



**Onsite Sewer Backup Incident Assessment**

***(To be completed after the backup problem is corrected. Complete one assessment for each property involved.)***

Date and time you arrived onsite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property owners/resident’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address or nearest cross street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District personnel involved in clearing overflow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate date and time of overflow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of overflow (basement, restroom, laundry room, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate sixe of overflow in gallons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Only use the buddy system when it is necessary to enter a private residence or business. NO NOT track sewage to uncontaminated areas of the property.**

List items that have been affected by the overflow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the property owner/resident take action to protect owner/resident? Yes\_\_\_\_ No apparent action\_\_\_\_

Has a cleaning contractor been contacted by the property owner/resident? Yes\_\_\_\_ No\_\_\_\_

If yes, have state and local agencies been notified? Yes\_\_\_\_ No\_\_\_\_

Initial actions taken (sign posted, barricades, sample taken, public notified): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subsequent actions taken to prevent future overflows at this location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you observe conditions that may have led to the overflow: Yes\_\_\_\_ No\_\_\_\_

If yes, what were they: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This model form/template must be customized to meet your Agency’s needs.**

**INFORMATION FOR THE PROPERTY OWNER/RESIDENT**

1. Instruct the property owner/resident to take the following precautions to minimize loss and potential health effects, if not already done:

* Keep children, pets and others out of the overflow.
* Electrical appliances in affected areas present an electrocution hazard.
* Move uncontaminated property away from the overflow area.

1. Clearly communicate that if blockage is in the municipality’s main lines it will be promptly cleared, but if blockage is in the property owner’s lateral line, District employees will not be allowed to clear it. In that case, property owners/residents must contact a local sewer service or clean up firm.
2. Suggest using the yellow pages or offer a prepared list of cleaning contractors, without making recommendations.
3. Show concern and empathy for the property owner/resident, but do not admit or deny liability. Remain calm and professional, even if the property owner/resident is distraught and emotional; if violent, leave the site and call for assistance.
4. Give the property owner/resident your name, title and phone number for future reference.
5. Provide the resident with a copy of the flyer, *“Information for Homeowners & Residents - Facts About Sewer Backup Incidents.”*
6. Forward a copy of this report to the appropriate office and insurance carrier.

**SEWER BACKUP FOLLOW UP INVESTIGATION**

*Following an overflow incident, a full investigation may indicate additional follow up actions to be taken, suggest procedural changes that could improve future responses, and will provide full information to claims adjusters.*

Location/Address of Overflow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Onsite Response Personal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Onsite Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_

**FINDINGS: (Answer all questions that can be determined):**

|  |  |
| --- | --- |
| Date the district was first notified of the problem? How notified? |  |
| What action was taken when notified and when? |  |
| What was the apparent extent of damage to property? |  |
| What was the apparent cause of the backup? |  |
| What methods of investigation were used (visual, videos, etc.) |  |
| What is the estimated age of the sewer main? |  |
| Type of construction of the sewer main? |  |
| What is the record of frequency of inspection/cleaning at the site? |  |
| Last date of inspection/cleaning prior to the incident? |  |
| Method of cleaning/inspection on that last date (flushed, jetted, rodded, etc.) |  |
| Was this problem found to be in the main or the lateral? |  |
| Have these been prior problems with blockage in the main? When? |  |
| Are there major industries, schools, restaurants on this main? How close? |  |
| Was the district doing any work in the area prior to the backup? If so, what was being done? |  |
| Any other non-district construction going on in the area? If so, what was being done? |  |

*The Backup Investigation Report must be completed and returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*within \_\_\_\_\_hours of the onsite assessment and action, and forwarded to the insurance carrier with \_\_\_\_\_\_hours of the investigation.*