

# SEWER STOPPAGE / BREAK REPORT

## GENERAL INFORMATION:

**Caller Log Number:** \_\_\_\_\_ **Work Order Number:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME REPORTED:** \_\_\_\_\_

**DISTRICT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**SUBDIVISION:** \_\_\_\_\_

**REPORTED BY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**TIME ARRIVED ON SITE:** \_\_\_\_\_

**COMMENTS:**

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## ACTION TAKEN:

**Sewer run(s) where stoppage or break occurred:**

**Manhole** \_\_\_\_\_ **To Manhole** \_\_\_\_\_

**Manholes Inspected:**


**Time Stoppage cleared:** \_\_\_\_\_

**Pipe Size:** \_\_\_\_\_ **Pipe Type:** \_\_\_\_\_

**District Employees:** \_\_\_\_\_

Was Contractor used to clear stoppage or repair break? \_\_\_\_\_

If yes, list contractor's equipment used and hours used:

_____	_____	hrs.	_____	_____	hrs.
_____	_____	hrs.	_____	_____	hrs.
_____	_____	hrs.	_____	_____	hrs.

List Repair Materials:

_____	_____	qty.	_____	_____	qty.
_____	_____	qty.	_____	_____	qty.
_____	_____	qty.	_____	_____	qty.

Time Contractor's work completed: \_\_\_\_\_

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**CAUSE:**

**Mainline Stoppage:**

Roots in mainline at \_\_\_\_\_ ft. from manhole \_\_\_\_\_

Grease in mainline at \_\_\_\_\_ ft. from manhole \_\_\_\_\_

Debris in mainline at \_\_\_\_\_ ft. from manhole \_\_\_\_\_

Roots from service at \_\_\_\_\_

\_\_\_\_\_  
(Address)

Vandalism in mainline at manhole \_\_\_\_\_

Other (explanation) \_\_\_\_\_

**COMMENTS:**

**Mainline Stoppage:**

**Collapsed pipe at** \_\_\_\_\_ **ft. from manhole** \_\_\_\_\_  
**Crushed pipe at** \_\_\_\_\_ **ft. from manhole** \_\_\_\_\_  
**Contractor Equipment at** \_\_\_\_\_ **ft. from manhole** \_\_\_\_\_  
**Ground movement at** \_\_\_\_\_ **ft. from manhole** \_\_\_\_\_  
**Other (explanation)** \_\_\_\_\_

**COMMENTS:**

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**MAINTENANCE HISTORY:**

**Last Date Televised:** \_\_\_\_\_  
**Last Date Cleaned:** \_\_\_\_\_  
**Last Date Root cut:** \_\_\_\_\_

**Next Television Date:** \_\_\_\_\_  
**Next Cleaning Date:** \_\_\_\_\_  
**Next Root cut Date:** \_\_\_\_\_

**Is this run a sewer problem area?** \_\_\_\_\_

**If no, should it be (check one):**

- |                     |                      |
|---------------------|----------------------|
| <b>HC 3 months</b>  | <b>RTC 12 months</b> |
| <b>HC 6 months</b>  | <b>RTC 24 months</b> |
| <b>HC 12 months</b> |                      |

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**REMEDIATION/RESTORATION:**

**Was cleaning/restoration contractor used?** \_\_\_\_\_

**Primary Contractor:** \_\_\_\_\_

**Primary Contractor manpower used:**

		Reg. hrs.		OT hrs.
Supervisor's Name				
Forman's Name:				
Laborer's Name:				
Laborer's Name:				
Laborer's Name:				
Laborer's Name:				
<b>TOTAL HOURS:</b>				

**List of Contractor's equipment used:**

<u>Equipment</u>	<u>Quantity</u>		<u>Hours</u>

**COMMENTS:**

*\*\*Was Authorization for Cleaning form filled out by District Employee? \_\_\_\_\_*

*\*\*Attach all cleaning forms to this report*

\_\_\_\_\_  
**DISTRICT REPRESENTATIVE**

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**PHOTOGRAPHS:**

Pictures Download: \_\_\_\_\_

File Name: \_\_\_\_\_

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**COSTS:****DISTRICT COSTS:****LABOR**

<b><u>Personnel</u></b>		<b><u># of Hours</u></b>	<b><u>@ \$/Hr.</u></b>	<b><u>Total</u></b>
Operations Supervisor	<b>(Scott Hand)</b>			
	Regular hours		\$	\$
	Overtime hours		\$	\$
Operations Foreman	<b>(Armando Quintana)</b>			
	Regular hours		\$	\$
	Overtime hours		\$	\$
Operator	<b>(Bruce Yarish)</b>			
	Regular hours		\$	\$
	Overtime hours		\$	\$
Operator	<b>(John Mathias)</b>			
	Regular hours		\$	\$
	Overtime hours		\$	\$
Operator	<b>(Mike Chavez)</b>			
	Regular hours		\$	\$
	Overtime hours		\$	\$
Operator	<b>(Cory Taylor)</b>			
	Regular hours		\$	\$
	Overtime hours		\$	\$
Operator	<b>(Justin Roquemore)</b>			
	Regular hours		\$	\$
	Overtime hours		\$	\$
<b>TOTAL COST OF LABOR:</b>				<b>\$</b>

**VEHICLE/EQUIPMENT**

Vehicle / Equipment	Rate	Hours	Total
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL VEHICLE/EQUIPMENT:</b>			<b>\$</b>

**MATERIALS:** \$ \_\_\_\_\_

**SUBCONTRACTOR COSTS:**

Name	Responsibility	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL SUBCONTRACTORS:</b>		<b>\$</b>

<b>TOTAL COST OF STOPPAGE / BREAK:</b>	<b>\$</b>
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**INSURANCE INFORMATION:**

**\*List all customers reporting damage on “Exhibit A”. Explain all actions taken and include statements made to resolve damage complaints \***

**Was Insurance Company Notified:** \_\_\_\_\_

**Who notified them?** \_\_\_\_\_

**Time and Date notified?** \_\_\_\_\_

**Name of Insurance representative contacted?** \_\_\_\_\_

**Will property damage claim be filed?** \_\_\_\_\_

**COMMENTS:**

## EXHIBIT A

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**Name of Homeowner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **(Day)** \_\_\_\_\_ **(Evening)**

**Description of Damage:**

**Action taken:**

**Comments:**

**Name of Homeowner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **(Day)** \_\_\_\_\_ **(Evening)**

**Description of Damage:**

**Action taken:**

**Comments:**



## EXHIBIT A (continued)

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**Name of Homeowner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

**Description of Damage:**

**Action taken:**

**Comments:**