

NDOW Facility Field Assessment Data Sheet

Facility RN #: _____ Facility RN Name: _____
(Enter the Facility Regulated Entity Number and Facility Name)

Assessment Date/Time: _____ Type: Phone On-Site E-mail
(Enter the Facility Assessment Date and Time, and Check Type of Assessment)

Assessor: _____ Affiliation: EPA TCEQ TGLO USCG
Assessor = Name of person conducting this assessment. START CST TPWD NOAA

POC Name: _____ Title: _____ Phone: _____
POC = Point of Contact, the person you spoke to and provided the information.

POC E-mail: _____

Was the Facility's POC available? Yes No

GENERAL QUESTIONS

1. Characterize the extent of the damage to the facility and surrounding area
 None Minor Major NOAC Destroyed
(NOAC = No Access to facility)

2. Is facility **fully** operational?
 Yes, fully Partial, with issues No, offline NOAC
IF NOT, which unit(s)/system(s) are not functioning?
Enter their Comment: _____

3. Estimated time frame to restore system(s)/facility to "fully operational" Status?
 N/A Hours Days Weeks Months Unknown

4. Is the facility in need of any technical assistance?
 Yes No Unknown
Enter Any Comment: _____

5. What is the facility's electrical power Status?
 On Grid On Generator No Grid/No Generator Part Grid/Part Generator

6. If Generator(s) in use, what is the estimated time the remaining fuel will last?
 N/A < 1 Day < 3 Days 1 Week or less > 1 Week Unknown

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AIR REPORTABLE RELEASE QUESTIONS

7. Has the facility had any Air related reportable releases?

Yes No Unknown

Enter Any Comment: _____

8. Estimates on the Chemicals of concerned released?

Enter Any Comment: _____

REPORTABLE DISCHARGES/SPILLS QUESTIONS

9. Has the facility had any Reportable Discharges **OR** Spills?

Yes No Unknown

What was released quantity: _____

NRC (Nation Response Center) Notification #: _____

SERC (State Emergency Response Center) Notification #: _____

10. Does the Spill/Discharge Threaten or Impact a Body of Water?

Threaten Impact/Entered Unknown

Name of Water Body _____

Quantity of material that has entered the water body _____ gal/bbl.

11. Have Spill containment controls been deployed?

Yes No Unknown

Enter Any Comment: _____

12. Estimates on the Nature and Volume of any Spill?

Enter Any Comment: _____

13. Because of the Spill, is the facility in need of any technical assistance?

Yes No Unknown

Enter Any Comment: _____

ASSESSOR'S REVIEW/OVERALL STATUS

As Determined by the Assessor, the Current Overall Operation Status of the Facility is: (Note: Following Based on Wastewater Status Codes)

OK (Operational, On Grid) Destroyed OpGen (Operational on Generator)

Pop (Partially Operational on Generator) InOP (Non-Operational)

Site Visit Needed NOAC (No Access to Facility) NC (No Contact)