

SANITARY SEWER OVERFLOW PREVENTION ASSESSMENT

First Responder	<input type="checkbox"/> SC ALARM I.D <input type="checkbox"/> FM ALARM <input type="checkbox"/> M/L Stoppage Response Location: _____	
	<div style="display: flex; justify-content: space-between;"> DATE TIME </div>	<div style="display: flex; justify-content: space-between;"> MAINLINE DESIGNATION U/S TO D/S ADDRESS </div>
	CAUSE OF BLOCKAGE / OPERATION PERFORMED	Notification: <input type="checkbox"/> Callout <input type="checkbox"/> Routine Maintenance <input type="checkbox"/> RCC
Blockage approximately @ _____ feet u/s of manhole # _____ Partial Stoppage: Y / N Responding Crew : _____ , _____ , _____ , _____ Vehicle / Equipment: _____ , _____ , _____ , _____ Time Completed: _____ Tools Used To Clear Blockage : _____		

GBA	<input type="checkbox"/> LINE LAST CLEANED ON: _____ S/R _____ OP. PERFORMED BY: _____ W/O# _____	
	Tools Used To Clear Blockage	TYPE OF MATERIAL- SIZE-AGE
	<input type="checkbox"/> 36 <input type="checkbox"/> 12 <input type="checkbox"/> 6 <input type="checkbox"/> 3 CURRENT CLEANING SCHEDULE	

CCTV	CCTV—DATE: _____ START TIME: _____ COMPLETION TIME: _____	
	LENTGH OF RUN IN FEET: _____ Crew Members: _____ , _____ , _____	
	Vehicle / Equipment: _____ , _____ , _____ , _____	
	OBSERVATION AND ASSESSMENT: _____ _____ _____	
	RECOMMENDED MITIGATION: <input type="checkbox"/> Reclean line <input type="checkbox"/> Pipe Patch <input type="checkbox"/> Dig Up <input type="checkbox"/> RECOMMENDED MONTHLY SCHEDULE CHANGE: <input type="checkbox"/> 36 <input type="checkbox"/> 12 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> NOTE SPECIAL CLEANING REQUIREMENTS: _____	

MTC. SUPT.	<input type="checkbox"/> MEETING ON ASSESSMENT /MITIGATION : _____ OUTCOME: _____ _____ _____ _____ _____
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RE-HAB	RE-HAB- START DATE : _____ COMPLETION DATE & TIME: _____
	W/O # _____
	Crew Members: _____ , _____ , _____ , _____ , _____ EQUIPMENT: _____ , _____ , _____ , _____ , _____

RCC	<input type="checkbox"/> MAP CHANGE / UPDATE REQUEST: Performed by: _____ Date: _____																	
	<input type="checkbox"/> LETTER/FLYER TO PROPERTY OWNER(S) SENT OUT ON : _____																	
	<input type="checkbox"/> TYPE OF OUT-REACH MATERIAL SENT OUT: _____																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">STAFF</th> <th style="width: 15%;">EQUIPMENT</th> <th style="width: 15%;">TIME</th> <th style="width: 55%;">ESTIMATED COST TO MITIGATE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>	STAFF	EQUIPMENT	TIME	ESTIMATED COST TO MITIGATE	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	TOTAL PROJECT COST GBA # _____
	STAFF	EQUIPMENT	TIME	ESTIMATED COST TO MITIGATE														
_____	_____	_____	\$ _____															
_____	_____	_____	\$ _____															
_____	_____	_____	\$ _____															

**REPORT ON CONDITIONS REQUIRING
FOLLOW-UP WORK**

DATE: _____

MAIN LINE DESIGNATION / ADDRESS / MANHOLE/
SUBASIN #(IF CCTV NEEDED): _____

REASON SUBMITTED (CIRCL): (Follow-up, needs repair work, mainline only, CCTV)

REPORTED BY: _____

SUPERINTENDENT DISPOSITION: RCC Disposition DATE: _____

Signature

EVALUATION/ACTION INITIATED: DATE: _____

Signature/Position