Yes No Unknown Not applicable

If Yes, explain: _____

Did the drinking water system have any maximum contaminant level (MCL) violations in the 1 month prior to the outbreak?

Yes No Unknown Not applicable

If Yes, explain: _____

Did the drinking water system have any violations in the 12 months prior to the outbreak?***

Yes No Unknown Not applicable

If Yes, explain: _____

***Sources of information about past violations can be obtained from utility records, consumer confidence reports (water quality reports), or violation records from state or local health departments

Laboratory Section - Drinking Water

Was drinking water tested? Yes (specify in table below) No Unknown

| Results | 1 | 2 | 3 | 4 | 5 |
|---|--------|---|---|---|---|
| Sample | | | | | |
| Source of Sample | | | | | |
| Additional Description <i>(e.g., kitchen faucet, well, reservoir)</i> | | | | | |
| Date (mm/dd/yyyy) | | | | | |
| Volume Tested | Number | | | | |
| | Unit | | | | |
| Temperature | Number | | | | |
| | Unit | | | | |
| Residual/Free Disinfectant Level <i>(if total and combined disinfectant levels given, total - combined = free)</i> | Number | | | | |
| | Unit | | | | |
| pH | | | | | |
| Turbidity (NTU) | | | | | |

Water Quality Indicator

| Sample Number | Type (e.g., fecal coliforms) | Concentration (numerical value) | Unit |
|---------------|------------------------------|---------------------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Microbiology or Chemical/Toxin Analysis (refer to the laboratory findings from the outbreak investigation)

| Sample Number | Genus/ Chemical/ Toxin | Species | Serotype/ Serogroup/ Serovar | Genotype/ Subtype | PFGE Pattern |
|---------------|------------------------|---------|------------------------------|-------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

| Sample Number | Test Results Positive? | Concentration (numerical value) | Unit | Test Type* | Test Method (reference: National Environmental Methods Index: http://www.nemi.gov) |
|---------------|------------------------|---------------------------------|------|------------|---|
| | Yes | | | | |
| | Yes | | | | |
| | Yes | | | | |

* Test Type: 1-Culture, 2-DNA or RNA Amplification/Detection (e.g., PCR, RT-PCR), 3-Microscopy (e.g., fluorescent, EM), 4-Serological/Immunological Test (e.g., EIA, ELISA), 5-Phage Typing, 6-Chemical Testing, 7-Tissue Culture Infectivity Assay

Factors Contributing to Drinking Water Contamination and/or Increased Exposure to Contaminated Drinking Water

Did a problem with the source water (i.e., ground water or surface water) contribute to the disease or outbreak?

Yes (specify in table below) No Unknown

| Source Water Factors (check all that apply)** | Documented/ Observed*** | Suspected*** |
|--|--------------------------|--------------------------|
| Sanitary sewer overflow (SSO) **** | <input type="checkbox"/> | <input type="checkbox"/> |
| Combined sewer overflow (CSO) **** | <input type="checkbox"/> | <input type="checkbox"/> |
| Malfunctioning on-site wastewater treatment system **** ≠ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sewage treatment plant malfunction *** | <input type="checkbox"/> | <input type="checkbox"/> |
| Sewer line break *** | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor siting/design of on-site wastewater treatment system **** ≠ | <input type="checkbox"/> | <input type="checkbox"/> |
| Nearby biosolid/land application site (e.g., human or animal waste application) | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination from agricultural chemical application (e.g., fertilizer, pesticides) | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination from chemical pollution not related to agricultural application | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination by a chemical that the current treatment methods were not designed to remove | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic animal contamination (e.g., livestock, concentrated feeding operations, pets) | <input type="checkbox"/> | <input type="checkbox"/> |
| Wildlife contamination - Birds | <input type="checkbox"/> | <input type="checkbox"/> |
| Wildlife contamination - Mammals | <input type="checkbox"/> | <input type="checkbox"/> |
| Wildlife contamination - Fish kill | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooding/heavy rains | <input type="checkbox"/> | <input type="checkbox"/> |
| Algal bloom | <input type="checkbox"/> | <input type="checkbox"/> |
| Seasonal variation in water quality (e.g., lake/reservoir turnover events, resort community with seasonal loading) | <input type="checkbox"/> | <input type="checkbox"/> |
| Low water table (e.g., drought, over-pumping) | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground water under direct influence of surface water (e.g., shallow well)≠ ≠ | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination through limestone or fissured rock (e.g., karst) | <input type="checkbox"/> | <input type="checkbox"/> |
| Contaminated recharge water | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of an alternate source of water by a water utility | <input type="checkbox"/> | <input type="checkbox"/> |
| Mixing of raw water from different sources | <input type="checkbox"/> | <input type="checkbox"/> |
| Improper construction or location of a well or spring | <input type="checkbox"/> | <input type="checkbox"/> |
| Water system intake failure (e.g., cracked well casing, cracked intake pipe) | <input type="checkbox"/> | <input type="checkbox"/> |
| Intentional contamination (explain in remarks) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> |

** Only check off what was found during investigation.

*** "Documented/Observed" refers to information gathered through document reviews, direct observations, and/or interviews. "Suspected" refers to factors that probably occurred but for which no documentation (as defined previously) is available.

**** The release of sewage does not have to occur on the property in which persons have become ill. The sewage release may have occurred at a distant site but still affected the property in question.

≠ "On-site wastewater treatment system" refers to a system designed to treat and dispose of wastewater at the point of generation, generally on the property where the wastewater is generated (e.g., septic systems or other advanced on-site systems). However, contamination that originates from these systems can still occur off the property where treatment and disposal takes place due to migration of contaminants from malfunctioning systems or poor siting and design.

≠ ≠ Any water beneath the surface of the ground with substantial occurrence of insects or other macroorganisms, algae, or large-diameter pathogens (e.g., *Giardia intestinalis* or *Cryptosporidium*), or substantial and relatively rapid shifts in water characteristics (e.g., turbidity, temperature, conductivity, or pH) that closely correlate with climatologic or surface water conditions. Direct influence must be determined for individual sources in accordance with criteria established by the state.

Factors Contributing to Drinking Water Contamination and/or Increased Exposure to Contaminated Drinking Water

Did a problem with the water treatment prior to entry into a house or building contribute to the disease or outbreak?

Yes (specify in table below) No Unknown

| Treatment Factors (check all that apply)* | Documented/ Observed** | Suspected** |
|--|---------------------------|--------------------------|
| Change in treatment process (explain in remarks) | <input type="checkbox"/> | <input type="checkbox"/> |
| No disinfection | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary interruption of disinfection | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronically inadequate disinfection | <input type="checkbox"/> | <input type="checkbox"/> |
| No filtration | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadequate filtration | <input type="checkbox"/> | <input type="checkbox"/> |
| Deficiencies in other treatment processes | <input type="checkbox"/> | <input type="checkbox"/> |
| Corrosion in or leaching from pipes or storage tanks | <input type="checkbox"/> | <input type="checkbox"/> |
| Pipe/component failure or break (e.g., pipes, tanks, valves) | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination during construction or repair of pipes/components | <input type="checkbox"/> | <input type="checkbox"/> |
| Construction or repair of pipes/components without evidence of contamination | <input type="checkbox"/> | <input type="checkbox"/> |
| Operator error | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> |

Did a problem with the distribution system contribute to the disease or outbreak? Yes (specify in table below) No Unknown

(NOTE: For a community water system, the distribution system refers to the pipes and storage infrastructure under the jurisdiction of the water utility prior to the water meter (or property line if the system is not metered). For noncommunity and nonpublic water systems, the distribution system refers to the pipes and storage infrastructure prior to entry into a building or house)

| Distribution and Storage Factors (check all that apply)* | Documented/ Observed** | Suspected** |
|--|---------------------------|--------------------------|
| Cross-connection of potable and nonpotable water pipes resulting in backflow | <input type="checkbox"/> | <input type="checkbox"/> |
| Low pressure or change in water pressure in the distribution system | <input type="checkbox"/> | <input type="checkbox"/> |
| Change in water flow direction in the distribution system | <input type="checkbox"/> | <input type="checkbox"/> |
| Mixing of treated water from different sources | <input type="checkbox"/> | <input type="checkbox"/> |
| Pipe/component failure or break (e.g., pipes, tanks, valves) | <input type="checkbox"/> | <input type="checkbox"/> |
| Corrosion in or leaching from pipes or storage tanks | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination of mains during construction or repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Construction or repair of mains without evidence of contamination | <input type="checkbox"/> | <input type="checkbox"/> |
| Scheduled flushing of the distribution system | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination of storage facility | <input type="checkbox"/> | <input type="checkbox"/> |
| Aging water distribution components (e.g., pipes, tanks, valves) | <input type="checkbox"/> | <input type="checkbox"/> |
| Water temperature ≥30°C (≥86°F) | <input type="checkbox"/> | <input type="checkbox"/> |
| Intentional contamination (explain in remarks) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> |

Did a problem occur after the water meter or outside the jurisdiction of a water utility that contributed to the disease or outbreak? (e.g., in a service line leading to a house/building, in the plumbing inside a house/building, during shipping/hauling, during storage other than in the distribution system, at the point of use, involving commercially-bottled water)

Yes (specify in table below) No Unknown

| Factors Not Under the Jurisdiction of a Water Utility or Factors at the Point of Use (check all that apply)* | Documented/ Observed** | Suspected** |
|--|---------------------------|--------------------------|
| <i>Legionella</i> species in water system | <input type="checkbox"/> | <input type="checkbox"/> |
| Cross-connection of potable and nonpotable water pipes resulting in backflow | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of backflow prevention in plumbing | <input type="checkbox"/> | <input type="checkbox"/> |
| Low pressure or change in water pressure in the plumbing | <input type="checkbox"/> | <input type="checkbox"/> |
| Change in water flow direction in the plumbing | <input type="checkbox"/> | <input type="checkbox"/> |
| Corrosion in or leaching from pipes or storage tanks | <input type="checkbox"/> | <input type="checkbox"/> |
| Pipe/component failure or break (e.g., pipes, tanks, valves) | <input type="checkbox"/> | <input type="checkbox"/> |
| Aging plumbing components (e.g., pipes, tanks, valves) | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination of plumbing during construction or repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Construction or repair of plumbing without evidence of contamination | <input type="checkbox"/> | <input type="checkbox"/> |
| Deficiency in building/home-specific water treatment after the water meter or property line | <input type="checkbox"/> | <input type="checkbox"/> |
| Deficiency or contamination of equipment/devices using or distributing water | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination during commercial bottling | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination during shipping, hauling, or storage | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination at point of use – Tap | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination at point of use – Hose | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination at point of use – Commercially-bottled water | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination at point of use – Container, bottle, or pitcher | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination at point of use – Unknown | <input type="checkbox"/> | <input type="checkbox"/> |
| Water temperature ≥30°C (≥86°F) | <input type="checkbox"/> | <input type="checkbox"/> |
| Intentional contamination (explain in remarks) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> |

* Only check off what was found during investigation.

** "Documented/Observed" refers to information gathered through document reviews, direct observations, and/or interviews. "Suspected" refers to factors that probably occurred but for which no documentation (as defined previously) is available.

Remarks