**Comments:** Our hospital logs show many ill people with similar gastrointestinal symptoms from the Village. Attached is our hospital log for July 18.
<table>
<thead>
<tr>
<th>Patient #</th>
<th>Date</th>
<th>Time In</th>
<th>Sex</th>
<th>Age</th>
<th>Home Address</th>
<th>Zone*</th>
<th>Work Address</th>
<th>Zone*</th>
<th>Insurer</th>
<th>Brought in by EMS</th>
<th>Symptoms Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7/18</td>
<td>8:00 AM</td>
<td>M</td>
<td>28</td>
<td>36 Lee Rd.</td>
<td>TG</td>
<td>375 Main St.</td>
<td>SZ</td>
<td>Aetna</td>
<td>No</td>
<td>bloody diarrhea, fever, dehydration</td>
</tr>
<tr>
<td>2</td>
<td>7/18</td>
<td>8:10 AM</td>
<td>M</td>
<td>68</td>
<td>12 Garden St.</td>
<td>TG</td>
<td>145 Forest Rd.</td>
<td>TV</td>
<td>PPO Blue</td>
<td>No</td>
<td>bloody diarrhea, severe cramping, and fever</td>
</tr>
<tr>
<td>3</td>
<td>7/18</td>
<td>8:30 AM</td>
<td>F</td>
<td>49</td>
<td>6 Capen Hill Rd.</td>
<td>FH</td>
<td>12 Edison St.</td>
<td>LD</td>
<td>N/A</td>
<td>No</td>
<td>vomiting, stomach ache</td>
</tr>
<tr>
<td>4</td>
<td>7/18</td>
<td>9:38 AM</td>
<td>M</td>
<td>26</td>
<td>22 Boulder Rd.</td>
<td>TG</td>
<td>39 Rosewood St.</td>
<td>TV</td>
<td>HMO Blue</td>
<td>No</td>
<td>stomach pain, fever, bloody diarrhea</td>
</tr>
<tr>
<td>5</td>
<td>7/18</td>
<td>10:12 AM</td>
<td>M</td>
<td>48</td>
<td>19 Elliot St.</td>
<td>TV</td>
<td>343 Main St.</td>
<td>TV</td>
<td>HMO Blue</td>
<td>No</td>
<td>stomach pain, fever, bloody diarrhea</td>
</tr>
<tr>
<td>6</td>
<td>7/18</td>
<td>10:16 AM</td>
<td>F</td>
<td>40</td>
<td>20 Gravel Rd.</td>
<td>TG</td>
<td>339 Main St.</td>
<td>TV</td>
<td>PPO Blue</td>
<td>No</td>
<td>blood in stool</td>
</tr>
<tr>
<td>7</td>
<td>7/18</td>
<td>10:29 AM</td>
<td>M</td>
<td>59</td>
<td>3 Marbet Rd.</td>
<td>TV</td>
<td>35 Beach St.</td>
<td>TV</td>
<td>Kaiser P.</td>
<td>No</td>
<td>bloody diarrhea, severe cramping, and fever</td>
</tr>
<tr>
<td>8</td>
<td>7/18</td>
<td>11:18 AM</td>
<td>F</td>
<td>13</td>
<td>22 Boulder Rd.</td>
<td>TG</td>
<td>N/A</td>
<td>N/A</td>
<td>HMO Blue</td>
<td>Yes</td>
<td>stomach pain, fever, bloody diarrhea</td>
</tr>
<tr>
<td>9</td>
<td>7/18</td>
<td>12:03 PM</td>
<td>M</td>
<td>20</td>
<td>92 Edison St.</td>
<td>LD</td>
<td>601 Highway 1</td>
<td>TG</td>
<td>PPO Blue</td>
<td>No</td>
<td>fractured femur</td>
</tr>
<tr>
<td>10</td>
<td>7/18</td>
<td>12:40 PM</td>
<td>M</td>
<td>27</td>
<td>12 Magnolia Rd.</td>
<td>FH</td>
<td>67 Beach St.</td>
<td>TV</td>
<td>Aetna</td>
<td>Yes</td>
<td>soreness in chest, fatigue, difficulty breathing</td>
</tr>
<tr>
<td>11</td>
<td>7/18</td>
<td>1:13 PM</td>
<td>M</td>
<td>47</td>
<td>7 Mark Rd.</td>
<td>TG</td>
<td>200 Highway 1</td>
<td>TV</td>
<td>Kaiser P.</td>
<td>No</td>
<td>diarrhea and vomiting</td>
</tr>
<tr>
<td>12</td>
<td>7/18</td>
<td>1:37 PM</td>
<td>M</td>
<td>15</td>
<td>7 Linda Rd.</td>
<td>TG</td>
<td>N/A</td>
<td>N/A</td>
<td>Kaiser P.</td>
<td>No</td>
<td>stomach pain, fever, bloody diarrhea</td>
</tr>
<tr>
<td>13</td>
<td>7/18</td>
<td>2:00 PM</td>
<td>M</td>
<td>12</td>
<td>52 Lee Rd.</td>
<td>TG</td>
<td>N/A</td>
<td>N/A</td>
<td>PPO Blue</td>
<td>No</td>
<td>dehydration and persistent diarrhea</td>
</tr>
<tr>
<td>14</td>
<td>7/18</td>
<td>2:02 PM</td>
<td>F</td>
<td>54</td>
<td>18 Boulder Rd.</td>
<td>TG</td>
<td>N/A</td>
<td>N/A</td>
<td>HMO Blue</td>
<td>No</td>
<td>bloody diarrhea, severe cramping, and fever</td>
</tr>
<tr>
<td>15</td>
<td>7/18</td>
<td>2:49 PM</td>
<td>M</td>
<td>43</td>
<td>19 Slate Rd.</td>
<td>TG</td>
<td>375 Main St.</td>
<td>TV</td>
<td>Aetna</td>
<td>No</td>
<td>bloody diarrhea, severe cramping, and fever</td>
</tr>
<tr>
<td>16</td>
<td>7/18</td>
<td>3:45 PM</td>
<td>F</td>
<td>37</td>
<td>2 Boulder Rd.</td>
<td>TG</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>blood in stool</td>
</tr>
</tbody>
</table>
He called to inform you of numerous similar gastrointestinal (GI) symptoms being reported from the ER at St. Michael's. All the GI cases are from one particular area in the Village borough. He is investigating where these people have been or eaten at, but wanted to give you a heads-up because they cannot rule out a waterborne outbreak yet.
Public Health Information Report Form

INSTRUCTIONS
The purpose of this form is to summarize significant information about a public health episode that could be linked to contaminated water. This form should be completed by the WUERM or an individual designated by incident command. The information compiled in this form is intended to support the threat evaluation process.

In the case of a threat warning due to a report from public health, it is likely that the public health agency will assume incident command during the investigation. The drinking water utility will likely play a support role during the investigation, specifically to help determine whether or not water might be the cause.

PUBLIC HEALTH NOTIFICATION
Date and Time of notification: __July 18, 1600 hrs.__

Name of person who received the notification: Joseph Beal, Water Plant Superintendent

Contact information for individual providing the notification
Full Name: __Dr. John Connell__
Title: __Director of Public Health Services__
Organization: __Zenith City Department of Public Health__
Address: __480 Main Street__
Day-time phone: __456.555.2165__
Evening phone: __456.555.3097__
Fax Number: __456.555.8056__
E-mail address: __jconnell@zcdph.gov__

Why is this person contacting the drinking water utility? Increased incidence of illness that may be related to the utilities distribution system

DESCRIPTION OF PUBLIC HEALTH EPISODE
Nature of public health episode:

X Unusual disease (mild) □ Unusual disease (severe) □ Death
□ Other: __________________________

Symptoms:

X Diarrhea X Vomiting/nausea □ Flu-like symptoms
X Fever □ Headache □ Breathing difficulty
X Other: __________________________

Describe symptoms: Abdominal cramps and some patients with blood in stools

Causative Agent: □ Known X Suspected □ Unknown
If known or suspected, provide additional detail below

□ Chemical X Biological □ Radiological

Describe: Preliminary clinical results indicate that illness is caused by _Shigella_ species
Estimate of time between exposure and onset of symptoms: approximately 24 hours

**Exposed Individuals:**

Location where exposure is thought to have occurred

- X Residence
- X Work
- X School
- ☐ Restaurant
- ☐ Shopping mall
- ☐ Social gathering
- ☐ Other

Additional notes on location of exposure: All patients exhibiting similar symptoms live in the Village

Collect addresses for specific locations where exposure is thought to have occurred.

Is the pattern of exposure clustered in a specific area?  X  Yes  ☐ No

**Extent of area**

- ☐ Single building
- ☐ Complex (several buildings)
- ☐ City block
- X Neighborhood
- ☐ Cluster of neighborhoods
- ☐ Large section of city
- ☐ Other

Additional notes on extent of area:

Do the exposed individuals represent a disproportionate number of:

- ☐ Immune compromised
- ☐ Elderly
- ☐ Children
- ☐ Infants
- ☐ Pregnant women
- ☐ Women
- ☐ Other

X  None, no specific groups dominate the makeup of exposed individuals

**EVALUATION OF LINK TO WATER**

Are the symptoms consistent with typical waterborne diseases, such as gastrointestinal disease, vomiting, or diarrhea?  X  Yes  ☐ No

Does the area of exposure coincide with a specific area of the system, such as a pressure zone or area feed by a specific plant?  X  Yes  ☐ No

Were there any consumer complaints within the affected area?  ☐ Yes  X  No

Were there any unusual water quality data within the affected area?  ☐ Yes  X  No

Were there any process upsets or operational changes?  ☐ Yes  X  No

Was there any construction/maintenance within the affected area?  ☐ Yes  X  No

Were there any security incidents within the affected area?  ☐ Yes  X  No

**SIGNOFF**

Name of person completing form:

Print name: Susie Delgado

Signature  ___________________________  Date/Time: July 18, 2004 1500 hrs.
Dr. John Connell, Public Health Director

Re: Water Quality

July 18, 17:20

Dr. Connell,

I have checked our routine water quality parameters that include pH, dissolved oxygen, and chlorine, and have found nothing unusual. Bacteria tests were performed yesterday and there was nothing unusual there either. I’m currently working out a response action plan and a site characterization plan based on the information you have given me.

Christopher Harris
Water Utility Manager
Water Utility Emergency Response Manager
Zenith City Water Department
(555) 555-1235
charris@ZCWaterDept.com

www.ZCWaterDept.com
Public Health Response Action Worksheet

INSTRUCTIONS
The purpose of this form is to help organize information to aid in the evaluation of containment and public notification options. The objectives of public health response actions (operational and public notification) are to prevent or limit public exposure to potentially contaminated water by either restricting further propagation of the contaminant through the distribution system or restricting use of the water through public notification. This worksheet assumes that the “Contaminant Characterization and Propagation Worksheet” in Appendix 9.1 has been completed to the extent possible.

ASSESSMENT OF PUBLIC HEALTH IMPACT

Identity of the contaminant
☐ Suspected  ☐ Known  ☐ Unknown

Describe:

Contaminant properties (if known):

Toxic or infectious dose (LD_{50}/ID_{50}): ____________________________

Route of exposure:
☐ Ingestion  ☐ Inhalation  ☐ Dermal Contact

Other: ____________________________

Symptoms of exposure to high dose: ____________________________

Symptoms of exposure to low dose: ____________________________

Other: ____________________________

EVALUATION OF CONTAINMENT OPTIONS

Describe the location and extent of the contaminated area:

Containment options
☐ Valve closures  ☐ Reverse flow conditions  ☐ By-pass
☐ Isolate zone(s)
☐ Other ____________________________

Critical equipment within contaminated area
☐ System equipment  ☐ Zones  ☐ Pump stations
☐ Hydrants
☐ Other ____________________________

Customers with special needs within contaminated area
☐ Critical Care Facilities
☐ Hospitals  ☐ Clinics
☐ Nursing Homes  ☐ Dialysis Centers
☐ Other:
☐ Schools
☐ Day Care Facilities
☐ Businesses
☐ Food and Beverage Manufacturers  ☐ Commercial Ice Manufacturers
☐ Restaurants  ☐ Agricultural Operations
☐ Power Generation Facilities
☐ Other ____________________________
Effectiveness of containment options
☐ Complete contaminant isolation ☐ Reduction in spread of contaminant
☐ Unknown ☐ Other ____________________________

Is containment expected to provide adequate public health protection?
☐ Yes ☐ No ☐ Unknown

Timeline for implementation of containment options
Containment procedures to begin:
Containment procedures to end:

EVALUATION OF PUBLIC NOTIFICATION OPTIONS

Is public notification necessary? ☐ Yes ☐ No

Collaboration Agencies (identified in Public Health Response Plan and Utility's ERP)
☐ Public health agencies ☐ Police departments ☐ Fire departments
☐ Hospitals/clinics ☐ Laboratories ☐ Drinking water primacy agency
☐ Regional Poison Control Center ☐ Other ____________________________

Type of notification (Follow steps shown)

Is the contaminant known? ☐ Yes ☐ No  
If no, issue a “Do Not Use” notice.

- If yes, is boiling effective and advisable? ☐ Yes ☐ No ☐ Unknown  
If yes, issue a “Boil Water” notice.

- If no, is there a risk of dermal or inhalation exposure? ☐ Yes ☐ No ☐ Unknown  
If no, issue a “Do Not Drink” notice.  
If yes/unknown, issue a “Do Not Use” notice.

Content of public notification

☐ Has the contamination incident been confirmed? ☐ Yes ☐ No
☐ Is the contaminant known? ☐ Yes ☐ No
☐ If yes, identity of the contaminant:
☐ Characteristics of the contaminant:
☐ Restrictions on use:
☐ Ingestion exposure ☐ Inhalation exposure ☐ Dermal exposure
☐ Exposure symptoms:
☐ Medical treatments:
☐ Transmission mode (if biological) ____________________________
☐ Duration of restriction ____________________________
☐ Alternate water supply:
☐ Additional instructions to consumers:
☐ Other information about the incident ____________________________
☐ Other ____________________________
### Notification to customers with special needs

- Critical Care Facilities
  - Hospitals
  - Nursing Homes
  - Other
- Clinics
- Dialysis Centers
- Schools
- Day Care Facilities
- Businesses
  - Food and Beverage Manufacturers
  - Restaurants
  - Power Generation Facilities
  - Other

### Are there subpopulations that will be affected at a greater rate than general population?

- Yes
- No
- Unknown

Describe ___

### Notification to consecutive system.

- Yes
- No
- Not Applicable

### Method of dissemination (check all that apply)

- Broadcast media (radio and television)
- Government access channels
- Web site
- Listserv email
- Newspaper
- Letters by mail
- Newsletters (water utility/partner organizations)
- Phone banks
- Broadcast phone messages
- Broadcast faxes
- Posting in conspicuous locations
- Mass distribution through partners
- Hand delivery
- Door-to-door canvassing
- Town hall meetings
- Conference calls
- Other

### Notification/restriction timeline

- Notification/restriction to begin: ___
- Notification/restriction to end: ___

### ALTERNATE WATER SUPPLY NEEDS

Is an alternate water supply needed?

- Drinking water
- Firefighting
- Other - Although a boil water advisory is in effect, it may be necessary for customers with special needs to have an alternate water supply

Where can customers obtain the alternate water supply?

- Bottled water provided by local government agencies
- Bottled water provided by local retailers
- Bulk water provided by certified water haulers
- Bulk water transported or provided by military assets
- Bulk water providing by neighboring water utilities
- Water treated at plant and hauled to distribution centers (i.e., in the case of distribution system contamination)
- Other
What customers with special needs should be notified of the alternate water supply availability?

- Critical Care Facilities
  - Hospitals
  - Nursing Homes
  - Other

- Schools

- Day Care Facilities

- Businesses
  - Food and Beverage Manufacturers
  - Restaurants
  - Power Generation Facilities
  - Other

- Hospitals
- Clinics
- Dialysis Centers
- Commercial Ice Manufacturers
- Agricultural Operations

SIGNOFF
Name of person completing form

Print name: ________________________________

Signature: ________________________________

Date/Time: ________________________________
Site Characterization Plan Template

INSTRUCTIONS
This form is intended to support in the development of a customized site characterization plan developed in response to a specific water contamination threat. The incident commander and site characterization team leader should develop this plan jointly if possible. The completed form will be used to guide site characterization activities in the field; however, it may be necessary to revise the initial plan based on initial observations at the site. A form should be completed for each investigation site that will be characterized.

INVESTIGATION SITE
Site Name: ____________________________

Type of facility:
☐ Source water            ☐ Treatment plant            ☐ Pump station
☐ Ground storage tank reservoir ☐ Elevated storage tank ☐ Finished water
☐ Distribution main connection ☐ Hydrant            ☐ Service
☐ Other

Address: ____________________________________________

Additional Site Information: ________________________________

____________________________________

INITIAL HAZARD ASSESSMENT
Are there any indicators of an explosive hazard? ☐ Yes ☐ No
If “Yes,” notify law enforcement and do not send a team to the site.

Initial hazard categorization
☐ Low hazard            ☐ Chemical hazard
☐ Radiological hazard ☐ Biological hazard

If the initial hazard assessment indicates a chemical, radiological, or biological hazard (as described in Module 3, Section 4.1.3), then only teams trained to deal with such hazards should be sent to the site.
SITE CHARACTERIZATION TEAM

Name & Affiliation of Site Characterization Team Leader:

Drinking water utility staff:
- Water quality specialist  Name: __________________________
- Security specialist  Name: __________________________
- Operations specialist  Name: __________________________
- Other ________  Name: __________________________

Representatives from other agencies:
- Local law enforcement
- US EPA
- Other ________

COMMUNICATION PROCEDURES

Mode of communication:
- Phone
- 2-way radio
- Digital
- Facsimile
- Other ________

Reporting events:
- Upon arrival at site
- During approach
- Site entry
- After site evaluation
- After field testing
- Site exit
- Other ________

FIELD SCREENING CHECKLIST

<table>
<thead>
<tr>
<th>✔️</th>
<th>Parameter¹</th>
<th>Screen²</th>
<th>Meter/Kit</th>
<th>Check Date⁴</th>
<th>Reference Value⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Radiation</td>
<td>Both</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chlorine residual</td>
<td>Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>pH / conductivity</td>
<td>Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cyanide</td>
<td>Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volatile chemicals</td>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemical weapons</td>
<td>Both</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Biotoxins</td>
<td>Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pathogens</td>
<td>Water</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. List the parameters that will be evaluated as part of field screening (examples are listed).
2. Screening may be conducted for safety, rapid water testing, or both.
3. Report the unique identifier for the meter or kit used during screening.
4. Report date of last calibration, expiration date, or date of last equipment check as appropriate.
5. List any reference value that would trigger a particular action, such as exiting the site.

**SAMPLING CHECKLIST**

<table>
<thead>
<tr>
<th>☑ Analyte¹</th>
<th>No. Samples</th>
<th>Sample Preservation²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard VOCs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-volatiles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quartenary nitrogen compounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyanide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbamate pesticides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metals/elements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organometallic compounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyanide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radionuclides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-target VOCs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-target organic compounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-target inorganic compounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunoassays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathogens – culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathogens – PCR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water quality – bacteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water quality – chemistry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. List the parameters that will be sampled during site characterization (examples are listed).
2. List preservatives and dechlorinating agents and indicate if they are to be added in the field.

**EQUIPMENT CHECKLIST**

- [ ] Completed Site Characterization Plan
- [ ] Emergency Water Sampling Kit (Table 3-1)
- [ ] Reagents (if stored separately)
- [ ] Laboratory grade water (5 gal)
- [ ] Special equipment for the specific site
- [ ] Other

- [ ] Additional documentation
- [ ] Field Testing Kit (Table 3-3)
- [ ] Bags of ice or freezer packs
- [ ] Rinse water (20 liters)
- [ ] Disposable camera
SAMPLE HANDLING INSTRUCTIONS

Sample delivery:

☐ Return samples to water utility
☐ Ship samples to specified location
☐ Deliver samples to specified recipient (e.g., laboratory, law enforcement, shipping co., etc.)

Name of recipient: ____________________________________________________________

____

Phone No.: ________________ Fax No.: ________________

____

Delivery address: ____________________________________________________________

____

________________________________________________________

Sample storage and security:

Describe any special precautions or instructions related to sample storage and security:

________________________________________________________

____

________________________________________________________

____

________________________________________________________

____

________________________________________________________

____

SIGNOFF

Incident Commander (or designee responsible for developing Site Characterization Plan):

Print name ____________________________

Signature ____________________________ Date/Time: __________

Site Characterization Team Leader:

Print name ____________________________

Signature ____________________________ Date/Time: __________
KWSD interrupts its regularly scheduled programming to bring you further developments in the recent illness outbreak in “The Village” borough of Zenith City. For those of you not aware of this event, the emergency room of St. Michael’s Hospital has been overwhelmed with residents of “The Village” stricken with a mysterious, flu-like illness. Symptoms include diarrhea, fever, and stomach cramps. Some residents of “The Village” have been hospitalized; that’s how severe this outbreak is. KWSD has been able to talk to an emergency room staff member who has informed us that food poisoning is being considered as a potential source of this outbreak. We have no other information at this time, but we will keep you posted of any new developments in this breaking news story.
To the Opressors:

Your country’s unwanted interference in world affairs will not be tolerated. Your government says it wants world peace but then takes countries by force in the name of peace. We know what you are trying to do. You want to own and control everyone.

You cannot control the oppressed. We will rise and we will be heard. You and your government will take notice. We can control your lives. Do you not believe? You should. Go and see apartment 3G in the deluxe building at 22 boulder road. There’s a reason everyone is getting sick.
On July 19 at approximately 13:00 hours, my partner Officer Dougan #32465 and I, Officer Martinez #35691 received a potential terrorist crime investigation. Sgt. Hobart #30076, along with the forensics team and HazMat unit met us at the location of the investigation.

Upon arrival at 22 Boulder Road, Deluxe Apartment Building, we found Apartment 3G was locked. Apartment 3G was forcefully entered and found vacant and unfurnished.

Table 1. Materials found in Apartment 3G

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ITEM DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4 empty 5-gallon buckets with about ½-inch of liquid in each of their bottoms</td>
</tr>
<tr>
<td>2</td>
<td>A pump on the bathroom floor labeled &quot;LMI&quot; and a hose on one end attached to the bathroom sink spigot</td>
</tr>
<tr>
<td>3</td>
<td>A second pump with a hose on one end connected to each 5-gallon bucket</td>
</tr>
<tr>
<td>4</td>
<td>Empty soda cans and take-out pizza boxes in the kitchen</td>
</tr>
<tr>
<td>5</td>
<td>Cigarette butts throughout the apartment</td>
</tr>
<tr>
<td>6</td>
<td>Discarded latex gloves strewn about the bathroom</td>
</tr>
<tr>
<td>7</td>
<td>3 discarded and crumpled Tyvek suits on the living room floor</td>
</tr>
</tbody>
</table>

In the bathroom, both pumps were plugged into wall outlets and were running when found. Unplugged all pumps and turned off bathtub faucets. Unable to immediately identify the liquid in 5-gallon buckets on site.

Headquarters was called for notification of findings and for further instruction.
Call received July 19, 14:22 hrs.

Call Transcript (logged by Sgt. David Taylor, emergency line 3): Resident at 39 Gravel Road reports her apartment is on fire and she is trapped. Fire engine and ambulance dispatched.
Comments: The stool samples tested positive for *Shigella spp.* Attached are the results.
Lab Director: Henry Geiger
Lead Technician on duty: CB
Start and end dates of analyses: 07/19-07/20
Date/Time reported: 07/20, 11:10 a.m.
Hospital Contact: Patrick Jones
Data code: 38740-32

Results:

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Matrix</th>
<th>Parameter</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>21354</td>
<td>stool</td>
<td><em>Shigella spp.</em></td>
<td>Present</td>
</tr>
<tr>
<td>21361</td>
<td>stool</td>
<td><em>Shigella spp.</em></td>
<td>Present</td>
</tr>
<tr>
<td>21363</td>
<td>stool</td>
<td><em>Shigella spp.</em></td>
<td>Present</td>
</tr>
<tr>
<td>21367</td>
<td>stool</td>
<td><em>Shigella spp.</em></td>
<td>Absent</td>
</tr>
<tr>
<td>21374</td>
<td>stool</td>
<td><em>Shigella spp.</em></td>
<td>Present</td>
</tr>
<tr>
<td>21379</td>
<td>stool</td>
<td><em>Shigella spp.</em></td>
<td>Present</td>
</tr>
</tbody>
</table>
Comments: I’m working on the “Boil Water” notice you asked me to issue. Can you help me fill out the blank portions of the form?
WARNING

BOIL YOUR WATER BEFORE USING

Zenith Water Distribution System water is contaminated with *Shigella*

*Shigella* bacteria were found in the water supply on July 20. These bacteria can make you sick and are of particular concern for people with weakened immune systems.

**What is *Shigella***?

- *Shigella* are bacteria whose presence indicates that the water may be contaminated.

**What should I do?**

**What are the symptoms of illness caused by these organisms?**

- Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.

- If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.

**What happened? What is being done?**

**Who do I contact for more information?**

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.
Dr. Connell,

The Village area water distribution system has been isolated from the rest of the city. What advice would you have on the treatment and handling of water as this portion of the system is flushed?

Christopher Harris
Water Utility Manager
Water Utility Emergency Response Manager
Zenith City Water Department
(555) 555-1235
charris@ZCWaterDept.com

www.ZCWaterDept.com
Chris,

The wastewater treatment disinfection process will eliminate Shigella prior to discharge into the Crystal River.

Doug

Douglas Frye
Wastewater Utility Manager
Zenith City Wastewater Department
(555) 555-1236
dfrye@ZCWWaterDept.com

www.ZCWWaterDept.com