

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:

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 _____

DAMAGE OBSERVED (D.O.)

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

D. PRETREATMENT

D.O.

- _____ Raw water channels
- _____ Aerators
- _____ Rapid mix
- _____ Flocculation
 - _____ basins
 - _____ baffles
 - _____ paddles
 - _____ scrapers
- _____ Sedimentation
 - _____ basin
 - _____ troughs
 - _____ scrapers

E. FILTRATION

- _____ Structure
- _____ Troughs
- _____ Beds
- _____ Backwash system
- _____ Surface wash system

F. CHEMICAL TREATMENT

- _____ Chlorine piping
- _____ Chlorine cylinders
- _____ Chlorine feeders
- _____ Other chemical piping
- _____ Other chemical feeders
- _____ Other chemical storage

G. CONTROL SYSTEMS

- _____ Mechanical
- _____ Electrical
- _____ Pneumatic
- _____ Hydraulic
- _____ Manual
- _____ Automatic

H. HEAD HOUSE

D.O.

- _____ Bearing walls
- _____ Nonbearing walls
- _____ Frame (general condition)
- _____ Structural members
 - _____ Structural connections
- _____ Roof
- _____ Floors
- _____ Stairs
- _____ Elevators
- _____ Glass
- _____ Mechanical equipment
- _____ Electrical equipment
- _____ Filter gallery
 - _____ Piping
 - _____ Pipe gallery

I. CLEARWALL

- _____ Tank-type (use Reservoir Assessment Form)
- _____ Containment structure
- _____ Influent piping
- _____ Effluent piping

J. WASHWATER RECLAMATION

- _____ Settling basin
- _____ Mechanical equipment
- _____ Electrical equipment
- _____ Piping
- _____ Detention basin
- _____ Sludge discharge

K. REMARKS _____

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 WATER	_____

PRECHLORINATION	_____

AERATION	_____

RAPID MIX	_____

FLOCCULATION	_____

SEDIMENTATION	_____

FILTRATION	_____

DISINFECTION	_____

FLUORIDATION	_____

CLEARWELL	_____

DISTRIBUTION SYSTEM	_____
