

Wastewater System Status Report			
INCIDENT		REPORT #:	
Date/Time:			
Utility Name:			
City and County:		General Phone Number:	
Contact:			
E-mail:		Cell Number:	Fax:
General Location of Emergency:			
Has Utility EOC been activated:		Yes	No      Unsure
Declaration of Local Emergency:		Yes	No      Unsure
<b>Critical Issues</b> (and actions taken):	<input type="checkbox"/> Pipes _____		
	<input type="checkbox"/> Lift Stations _____		
	<input type="checkbox"/> Outfall _____		
	<input type="checkbox"/> Chemical Status _____		
	<input type="checkbox"/> Power/Communications _____		
	<input type="checkbox"/> Other _____		
<b>Treatment Status</b>	<input type="checkbox"/> Operational <input type="checkbox"/> Non-Operational		
	<input type="checkbox"/> Release of Untreated Wastewater		Amount: _____
	<input type="checkbox"/> Has Untreated Wastewater reached a water way: _____		
	Comments: _____		
Status Detail	Status	Remarks/Comments	
Percentage of wastewater system inoperable:	%		
Anticipated duration of outage: (hours/days)			
Number of jurisdictions affected:	#		
Number of people affected:	#		
Mutual aid received in last 24 hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual aid needed in next 24 hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Actions taken by Utility:			
Actions taken by Coordinating Partners:			
<b>Form Completed By:</b>			
Name:		Title:	
Signature:			
Phone Number:		Cell Phone:	
Additional Notes:			