WARN Wastewater System Status Report		
INCIDENT	REPORT #:	
Date/Time:		
Utility Name:		
City and County:	General Phone Number:	
Contact:		
E-mail:	Cell Number:	Fax:
General Location of Emergency:		
Has Utility EOC been activated: Yes ☐	No ☐	Unsure ☐
Declaration of Local Emergency: Yes ☐	No ☐	Unsure ☐

Critical Issues (and actions taken):	☐ Pipes_____ ☐ Lift Stations_____ ☐ Outfall_____ ☐ Chemical Status_____ ☐ Power/Communications_____ ☐ Other_____
Treatment Status	☐ Operational ☐ Non-Operational ☐ Release of Untreated Wastewater Amount:_____ ☐ Has Untreated Wastewater reached a water way: _____ Comments: _____

Status Detail	Status	Remarks/Comments
Percentage of wastewater system inoperable:	%	
Anticipated duration of outage: (hours/days)		
Number of jurisdictions affected:	#	
Number of people affected:	#	
Mutual aid received in last 24 hours:	☐ Yes ☐ No	
Mutual aid needed in next 24 hours:	☐ Yes ☐ No	
Actions taken by Utility:		
Actions taken by Coordinating Partners:		

Form Completed By:	
Name:	Title:
Signature:	
Phone Number:	Cell Phone:
Additional Notes:	