**Appendices**

# Appendix A. Emergency Response Plan | Contacts List Template

|  |  |  |  |
| --- | --- | --- | --- |
| Band | **Organization** | **Name** | **Phone / Fax / E-mail** |
| Operator |  |  |
| Staff or 2nd Operator |  |  |
| Chief |  |  |
| Band Administrator |  |  |
| Councillor |  |  |
| Circuit Rider - Main |  |  |
| Circuit Rider - Backup |  |  |
| Health Practitioners | Environmental Health Officer |  |  |
| Drinking Water Officer |  |  |
| Public Health Inspector |  |  |
| Nurse/Medical Health Officer |  |  |
| Emergency Personnel | Police |  |  |
| Fire Department |  |  |
| Ambulance |  |  |
| Hospital |  |  |
| Provincial Emerg. Preparedness Branch (or equivalent) |  |  |
| RCMP |  |  |
| Regulatory Authorities | AANDC Regional Office |  |  |
| Health Canada |  |  |
| Provincial Ministry of Municipal Affairs (or equivalent) |  |  |
| Provincial Ministry of Water Protection (or equivalent) |  |  |
| Utilities | All Utilities / “Call before you dig” service, or: |  |  |
| Hydro/Power supplier |  |  |
| Gas |  |  |
| Telephone |  |  |
| Media | TV |  |  |
| Radio |  |  |
| Newspaper |  |  |
| Suppliers and Contractors | Bulk water hauler |  |  |
| Bottled water supplier |  |  |
| Engineering services |  |  |
| Pump manufacturer/supplier |  |  |
| Pump rentals/service provider |  |  |
| Chlorinator manufacturer-service provider |  |  |
| Electrician |  |  |
| Excavation services |  |  |
| Plumbing services |  |  |
| General rental |  |  |
| Main system components equipment manufacturers |  |  |
| Others |  |  |
|  |  |  |
| Date this list completed | | | |
| Name of person who completed list | | | |
|  | | | |

# Appendix B. Emergency Response Plan | Actions Lists Template

|  |  |  |
| --- | --- | --- |
| **TYPE OF EMERGENCY:** | | |
| **ACTIONS** | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |

|  |  |  |
| --- | --- | --- |
| **CONTACTS** | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
|  | **5** |  |
|  | **6** |  |

|  |  |  |
| --- | --- | --- |
| **TYPE OF EMERGENCY:** | | |
| **ACTIONS** | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |

|  |  |  |
| --- | --- | --- |
| **CONTACTS** | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
|  | **5** |  |
|  | **6** |  |

|  |  |  |
| --- | --- | --- |
| **TYPE OF EMERGENCY:** | | |
| **ACTIONS** | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |

|  |  |  |
| --- | --- | --- |
| **CONTACTS** | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
|  | **5** |  |
|  | **6** |  |

|  |  |  |
| --- | --- | --- |
| **TYPE OF EMERGENCY:** | | |
| **ACTIONS** | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |
|  | **🞏** |  |

|  |  |  |
| --- | --- | --- |
| **CONTACTS** | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
|  | **5** |  |
|  | **6** |  |

# 

# Appendix C. Emergency Response Activity Record and Reporting Template

**1. Date record entered (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Title/Position:**

🞏 DW System operator 🞏 Band Manager 🞏 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Description of cause(s) of the incident**

* Contamination of source – spills, vehicle accident, location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Loss of source, location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Malfunctioning of drinking water treatment plant (e.g., chlorinator failure) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Malfunctioning of the distribution system (e.g., pump failure)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Electrical control malfunctioning, location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Power failure, area affected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Broken water main, location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Backflow or back siphonage, location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Low pressure, location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Flooding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Earthquake\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Fire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Act of vandalism, terrorism or sabotage (e.g., explosions) causing massive system disruption\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Others, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Effect(s) of the incident/event observed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Has any contamination of the water occurred?**  🞏 Yes 🞏 No

**7. Location of affected water:**

* Drinking water source, specify location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Well, specify location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Distribution system\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Samples taken:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Chlorine Residual** | **Turbidity** | **Fecal Coliform** | **Total Coliform** |
| **Location 1** (attach a site plan) | | | | | |
| Date : \_\_\_\_\_\_\_\_ | (yyyy/mm/dd) | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| Time: \_\_\_\_\_\_\_\_ | (Hour) | (mg/L) | (NTU) | (CFU/100 mL) | (CFU/100 mL) |
| **Location 2** (attach a site plan) | | | | | |
| Date : \_\_\_\_\_\_\_\_ | (yyyy/mm/dd) | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| Time: \_\_\_\_\_\_\_\_ | (Hour) | (mg/L) | (NTU) | (MPN/100 mL) | (CFU/100 mL) |
| **Location 3** (attach a site plan) | | | | | |
| Date : \_\_\_\_\_\_\_\_ | (yyyy/mm/dd) | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| Time: \_\_\_\_\_\_\_\_ | (Hour) | (mg/L) | (NTU) | (MPN/100 mL) | (CFU/100 mL) |
| **Location 4** (attach a site plan) | | | | | |
| Date : \_\_\_\_\_\_\_\_ | (yyyy/mm/dd) | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| Time: \_\_\_\_\_\_\_\_ | (Hour) | (mg/L) | (NTU) | (MPN/100 mL) | (CFU/100 mL) |

**9. Actions taken:**

**10. Personnel and agency representatives Contacted:**

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Personnel and agency representatives on the scene**

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Further actions to be taken and when:**

Action 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Date (yyyy/mm/dd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Date (yyyy/mm/dd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Date (yyyy/mm/dd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix D. Material for Informing System Users/Community Members

Attach here your means of communication with system users/community members:

1. Phone tree
2. E-mail addresses list (save this list as a group in your e-mail software on your computer)
3. List of web-based social networks (save these links as “favorites” in your web browser on your computer)

Attach here pre-prepared messages for distribution to system users/community members:

1. Flyers for door-to-door distribution (have a stack of these ready)
2. Pre-written e-mail messages (save these on your computer at an easy-to-find location)
3. Pre-written messages for posting on Web-based social media
4. Pre-written press releases
5. Pre-written signs to be posted at locations where the public is susceptible to access potentially contaminated drinking water