

Date of this Incident:

**CITY OR AGENCY NAME:**

[Click here to enter City or Agency name.](#)

**FACILITY NAME:**

[Click here to enter facility name.](#)

**FACILITY LOCATION:**

(If this is a security issue please provide as much information as your policy allows)

STREET NUMBER

STREET NAME

[Click here to enter St. No.](#)

[Click here to enter street name.](#)

CITY/SUBURB

ZIP CODE

[Click here to enter City.](#), [Click here to enter Zip Code.](#)

**FACILITY TYPE WHERE THIS INCIDENT OCCURRED?**

- Gravity Sewer       Lift or Pump Station or Force Main
- Wastewater Treatment or Reclamation Plant (WWTP)

**DESCRIPTION OF THIS INCIDENT<sup>1</sup>:**

[Click here to enter description.](#)

**Were photos taken of the non-dispersible debris mass?**

Yes

No

If yes attach photos.

**Were samples of materials in the debris mass taken, sorted, cleaned, and photographed for follow up identification and use?**

Yes

No

<sup>1</sup> Was this a blockage, unplanned corrective maintenance CM task, planned/routine PM task to minimize blockages and/or ensure reliability, was equipment damaged such as a pump motor, etc.? Include quantity and types of materials found. Identify materials by name brand or distinguishing features if possible. If at a pump or lift station, were other components such as valves or piping clogged, wetwell cleaning needed? Describe the incident as best you can.

**ACTION TAKEN TO REMEDY THIS INCIDENT:**

Click here to enter remedy.

**If known at this time, describe any added changes or capital improvements to the facility you might be planning to prevent recurrence:**

Click here to enter text.

**Describing this incident please provide estimates of:**

**Staff Labor Hours Used Including Travel Time:** [Click here to enter text.](#)

**Contractor Hours Used If Any:** [Click here to enter text.](#)

**Equipment Used:** [Click here to enter text.](#)

**Estimated Total Labor Cost (\$):** [Click here to enter text.](#)

**Estimated Total Equipment Cost (\$):** [Click here to enter text.](#)

**Estimated Cost of Damage if Equipment or Components Needed Replacement:**

[Click here to enter text.](#)

**Total Estimated Cost of this Incident (\$):** [Click here to enter text.](#)

**Did the incident cause a sewage spill?**

Yes

No

**If yes, provide estimated volume of spill as also provided to CIWQS in CA.:**

[Click here to enter number.](#) Gallons

**Additional comments or information you have that you feel is important to provide that was not provided in the fields above?**

Click here to enter text.

**Contact Name and Phone Number or Email Address for SCAP follow up?**

Click here to enter text.

[www.scap1.org](http://www.scap1.org)