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PWSID	System Name:	

Assessment Areas	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
1. Evaluate sample site.				
-condition or location of tap				
-regular use of connection				
-weather conditions				
2. Sample protocol followed and reviewed.				
-flush/flame tap				
-remove aerator				
-chlorine residual taken - value -				
-no swivel				
-fresh sample bottles				
-sample storage acceptable				
3. Have any of the following occurred at relevant facilities prior to the collection of TC samples? -any interruptions in the treatment process -any reported loss of pressure events (20 psi) -operation and maintenance activities that could have introduced total coliform -reported vandalism and/or unauthorized access to facilities -visible indicators of unsanitary conditions reported -Has there been a fire fighting event, flushing operation, sheared hydrant, etc.  4. Have there been any recent operational changes to the system?				
-sources introduced -treatment or operational changes -potential sources of contamination				
5. Distribution System -system pressure -cross connection -pump station -air relief valves -fire hydrants or blow off -breaks -repairs				

6. Storage Tank -screens -sccurity -access opening -access ope		Assessment Areas	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)				
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