

SCWARN Emergency Notification / Request for Assistance - Form "A" (Paper Version)

(This form is filled out by the Requesting SCWARN member and sent to Responding members)

Incident Name:				
Date/Time:				
Utility Name:		Type: Water <input type="checkbox"/> Wastewater <input type="checkbox"/> Both <input type="checkbox"/>		
City and County:		General Phone Number:		
Authorized Representative Name:		Title:		
E-mail:		Cell Number:		
Agencies Responding: Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Public Works <input type="checkbox"/> Other: <input type="checkbox"/>				
General Location/Address of Emergency:				
GPS Coordinates of Emergency: Latitude: _____ Longitude: _____				
Has Emergency been Declared? : Yes <input type="checkbox"/> No <input type="checkbox"/> if no, is there a high probability it will? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>				
Traffic Control Available: Yes <input type="checkbox"/> No <input type="checkbox"/> Hazardous Conditions Present: Yes <input type="checkbox"/> No <input type="checkbox"/>				
PPE Required: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, what? _____				
Damage (check all that apply)				
<input type="checkbox"/> Storage Tank (W or WW)	<input type="checkbox"/> Wastewater System Failure	<input type="checkbox"/> Wastewater Collection System		
<input type="checkbox"/> Water System Failure	<input type="checkbox"/> Water Supply Contaminated	<input type="checkbox"/> Water Distribution System		
<input type="checkbox"/> Other	<input type="checkbox"/> Line Break	<input type="checkbox"/> Pump Failure		
Describe Damage Detail:				
Detail Cont.				
# of Customers Affected: _____				
Power Sources: Utility Power is operational <input type="checkbox"/> Utility Power is out <input type="checkbox"/> On Generator power <input type="checkbox"/> (check all that currently apply)				
Damage area: Accessible <input type="checkbox"/> Under water <input type="checkbox"/> Inaccessible due to debris <input type="checkbox"/>				
Communications Operating: Landline <input type="checkbox"/> Cell <input type="checkbox"/> Satellite <input type="checkbox"/> Radio (what band) <input type="checkbox"/>				
Resources Needed (Try to follow resource types in AWWA Resource Typing Manual)				
Materials/Tools				
Resources Needed:				
Resources Needed:				
Labor Needed: (electricians, mechanics, etc.)				
Estimated Time Teams are Needed for Repairs:				
Any other pertinent information:				
Preferred Resources Requested (Follow resource types in AWWA Resource Typing Manual):				
Single Resource	Team	Kind	Type	Description
Staging Area Reporting Location (address):				
Contact at Reporting Site Staging Area				
Name:		Title:		
Cell Phone:		Other Communications:		
Form Completed By				
Name:		Title:		
Phone Number:		Cell Phone:		