SERVICE CALL/OVERFLOW FORM

INITIAL ALERT

NOTIFIED BY

☐ COMPLAINT
☐ EMERGENCY

NOTIFIED OR DISCOVERED ON *DATE / TIME*

NEAREST ADDRESS

☐ El Cerrito 94530
☐ Kensington 94707
☐ Richmond 94804

ARRIVED AT SITE *DATE / TIME*

INVESTIGATION

MAINTENANCE ACTIVITY:
☐ *ROD* ☐ *INSPECTION*
☐ *HYDRO* ☐ *OTHER:*
☐ *DYE TEST*

PROBLEM IN:
☐ *MAIN LINE* ☐ *PRIVATE LATERAL*
☐ *OTHER:*

PROBLEM TYPE:
☐ *Water(A)*
☐ *Broken Main(B)*
☐ *S/S Congestion(C)*
☐ *Debris in Main(D)*
☐ *EBMUD(E)*
☐ *Soft Stoppage(F)*
☐ *Grease(G)*
☐ *Lateral Cause(LC)*
☐ *Misc.(M)*
☐ *MH Cover(MC)*
☐ *Odor(O)*
☐ *PG&E(P)*
☐ *Roots(R)*
☐ *Surcharge(S)*
☐ *Storm Drain(SD)*
☐ *Unknown(U)*
☐ *Wipes/Rags(W)*
☐ *Other:*

SIZE / TYPE OF PIPE

CREW INITIALS	HOURS
TOTAL HOURS	

UPSTREAM MANHOLE NUMBER

DOWNSTREAM MANHOLE NUMBER

COMMENTS

MAP PAGE NO.

OVERFLOW SPILL RESPONSE

ESTIMATED SPILL START *DATE / TIME*

SPILL END *DATE / TIME*

LEAVE SITE *DATE / TIME*

SPILL LOCATION:
☐ *Manhole (MH)*
☐ *Mainline (ML)*
☐ *Other (O):*
☐ *Lateral (L)*
☐ *Cleanout (CO)*
☐ *Building (BLDG)*

SPILL CAUSE:
☐ *Line Break (ML)*
☐ *Other (O):*
☐ *Blockage (B)*
☐ *Surcharge (S)*

SPILL END LOC.:
☐ *Building (BLDG)*
☐ *Street/pvmnt (ST)*
☐ *Other (O):*
☐ *Storm Drain (SD)*
☐ *Creek (C)*
☐ *Yard (Y)*

ESTIMATED SPILL VOLUME

GALS

SPILL EST. BY
☐ *Area x Depth (A)*
☐ *Eyeball (E)*
☐ *MH Flowrate (M)*
☐ *# Residences (R)*
☐ *Other (O):*

AGENCIES NOTIFIED:
☐ *CalOES (enter control no. below)*
☐ *CSRMA/Restoration Co.*

CalOES Control #:

SPILL VOLUME RECOVERED

GALS

WEATHER CONDITIONS:

MEASURES TAKEN
☐ *Restore flow*
☐ *Contain spill*
☐ *Recover spill*
☐ *Clean Up*
☐ *CCTV Inspect*

CLEAN UP DESCRIPTION / NOTES:

 # PHOTOS TAKEN

CORRECTIVE ACTIONS

ACTIONS:
☐ *Change Cleaning Freq. / Equip.*
☐ *Repair/Replace Line*
☐ *Other:*

NOTES:

COMPLETED BY:	APPROVED BY:	ONLINE REPORT DATE:

SSO Two (2) Hour Notification Worksheet

for any discharges of sewage into a drainage channel or surface water AND equal to or greater than 1000 gallons

(Does not replace the requirement to report to CIWQS-SSO eReporting Program within 3 days of the spill)

CALL Office of Emergency Services (CalOES)

State Warning Center: 1-800-852-7550

1. CalOES Control Number : _____
2. Date Notification Made: _____ (mm/dd/yyyy)
3. Time Notification Made: _____ (hh:mm)
4. Name of Staff: _____ Phone Number: (_____)_____

EMERGENCY Contacts:

Mauri McGuire (Claims)
(805) 509-1426 (cell)
(707) 732-6728 (Carl Warren & Co)

Restoration Management (800) 400-5058
Service Master (800) 737-7663
911 Restoration (888) 243-6653

FIELD NOTES (incl. Spill Volume Determination and Start Time Explanation)