

## CAL POLY SANITARY SEWER OVERFLOW FIRST RESPONDER SPILL RESPONSE FIELD REPORT

THIS IS A REQUIRED FORM TO BE COMPLETED BY THE SANITARY SEWER OVERFLOW FIRST RESPONDERS

### STEP 1

Note your arrival time at the scene (be exact!) and take photographs of the spill, including drainage conveyance entry location(s), and discharge location into surface water (if applicable).

<b>Name and Phone Number of First Responder</b>	Name:	Tel:
<b>Location of Spill (e.g., Building Name, Cross Streets)</b>		
<b>When were you first notified or made aware of the spill?</b>	Date:	Time:
<b>How were you notified?</b>	Name:	Tel:
<b>Estimated Spill Start Date and Time</b>	Date:	Time:
<b>First Responder's Date and Time of Arrival on Scene</b>	Date:	Time:
<b>Does the spill have the potential to reach a drainage conveyance? If yes, notify EH&amp;S</b>		
<b>Is the spill potentially greater than 1,000 gallons? If yes, notify EH&amp;S</b>		

### STEP 2

Contain the spill and protect all storm drain inlets and drainage paths to prevent or reduce the spread of sewage. Every effort must be taken to ensure the spill does not enter storm drains, drainage channels, or surface waters.

### STEP 3

Immediately secure and cordon off the spill area using cones, barricades, or caution tape to prevent vehicle traffic, pedestrian access, or other contact with the sewage. Maintain a safe perimeter until cleanup is complete and the area is deemed safe. Contact UPD for assistance if needed.

**STEP 4**

Restore flow; contain and clean up the spill. Notify supervisor or EH&S if additional assistance is needed.

**STEP 5**

Responders must document the spill with photographs, including **at minimum 1-4 listed below**. These photos are required under the Order and must be submitted with the spill report.

✓	<b>Photographs Obtained</b>
	<b>(1) the spill appearance point</b>
	<b>(2) the extent and direction of spill flow</b>
	<b>(3) any storm drain inlets or drainage pathways affected or threatened by the spill</b>
	<b>(4) the condition of the area after cleanup</b>
	10-second video of spill
	Other (describe):
	Other (describe):

**STEP 6**

Record the date and time that the spill stopped and when spill response activities were completed. Take photographs following cleanup.

<b>Spill End Date and Time</b>	Date:	Time:
<b>Spill Response Completion Date and Time</b>	Date:	Time:

Sketch the spill shape and estimate/measure the dimensions.

## STEP 7

Estimate the **spilled volume and the recovered spill volume**. (Use *either* Method A, Method B, or Method C found in the spill estimation worksheet. Or a combination as appropriate. You do not need to complete all three). Using the data collected, complete the table below.

Estimation Method for Spill Volume		Estimation Method for <u>Recovered</u> Spill Volume:	
<input type="checkbox"/> Eyeball Estimate <input type="checkbox"/> Measured Volume <input type="checkbox"/> Duration and Flow Rate <input type="checkbox"/> Other (explain):		<input type="checkbox"/> Eyeball Estimate <input type="checkbox"/> Measured Volume <input type="checkbox"/> Other (explain):	
Spill Volume (gallons)		Recovered Spill Volume (gallons) <u>do not include water used for cleanup</u>	
Estimated spill volume that <b>reached</b> a separate storm drain that flows to a surface water body		Estimated spill volume <b>recovered</b> from the separate storm drain that flows to the surface water body	
Estimated spill volume that <b>reached</b> a drainage channel that flows to a surface water body		Estimated spill volume <b>recovered</b> from a drainage channel that flows to a surface water body	
Estimated spill volume <b>discharged directly</b> to a surface water body		Estimated spill volume <b>recovered</b> from surface water body	
Estimated spill volume discharged to land		Estimated spill volume <b>recovered</b> from the discharge to land	

## STEP 8

Fill in the rest of the form as completely as possible. Return the completed form and your photos/videos before the end of your shift.  
 Submit via email to EH&S: [egwinett@calpoly.edu](mailto:egwinett@calpoly.edu)

<b>RESPONSE CREW</b> (List all names)			
<b>Description of sewer pipe at point of blockage or failure</b>	Diameter: Material:	Estimated Asset Age:	
<b>Spill Appearance Point</b> (Select all that apply)	<input type="checkbox"/> Forced Main <input type="checkbox"/> Inside Building/Structure <input type="checkbox"/> Pump Station <input type="checkbox"/> Gravity Mainline <input type="checkbox"/> Manhole <input type="checkbox"/> Other (specify): <input type="checkbox"/> Lateral Clean Out		

<b>Final Spill Destination</b> (Select all that apply)	<input type="checkbox"/> Building or Structure <input type="checkbox"/> Drainage Channel <input type="checkbox"/> Paved Surface	<input type="checkbox"/> Street/Curb & Gutter <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Drain	<input type="checkbox"/> Unpaved Surface <input type="checkbox"/> Other (specify):
<b>Was the spill associated with a storm event?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Spill Cause</b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Air Relief Valve (ARV) / Blow-Off Valve (BOV) Failure  <input type="checkbox"/> Construction Diversion Failure  <input type="checkbox"/> Cal Poly Staff Caused Spill or Damage  <input type="checkbox"/> Damage by Other Not Related to Cal Poly Construction / Maintenance (specify):  <input type="checkbox"/> Debris from Construction  <input type="checkbox"/> Debris from Lateral  <input type="checkbox"/> Debris – General  <input type="checkbox"/> Debris – Rags  <input type="checkbox"/> Flow Exceeded Capacity  <input type="checkbox"/> Grease Deposition (FOG)  <input type="checkbox"/> Inappropriate Discharge to System               </div> <div> <input type="checkbox"/> Natural Disaster  <input type="checkbox"/> Non-Dispersibles  <input type="checkbox"/> Operator Error  <input type="checkbox"/> Pipe Structural Prob / Failure  <input type="checkbox"/> Pipe Structural Prob / Failure – Installation  <input type="checkbox"/> Pump Station Failure – Controls  <input type="checkbox"/> Pump Station Failure – Mechanical  <input type="checkbox"/> Pump Station Failure – Power  <input type="checkbox"/> Rainfall Exceeded Design  <input type="checkbox"/> Root Intrusion  <input type="checkbox"/> Siphon Failure  <input type="checkbox"/> Vandalism  <input type="checkbox"/> Other (specify):               </div> </div>		
<b>Where did the failure occur?</b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Air Relief Valve (ARV) / Blow-Off Valve (BOV)  <input type="checkbox"/> Force Main  <input type="checkbox"/> Lateral               </div> <div> <input type="checkbox"/> Gravity Mainline  <input type="checkbox"/> Manhole               </div> <div> <input type="checkbox"/> Pump Station – Controls  <input type="checkbox"/> Pump Station – Mechanical  <input type="checkbox"/> Pump Station – Power  <input type="checkbox"/> Siphon  <input type="checkbox"/> Other (specify):               </div> </div>		
<b>Spill Response Activities (check all that apply)</b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cleaned up  <input type="checkbox"/> Mitigated effects of spill  <input type="checkbox"/> Contained all of spill  <input type="checkbox"/> Contained portion of spill  <input type="checkbox"/> Restored flow  <input type="checkbox"/> Returned all of spill to sanitary sewer system               </div> <div> <input type="checkbox"/> Returned portion of spill to sanitary sewer system   <input type="checkbox"/> Vendor engaged for restoration, and/or cleanup assistance                  Vendor name:               </div> </div>		
<b>Name of receiving water</b>	<input type="checkbox"/> Brizzolara Creek <input type="checkbox"/> Stenner Creek <input type="checkbox"/> Drum Reservoir <input type="checkbox"/> Not Applicable, did not reach drainage system or surface water		

- END OF FIRST RESPONDER FORM -