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| Reporting known or suspected contamination of drinking water form |
| Section 22 of the *Safe Drinking Water Act 2003* |
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## Background information

Information requested in this form is collected under the authority of section 22 of the *Safe Drinking Water Act 2003* (the Act).

Please refer to, ‘*Guidance – notification and reporting requirements’* for information relating to situations where sections 18 and 22 of the Act would apply.

# Section 22 report

An officer of a water supplier, water storage manager or council must **immediately** notify an officer within the Department of Health under section 22 of the Act where they believe or suspect, on reasonable grounds, that drinking water supplied, or to be supplied, may be the cause of an illness, pose a risk to human health or cause widespread public complaint.

The section 22 report should be immediately initiated by a verbal notification as outlined below. Submission of this form is required to satisfy the obligation to make the report in the form required by the Secretary under section 22 of the Act.

## Initial verbal notification

The officer should contact the Department of Health as follows:

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| **During business hours: Phone 1300 761 874.**  If there is no response on the above phone number, or if the notification is to be made outside business hours, ring the Department of Health public health **emergency pager number on 1300 790 733** (24-hour service). |

When contacting the pager, the caller should specify that the call relates to a drinking water event under the *Safe Drinking Water Act 2003*, and should provide their name, the name of their organisation, and a contact phone number and a brief outline of the issue. The caller will subsequently be contacted promptly by an on-call Department of Health officer.

## Written report

**Following the initial verbal notification**, officers are required to provide a written summary report to the Department of Health through the submission of this form. This initial report should contain all available information to assist the regulator in assessing the incident. Additional detail can be provided in any subsequent regulation 20 report, if required.

#### Reporting officer details

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| Water agency name: |
| Name and position of reporting officer: |
| Contact email: |
| Contact phone number: |

#### Water supply and water sampling area details (if applicable)

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| Water supply and water sampling area involved: |
| Population served by water supply and water sampling area: |
| Type of treatment and/or disinfection usually applied to the water: |

#### Section 22 report: Details of known or suspected contamination of drinking water

(a) Initial verbal notification to the Department of Health:

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| Department of Health contact: | Date: | Time: |
| Water agency Incident Manager/Person reporting: | | |
| Position: | | |
| Phone number: | | |
| Email: | | |

(b) Nature of the known or suspected contamination:

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(c) Estimated period of known or suspected contamination:

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| --- | --- |
| Start date/time: | End date/time: |

(d) Geographic extent of the contamination:

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| Present geographic extent of the contamination: |
| Estimated future impact or maximum geographic extent of the contamination if not rectified: |

(e) Suspected cause or source of the contamination:

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(f) Details of customer complaints or reported illness, if applicable:

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(g) Immediate corrective actions that are being and/or that have been undertaken:

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(h) Details of consumer notification, if applicable (e.g. boil water advisory, media release in relation to widespread public complaint)

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(i) Relevant test results relating to the known or suspected contamination:

Complete the [Analytical results](#_Analytical_results) table of this form or attach results from an accreted testing organisation. Note, submission of results in this form do not constitute a regulation 20 report. Regulation 20 reports must be submitted separately using the designated Regulation 20 - Reporting sample analysis results form.

DH OFFICE USE ONLY – RIEMS ID number:

#### Analytical results

Tick U, T or R under sample type, as applicable.

U = Untreated (raw) water

T = Treated water (not at tap)

R = Reticulation / customer tap sample

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| --- | --- | --- | --- | --- |
| Sample type and sample area/location | | Characteristic | Date/Time Sample Taken | Result(s)\* |
| U  T  R |  |  |  |  |
| U  T  R |  |  |  |  |
| U  T  R |  |  |  |  |
| U  T  R |  |  |  |  |
| U  T  R |  |  |  |  |
| U  T  R |  |  |  |  |

\* If you are required to make a report under regulation 20 of the Regulations for any results listed here, you must report these non-complying results to the Department of Health within 10 days after receiving these results using the ‘Regulation 20 - Reporting sample analysis results form’.

#### Declaration

This section is to be completed by the reporting officer.

**Section 22 report:** I declare that the information I have supplied in this form is true.

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| Name: |
| Date: |
| Signature: |

Please email this form to:

**Email:** [**water@health.vic.gov.au**](mailto:water@health.vic.gov.au)

For further information:

Phone: 1300 761 874

Website: https://www.health.vic.gov.au/water/drinking-water-in-victoria

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