

STATE OF HAWAII DEPARTMENT OF HEALTH WASTEWATER BRANCH  
**RECYCLED WATER SPILL REPORT**

Wastewater Reclamation Facility \_\_\_\_\_

Spill Location \_\_\_\_\_

Date of Spill \_\_\_\_\_

Time Spill Began \_\_\_\_\_

Time Spill Ended \_\_\_\_\_

Duration (hours, minutes) \_\_\_\_\_

Spill Volume (gallons) \_\_\_\_\_

Cause of Spill \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Public exposure or contact with spill?	Yes	No
Are recycled water components purple or labeled?	Yes	No
Are warning signs posted per Reuse Guidelines, Vol. 2, sec. I?	Yes	No
Is there a recycled water manager to implement BMPs?	Yes	No

Corrective & Preventive Action

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\_\_\_\_\_

Date/Time Action Completed \_\_\_\_\_