New York State Department of Health
Bureau of Water Supply Protection

On-Site Assessment of Water Treatment Plant/ Distribution System Operator

Operator's Name	Operator Grade Level (check all that apply) IA ☐ IIA ☐ IB ☐ IIB ☐ C ☐ D ☐	Date of Assessment __ __ / __ __ / __ __ __ __ M M D D Y Y Y Y
Public Water System Name and System Classification (check all that apply) Name:_____ IA ☐ IIA ☐ IB ☐ IIB ☐ C ☐ D ☐	Operator Certification Number (if applicable) NY ___ ___ ___ ___ ___ ___ ___	Begin Time ___ : ___ / End Time ___ : ___
Public Water System ID NY ___ ___ ___ ___ ___ ___ ___	Town, Village or City County	Source Type (s) Surface ☐ Ground ☐ GWUDI ☐ PWS Type C ☐ NC ☐ NTNC ☐

Topic questions are for guidance purpose. Use additional paper to record additional questions, notes and/or responses.	**ASSESSMENT** *S ☐ *U ☐ *N/A ☐
Source Protection (I,A,B,& C only)	
• How do you ensure that your source is protected?	
• What is a source water protection plan? Does your system have a source protection plan? If yes, where is it kept?	
• What are the siting distances for new sources and where would you find these requirements?	
Treatment (Grade I,A,B, & C only)	
• Describe your treatment process from source to distribution.	
• Why employ water treatment techniques? Describe for each treatment technique.	
• Describe how you ensure that your chemicals are approved (i.e. NSF, UL, etc)?	
• Describe how chemicals are measured and correct dosages are obtained. Explain this process for each chemical used.	
Facilities with filtration only	
• Describe procedures/frequency for backwashing.	
• Describe procedures/frequency for filter maintenance.	
Facilities with disinfection (i.e. chlorination, UV, etc.)	
• Describe the importance of disinfection.	
Facilities with Chlorination only	
• Describe breakpoint chlorination.	
• Describe how your system achieves adequate disinfection contact time and set points (Max Cl, DBP formation, etc.)	
• Describe how your system maintains a chlorine residual throughout the system.	
Distribution (Grade C & D only)	
• Describe the distribution system layout (pipe configuration, dead ends, hydrants, pressure booster stations, storage, etc.)	
• Describe the procedures for main and/or fire hydrant installation/repair (include communication with main treatment plant).	
• What is the minimum water system pressure? Describe how the water system pressure is checked.	
• What are the procedures for disinfecting a water main (i.e. installation, repair, sampling, identify contacts etc.)?	
• What are the procedures for operation and maintenance throughout the distribution system (flushing, hydrant maintenance, storage, meters, etc.)?	
• Describe your cross-connection control program. Where are the written procedures kept? How frequently are devices tested?	
Security (All)	
• What are the components of an Emergency Response Plan (ERP)? Does your system have an ERP? If yes, where is it kept? (Required for systems with an annual operating budget greater than $125,000).	
• What is a vulnerability assessment?	
• Identify the critical components of your system that may be vulnerable.	
Monitoring (All)	
• Describe the frequency for testing each contaminant monitored at your system (lead & copper, DBPs, corrosion control, etc.)	
• Explain your system's monitoring plan (i.e. bacteriological monitoring plan).	
• Explain how you ensure that the laboratory you are using is New York State ELAP certified. What laboratory does your system use?	
• Where are laboratory results sent (copy to the local health department)?	
• What is your procedure for the review of sample results?	
• How frequently is the monitoring instrumentation calibrated?	
For systems with automated monitoring	
• Describe how your automated instrumentation works (SCADA system, in-line monitors, etc.)	
• How do you ensure that the instruments are operating properly?	

*S - Satisfactory; *U - Unsatisfactory; *Not Applicable

ASSESSMENT

	*S	*U	*N/A
Equipment and System Operation and Maintenance (All)	☐	☐	☐
• Describe your equipment/system operation and maintenance program (maintenance of pumps, chlorinator, etc.)			
• Describe how the pumps are operated and adjusted (operator must display knowledge of pump curves, etc.)			
• Describe your systems internal cross-connection control program. How frequently are cross-connection control devices tested?			
For facilities with disinfection only	☐	☐	☐
• Describe how you ensure that your disinfection equipment is working properly (chlorination metering pump, UV equipment, etc.)			
Exceeding MCLs/Emergencies/Public Notification (All)	☐	☐	☐
• Describe the procedure necessary as the result of an exceeded MCL.			
• Describe types of emergencies your system may have (pump failure, disinfection failure, treatment interruption, main break, etc.)			
• Describe the step by step process for handling emergencies. Who should be contacted?			
• Describe the procedure for a major plant shut down.			
• What are the various types of public notifications (Tier 1, Tier 2, etc.)? Please explain.			
Regulations and Required Forms and Procedures (All)	☐	☐	☐
• What are Subparts 5-1 and 5-4 of the State Sanitary Code?			
• Describe your procedures for recordkeeping and maintenance of records.			
• Describe your procedures for logging and responding to complaints.			
• What is the Annual Water Quality Report (AWQR)?			
• What is the process for making changes, specifically treatment and/or process control changes, for the system?			
• Describe the process of completing the monthly forms (i.e. Monthly Operation Report, electronic reporting, mail reporting).			
• What is sent to the Local Health Department on a monthly basis (MOR and lab results)?			
• How frequently do you need to renew your certification? How many CEUs do you need to renew your certification? To whom do you send your renewal paperwork?			
• If you move to a new address, how many days do you have to notify the BWSP of your move?			

District, county, or city office recommendation

☐ Approved For grade(s) of certification: IA ☐ IB ☐ IIA ☐ IIB ☐ C ☐ D ☐

☐ Disapproved (If disapproved, state reasons for disapproval below and any action that needs to be taken (i.e. additional training and/or experience))

Reason for disapproval_____

_____

_____

Recommendations (Attach additional sheets if necessary)

☐ Additional training ☐ Additional experience

_____ _____

_____ _____

By _____ Title _____ Date _____

Note: Completed form may accompany DOH-354, Application for Certification.

LABORATORY SKILLS ASSESSMENT

The following tests and/or knowledge determination must be conducted to determine proficiency. (Indicate in the last column if the individual has the demonstrated ability to conduct these tests as outlined in Subpart 5-1.74)

Test	Applicable Grades	Subject Knowledge &/or Test Required	ASSESSMENT *S *U *N/A
Disinfectant residual (Free and Total)	All	Both	
Bacteriological sampling technique	All	Both	
Color	All	Knowledge only, Both for IA & IIA	
pH	All	Knowledge only, Both for A & B	
Temperature	All	Knowledge only	
Jar Testing	IA and IIA	Both	
Turbidity	IA and IIA	Both	
Fluoride	All	Knowledge Only	
Alkalinity	All	Knowledge Only	
Calcium	All	Knowledge Only	
Orthophosphate	All	Knowledge Only	
Bromide	All	Knowledge Only	
Chlorite	All	Knowledge Only	
TTHM/HAA5s	All	Knowledge Only	
Total Organic Concentration (TOC)	All	Knowledge Only	
Dissolved Organic Concentration	All	Knowledge Only	
Ultraviolet absorption at 254 Nanometers	IA, IIA, B, & C	Knowledge Only	
Silica	All	Knowledge Only	

*S - Satisfactory; *U - Unsatisfactory; *Not Applicable