

ALAMOSA WATER INVESTIGATION

Name of establishment: _____

Type of establishment: _____

Name of individual: _____

Date and time of contact: _____

Facility currently operating? ☐ Yes ☐ No

Facility aware of limitations? ☐ Yes ☐ No

Guidance document discussed with facility? ☐ Yes ☐ No

Do you have any food which was prepared using city water? ☐ Yes ☐ No

Have you discarded this food? ☐ Yes ☐ No

If yes, please quantify by volume and cost.

Are you currently using bottled water? ☐ Yes ☐ No

Are you currently using boiled water? ☐ Yes ☐ No

Will you be able to continue your operation using bottled water when required?

☐ Yes ☐ No

Operator agreed to comply with all recommendations of the guidelines and discussion held today. ☐ Yes ☐ No

If no, provide further details: _____

Please add additional comments on the back of this page.