

Facility Name _____ Address _____ Co-City-Vic _____ Mo/Day/Yr ____/____/____ Time _____ <small>use 24 hr.</small> Type of Disaster _____	SAP ID #s. _____ Other Reports _____ No. Photos ____ No. Sketches ____ Ref. Dwgs. _____ Est. Damage % _____ Facility Status <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
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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  Recommended: Green  Posted at this assessment: Yes   
 Green  Yellow  No   
 Yellow  Red   
 Red

**B. RECOMMENDATIONS**

Monitor \_\_\_\_\_  Continue in service \_\_\_\_\_   
 Remove from service \_\_\_\_\_  Check effluent quality/safety \_\_\_\_\_   
 Chlorinate and by-pass \_\_\_\_\_   
 \_\_\_\_\_  
 \_\_\_\_\_

**C. COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Facility Name \_\_\_\_\_ SAP ID #s \_\_\_\_\_

- Check:*
- Electrical power (control panel, emergency generator)
  - Telemetry
  - Disinfection process (chemical containers, feeder, piping)
  - Broken pipes, flooding, leaking
  - Chemical feed (spills)
  - Unit Processes

OBSERVATIONS

RAW SEWAGE	_____
	_____
SCREENING/GRINDING	_____
	_____
INFLUENT PUMPING	_____
	_____
GRIT REMOVAL	_____
	_____
PRIMARY TREATMENT	_____
	_____
SECONDARY TREATMENT	_____
	_____
TERTIARY TREATMENT	_____
	_____
QUATERNARY TREATMENT	_____
	_____
EFFLUENT DISINFECTION	_____
	_____
SOLIDS DIGESTION	_____
	_____
SOLIDS DEWATERING	_____
	_____
SOLIDS DISPOSAL	_____
	_____