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| Date of this Incident: YYYY/MM/DD |

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| 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 NAMEClick here to enter St. No. Click here to enter street name.CITY/SUBURB ZIP CODEClick 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) |

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| DESCRIPTION OF THIS INCIDENT[[1]](#footnote-1):Click here to enter description. |

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| Were photos taken of the non-dispersible debris mass? [ ]  Yes [ ]  NoIf yes attach photos.Were samples of materials in the debris mass taken, sorted, cleaned, and photographed for follow up identification and use? [ ]  Yes [ ]  No |

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| 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. |

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| 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. |

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| 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. |

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| Did the incident cause a sewage spill? [ ]  Yes [ ]  NoIf yes, provide estimated volume of spill as also provided to CIWQS in CA.:Click here to enter number. **Gallons** |

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| 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. |

Upon completion, please email or fax report form and any supporting documentation to John Pastore, Executive Director, SCAP at jpastore@scap1.org ; fax # 760-479-4881.

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

1. 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. [↑](#footnote-ref-1)