

Threat Evaluation Worksheet

INSTRUCTIONS

The purpose of this worksheet is to help organize information about a contamination threat warning used during the Threat Evaluation Process. It gathers information that can be used to help determine threat credibility and to provide information to outside agencies. The individual responsible for conducting the Threat Evaluation (typically the Incident Commander or his/her designee) should complete this worksheet. This individual could be someone from the utility or if necessary ODW staff. The worksheet is generic to accommodate information from different types of threat warnings; thus, there will likely be information that is unavailable or not immediately available.

THREAT WARNING INFORMATION

Date/Time threat warning discovered: _____

Name of person who discovered threat warning: _____

Type of threat warning:

- | | | |
|--|--|---|
| <input type="checkbox"/> Security breach | <input type="checkbox"/> Witness account | <input type="checkbox"/> Phone threat |
| <input type="checkbox"/> Written threat | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Unusual water quality |
| <input type="checkbox"/> News media | <input type="checkbox"/> Consumer complaints | <input type="checkbox"/> Public health notification |
| <input type="checkbox"/> Other _____ | | |

Identity of the contaminant: ☐ Known ☐ Suspected ☐ Unknown

If known or suspected, provide additional detail below

☐ Chemical ☐ Biological ☐ Radiological

Describe _____

Time of contamination: ☐ Known ☐ Estimated ☐ Unknown

If known or estimated, provide additional detail below

Date and time of contamination: _____

Additional Information: _____

Mode of contamination: ☐ Known ☐ Suspected ☐ Unknown

If known or suspected, provide additional detail below

Method of addition: ☐ Single dose ☐ Over time ☐ Other _____

Amount of material: _____

Additional Information: _____

Site of contamination: ☐ Known ☐ Suspected ☐ Unknown

If known or suspected, provide additional detail below

Number of sites: _____

Provide the following information for each site.

Site #1

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

Site #2

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

Site #3

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

ADDITIONAL INFORMATION

Has there been a breach of security at the suspected site? ☐ Yes ☐ No

If "Yes", review the completed 'Security Incident Report'

Are there any witness accounts of the suspected incident? ☐ Yes ☐ No

If "Yes", review the completed 'Witness Account Report'

Did the threat occur verbally over the phone? ☐ Yes ☐ No

If "Yes", review the completed 'Phone Threat Report'

Was it a written threat? ☐ Yes ☐ No

If "Yes", review the completed 'Written Threat Report'

Are there unusual water quality data or consumer complaints? ☐ Yes ☐ No

If "Yes", review the completed 'Water Quality/Consumer Complaint Report'

Are there unusual symptoms or disease in the population? ☐ Yes ☐ No

If "Yes", review the completed 'Public Health Report'

Are results of sample analysis available? ☐ Yes ☐ No

If "Yes", review the analytical results report, including appropriate QA/QC data

Is there relevant information available from external sources? ☐ Yes ☐ No

Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Local law enforcement | <input type="checkbox"/> FBI | <input type="checkbox"/> VDH-ODW |
| <input type="checkbox"/> Public health agency | <input type="checkbox"/> Hospitals/911 call centers | <input type="checkbox"/> US EPA/WaterISAC |
| <input type="checkbox"/> Media reports | <input type="checkbox"/> Homeland security alerts | <input type="checkbox"/> Neighboring utilities |
| <input type="checkbox"/> Other _____ | | |

Point of Contact: _____

Summary of key information from external sources (provide detail in attachments as necessary):

THREAT EVALUATION

Is normal activity the cause of the threat warning?

☐ Yes ☐ No

Normal activities to consider

- | | |
|--|---|
| <input type="checkbox"/> Utility staff inspections | <input type="checkbox"/> Routine water quality sampling |
| <input type="checkbox"/> Construction or maintenance | <input type="checkbox"/> Contractor activity |
| <input type="checkbox"/> Operational changes | <input type="checkbox"/> Water quality changes with known cause |

☐ Other _____

Is the threat 'possible'?

☐ Yes

☐ No

Summarize the basis for this determination: _____

Response to a 'possible' threat:

☐ None

☐ Site characterization

☐ Isolation/containment

☐ Increased monitoring/security

☐ Other

Is the threat 'credible'?

☐ Yes

☐ No

Summarize the basis for this determination:

Response to a 'credible' threat:

☐ Sample analysis

☐ Site characterization

☐ Isolation/containment

☐ Partial EOC activation

☐ Public notification

☐ Provide alternate
water supply

☐ Other

Is there confirmation of a contamination?

☐ Yes ☐ No

Summarize the basis for this determination:

Response to a confirmed incident:

☐ Sample analysis

☐ Site characterization

☐ Isolation/containment

☐ Full EOC activation

☐ Public notification

☐ Provide alternate water
supply

☐ Initiate remediation and recovery

☐ Other

How do other organizations characterize the threat?

Organization	Evaluation	Comment
<input type="checkbox"/> Local Law Enforcement	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> FBI	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Local Public Health Department	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> VDH – Office of Drinking Water	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Other	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Other	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	

SIGNOFF

Name of person responsible for threat evaluation:

Print name

Signature

_____ Date/Time: _____