**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 ______________________________**

---

**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:

<table>
<thead>
<tr>
<th>Existing:</th>
<th>None</th>
<th>Recommended:</th>
<th>Green</th>
<th>Yes</th>
<th>Yellow</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Green</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow</td>
<td>O</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td>O</td>
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</tbody>
</table>

---

### B. RECOMMENDATIONS

- **Monitor_________________________ O**  
- **Continue in service____________ O**  
- **Remove from service___________ O**  
- **Check pump-motor alignment_____ O**  
- **Brace structure before using____ O**  
- **Recheck after power restored____ O**  

---

### C. COMMENTS

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
D. PUMP STATION DESCRIPTION

Assessment Report # ___________________

- Water
- Wastewater
- Sewage
- Other _______________

- Wet Well
- Dry Well

<table>
<thead>
<tr>
<th>No. Motors</th>
<th>Elect</th>
<th>Gas</th>
<th>Gasoline</th>
<th>Diesel</th>
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</thead>
<tbody>
<tr>
<td>Centrifugal</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reciprocal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horizontal</td>
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<tr>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>No. Operable</th>
<th>Elect.</th>
<th>Gas</th>
<th>Gasoline</th>
<th>Diesel</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Str. Type</th>
<th>Buried</th>
<th>Above Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masonry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- O Building (Building Evaluation Attached O)

DAMAGE OBSERVED (D.O.)

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

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

K. EXTERNAL PIPING

Piping
- Inlet
- Outlet
- Leaked
- Leaking

Leakage rate, gpm ___________