

NON-DISPERSIBLES INCIDENT REPORT

Date of this Incident:	
CITY OR AGENCY NAME:	
FACILITY NAME:	
FACILITY LOCATION: (If this is a security issue please provide as much information Address:	
<u></u>	
CITY/SUBURB	ZIP CODE
FACILITY TYPE WHERE THIS INCIDENT OCCURRED? Gravity SewerLift of Wastewater Treatment or Reclamation	or Pump Station or Force Main
DESCRIPTION OF THIS INCIDENT *:	

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.



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Were photos taken of the non-dispersible debris mass?	No	
Were samples of materials in the debris mass taken, sorted, cleaned, and photographic identification and use?Yes	ohed for follow up No	
ACTION TAKEN TO REMEDY THIS INCIDENT:		
If known at this time, describe any added changes or capital improvements to the facility you might be planning to prevent recurrence:		



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Describing this incident please provide estimates of:	
Staff Labor Hours Used Including Travel Time:	
Contractor Hours Used If Any:	
Equipment Used:	
Estimated Total Labor Cost (\$):	
Estimated Total Equipment Cost (\$):	
Estimated Cost of Damage if Equipment or Components Needed Replacement:	
Total Estimated Cost of this Incident (\$):	
Did the incident cause a sewage spill?Yes	
If yes, provide estimated volume of spill as also provided to CIWQS in CA.:Gallons	
Additional comments or information you have that you feel is important to provide that was not provided in the fields above?	
Contact Name and Phone Number or Email Address for SCAP follow up?	

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