

EXHIBIT 1

EMERGENCY RESPONSE CHECKLIST

Town: CONCORD
PWS Name: MUNICIPAL
PWSID #: 3067000

EMERGENCY RESPONSE CHECKLIST

Complete a checklist for every emergency, and within thirty (30) days of level III, IV, emergency file an emergency report, attaching the checklist used during the emergency response. Send one (1) copy, with all additional forms and documents used according the emergency response procedures, to DEP Regional Office, addressed to Division of Water Supply (DWS). (If you already have a reporting form available please use it in lieu of the form below).

REPORT ALL EMERGENCIES

Name of person Completing form: _____ Title: _____

Date: / /

Time of Report :

Location of Emergency: _____
address / line # / well #

Emergency Caller Information (Circle): Male / Female Adult / Child

Voice: Normal Loud Whisper
 Calm Excited Nervous

name _____ Home () _____
Bus. () _____
address _____

Describe the problem/emergency: _____ Time _____

Determine Emergency Level (circle): I* II* III IV V

*If levels I or II, described the steps taken to handle the emergency.

If levels I or II, stop and file the report at this point.

CONTINUE FOR LEVELS III OR GREATER

Which of the following actions were involved in the emergency?

Motor vehicle accident:

Vehicle type: _____ Make: _____

Color: _____ Reg. # _____ State: _____

PWSID # 3067000

Accidental discharge:

Illegal dumping/dischARGE:

Chemical(s) involved:

_____ trade name/common name

(Circle) Solid / Liquid / Vapor Other _____

Placard / Label ID / DOT # _____

Disease outbreak, type of disease _____

Bacterial Problem, describe _____

Nearest Public Drinking Water Source (Surface/ground):

_____ name/address (location)

Approximate distance from emergency location _____

Which of the following actions did you complete? (Check all appropriate actions)

Notify person(s) in charge of all emergencies:

_____ name

Home () _____

Bus. () _____

Initial Emergency Response: _____

Close reservoir _____

name

well(s) # _____

Shutdown pump(s) _____

or name

Were some of the distribution lines closed? Y N

If yes, specify (location, valve #): _____

Other _____

Local authorities/departments contacted:

Water Supply Superintendent/Assistant

Certified Operator

Mayor Officials

Fire Department

Police Department

PWSID # 3067000

Local/regional news media contacted:

Local Newspaper

Local TV Station

Other _____

Local Radio Station

Local Shortwave Radio Operator(s)

State authorities/agencies contacted:

State Police / State Agencies (Emergency Line)

DEP (Emergency Line)

Northeast/Metro Boston

Southeast

DEP - Water Pollution

Department of Public Health

Massachusetts Civil Defense

Central

Western

Hazardous Waste

Other _____

Federal authorities/agencies contacted:

EPA - Boston Office (Emergency Line)

Nation Response Center

Federal Emergency Management Agency (FEMA)

Federal Highway Administration

Communicable Disease Center - Atlanta, GA

Other _____

Coast Guard

National Guard

Notify office staff about the problem/emergency to answer questions from the users;

Brief the person(s) in charge of the emergency response and superiors about new developments;

Prepare and attach a list of equipments and materials (specification/quantity) used in emergency response;

Emergency report (checklist) completed; (Prepare and file the emergency report for every single emergency situation.)

Emergency report filed and one (1) copy submitted to DEP Regional Office - DWS.

Other _____