FORM 1
GREASE SSO AND BLOCKAGE REPORTING FORM

EVENT NUMBER: _____ (EBMUD use)

COLLECTION SYSTEM INFORMATION

Date of Incident: _____ **Date of Report**: _____

☐ **Blockage** ☐ **SSO** ☐ **Increased Maintenance**

Contact Info
Agency Name: _____Agency Contact: _____
Agency Contact Phone Number: _____

Site Info
Name: _____
Reporting Address: _____Nearest Cross Street: _____
Hotspot Address (if different): _____
City: _____ Zip Code: _____

Upstream Structure Reference: _____Downstream Structure Reference: _____
1. Does this location have a history of grease blockages? ☐ Yes ☐ No
If yes,
2. Date of last incident? _____
3. Is it a known residential only area? ☐ Yes ☐ No
If yes, is it mostly multi-family or single family? ☐ Multi-family ☐ Single Family ☐ Both

Additional info attached: ☐ Line History ☐ Work report ☐ CCTV footage
☐ City Main Line ☐ Privately owned service lateral
☐ Lower lateral (agency responsibility) ☐ Other_____
Additional info available:
_____

Send notifications to:
Fax number: (510) 287-1530
E-mail: FOG@ebmud.com

EBMUD RESPONSE INFORMATION
Date received by EBMUD: _____ Received by: _____
Initial Review Response: ☐ Investigation ☐ Field Inspection

Response Details (Please attach additional detail sheets, if necessary)
_____
_____

Report submitted by: _____ Date: _____