

Facility Name _____ Address _____ Co-City-Vic _____ Mo/Day/Yr ____/____/____ Time _____ use 24 hr. Type of Disaster _____	SAP ID #s. _____ Other Reports _____ No. Photos ____ No. Sketches ____ Ref. Dwgs. _____ Est. Damage % _____ Facility Status
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SAFETY INSTRUCTIONS: The possibility of toxic gases in confined spaces or of fuel leaks should be recognized as a potential hazard.

CAUTION: The primary purpose of the report is to advise of the condition of the facility for immediate continued use/occupancy. **REINSPECTION OF THE FACILITY IS RECOMMENDED. AFTERSHOCKS MAY CAUSE DAMAGE THAT REQUIRES REINSPECTION.** The conclusions reached by engineers who re-examine the facility later should take precedence. The assessment team will not render further advice in the event of conflict of engineering recommendations.

A. CONDITION:

- | | | | | | |
|-----------|------------------------------|--------------|------------------------------|----------------------------|---------------------------|
| Existing: | None <input type="radio"/> | Recommended: | Green <input type="radio"/> | Posted at this assessment: | Yes <input type="radio"/> |
| | Green <input type="radio"/> | | Yellow <input type="radio"/> | | No <input type="radio"/> |
| | Yellow <input type="radio"/> | | Red <input type="radio"/> | | |
| | Red <input type="radio"/> | | | | |

B. RECOMMENDATIONS

- | | |
|--|--|
| Monitor _____ <input type="radio"/> | Continue in service _____ <input type="radio"/> |
| Remove from service _____ <input type="radio"/> | Check pump-motor alignment _____ <input type="radio"/> |
| Brace structure before using _____ <input type="radio"/> | Recheck after power restored _____ <input type="radio"/> |
| Check filter basket _____ <input type="radio"/> | |
| _____ <input type="radio"/> | _____ <input type="radio"/> |
| _____ <input type="radio"/> | _____ <input type="radio"/> |
| _____ <input type="radio"/> | _____ <input type="radio"/> |

C. COMMENTS

Facility Name _____ SAP ID #s _____

D. PUMP STATION DESCRIPTION

Assessment Report # _____

- Water
 Wastewater
 Sewage
 Other _____

 Wet Well

 Dry Well

	No. Motors				No. Operable				Str. Type	Buried	Above Grade
	Elect	Gas	Gasoline	Diesel	Elect.	Gas	Gasoline	Diesel			
Centrifugal									Concrete		
Reciprocal									Masonry		
Horizontal									Frame		
Vertical									Other		

Building (Building Evaluation Attached)

DAMAGE OBSERVED (D.O.)

Damage Scale:
 0 1 2-3-4 5 6 NA NO
 None Slight Moderate Severe Total Not Not
 (0%) (1-10%) (11 - 40%) (41 - 60%) (over 60%) Applicable Observed

E. STRUCTURE

- D.O.
 _____ Access
 _____ Crane runway
 _____ Fixed hoist
 _____ Floor
 _____ Fore bay
 _____ Foundation
 _____ Roof
 _____ Walls
 _____ Hatches

F. PUMPS

- _____ Anchors
 _____ Casing
 _____ Connected piping
 _____ Supports
 _____ Valving

G. MOTORS/ENGINES

- D.O.
 _____ Anchors
 _____ Connected piping
 _____ Couplings to pumps
 _____ Power supply
 _____ Transformer(s)

H. CONTROLS

- _____ Internal power
 _____ Supports
 _____ Wiring
 _____ Valving

K. EXTERNAL PIPING

	Inlet	Outlet	
Piping	_____	_____	
Leaked	o	o	
Leaking	o	o	Leakage rate, gpm _____

I. EXTERNAL POWER

- D.O.
 _____ Electrical continuity
 _____ Fuel lines
 _____ Fuel storage

J. AUXILIARY EQUIPMENT

- _____ Charts
 _____ Lighting, exterior
 _____ Lighting, interior
 _____ Meters & gauges
 _____ Overhead crane
 _____ Small diameter piping
 _____ Electrical Cabinets

L. REMARKS
