



**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 Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Response: \_\_\_\_\_\_\_\_\_\_

Property Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 there 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 within\_\_\_\_\_\_\_ hours of the investigation.*

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