



**Commonwealth of Virginia
State Corporation Commission
Underground Utility Damage Prevention Act
Incident Report**



Please provide all information requested here to assist in conducting a thorough investigation of this incident. This information will also help build a database to guide us in furthering damage prevention in Virginia. Please use a separate report for each incident. Thank you for your time.

Part A – Please send this information to:

Damage Prevention Investigator _____ Commission Toll Free Number 1-800-552-7945
 Division of Utility and Railroad Safety Division Number 804-371-9980
 State Corporation Commission FAX 804-371-9734
 P.O. Box 1197 Email..... vadamageprevention@scc.virginia.gov
 Richmond, Virginia 23218 Web..... www.scc.virginia.gov/urs/index.aspx

Division Use Only

Report No: _____

Investigator: _____

Part B – Who is submitting this information:

Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Email: _____

Date of this report: _____

Work Phone: _____
 Mobile Phone: _____
 Home Phone: _____
 Pager Number: _____
 FAX: _____

Part C – Incident information:

Incident Date & Time: _____
 Incident Address: _____
 City/County: _____
 Cause: _____

Incident Location:

Public Property City Right of Way
 Private Property County Right of Way
 Utility Easement State Right of Way
 Latitude _____ Longitude _____

Part D – Excavator Information:

Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Email: _____

Date & Time Excavation Began: _____

Work Phone: _____
 Mobile Phone: _____
 Home Phone: _____
 Pager Number: _____
 FAX: _____

Part E – Work Done For:

<input type="checkbox"/> Federal government	<input type="checkbox"/> Home builder	<input type="checkbox"/> Utility	<input type="checkbox"/> Property owner/occupant (individual)
<input type="checkbox"/> State government	<input type="checkbox"/> Site developer	<input type="checkbox"/> Railroad	<input type="checkbox"/> Property owner/leser (business)
<input type="checkbox"/> Local government	<input type="checkbox"/> Road builder	<input type="checkbox"/> Farmer	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Realtor		

Part F – Type of excavation activity:

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Drainage work	<input type="checkbox"/> Lot grading	<input type="checkbox"/> Traffic signal/system	<input type="checkbox"/> Exposing (pot holing) facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Bldg. construction	<input type="checkbox"/> Driveway work	<input type="checkbox"/> Plumbing/septic work	<input type="checkbox"/> Road construction	<i>Installing Utilities:</i>		
<input type="checkbox"/> Bldg. demolition	<input type="checkbox"/> Fence work	<input type="checkbox"/> Roadway maintenance	<input type="checkbox"/> Setting poles	<input type="checkbox"/> Electricity		
<input type="checkbox"/> Bldg. reconstruction	<input type="checkbox"/> Investigating gas leak	<input type="checkbox"/> Sign installation	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Telecommunications		
<input type="checkbox"/> Curb/sidewalk work	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Site development	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Cable	<input type="checkbox"/> Gas	
				<input type="checkbox"/> Sewer	<input type="checkbox"/> Water	

Part G – Type of excavation equipment:

Equipment Type and Model: _____

<input type="checkbox"/> Mechanical	<input type="checkbox"/> Hand	<input type="checkbox"/> Vehicle	Method of excavation:					
<input type="checkbox"/> Boring*	<input type="checkbox"/> Explosive		<input type="checkbox"/> Augering	<input type="checkbox"/> Ditching	<input type="checkbox"/> Grading	<input type="checkbox"/> Paving	<input type="checkbox"/> Scraping	
<i>*If method is "boring," select technique:</i>			<input type="checkbox"/> Horizontal Directional Drilling (HDD)	<input type="checkbox"/> Barholing	<input type="checkbox"/> Dredging	<input type="checkbox"/> Hand Digging	<input type="checkbox"/> Plowing	<input type="checkbox"/> Tilling
<input type="checkbox"/> Jack and Bore			<input type="checkbox"/> Pneumatic Missile (thumper, holehog, etc.)	<input type="checkbox"/> Blasting	<input type="checkbox"/> Drilling	<input type="checkbox"/> Moving	<input type="checkbox"/> Razing	<input type="checkbox"/> Trenching
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Boring*	<input type="checkbox"/> Driving	<input type="checkbox"/> Pavement Milling	<input type="checkbox"/> Removing	<input type="checkbox"/> Tunneling
				<input type="checkbox"/> Digging		<input type="checkbox"/> Rendering	<input type="checkbox"/> Wrecking	

Part H – Description of damage:

What type of facility was damaged? Utility line function:
Water Sewer/Drain Service Service stub Main Stub Material (steel, plastic, fiber, etc.): _____
Gas Telecommunications Drop Primary Tracer wire Pressure (PSIG/inches water column): _____
Cable Hazardous liquid pipeline Feeder Secondary Drip Size (diameter, voltage, pairs, etc.): _____
Electric Reclaimed Trunk Transmission Valve Depth of facility at the time of damage:
Water/Irrigation/Slurry Main Gauge line Riser Feet: _____ Inches: _____
Other _____ Tee

Utility/Facility/Owner/Operator Contact: _____
Company: _____ Work Phone: _____
Address: _____ Mobile Phone: _____
City: _____ Home Phone: _____
State: _____ Zip: _____ Pager Number: _____
Email: _____ FAX: _____

Part I – Incident impact:

Was 911 called? Yes No If yes, by whom? _____ Number of Fatalities: _____
Did fire respond? Yes No Did police respond Yes No Number of Injuries: _____
Was evacuation necessary? Yes No How Many: _____ Number of customers affected: _____
Was traffic stopped or detoured? Yes No Damage Repair Cost: \$ _____
Was there a service interruption? Yes No Duration: _____ Other Property Impacted: _____
Excavation Down Time Cost: \$ _____ Duration: _____ Other Property Repair Cost: \$ _____
Loss of 911? Yes No Loss of Air Traffic Control? Yes No Other Impact: _____

Part J – Notification center information:

Did the excavator have a valid ticket? Type of ticket:
Yes No If yes, include Ticket Number: _____ Regular 15 working day
Remark Designer
Update Emergency
Did the excavator check Excavator-Operator Information Exchange System? 3-hour Special project
Yes No How: Phone Fax Back Website Email 3-hour Deep Meeting

Part K – Locating/marketing of utility line:

NOTE: Please attach a copy of the "locator's manifest" and location sketch with this report.
Who marked this line? Facility Owner/Operator Contract Locator
Locator's Name: _____ Work Phone: _____
Company: _____ Mobile Phone: _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Pager Number: _____
Email: _____ FAX: _____
Was the line marked prior to the damage? Yes No
What types of marks were present? Paint Flags Stakes Were offset markings used? Yes No
Describe the condition of the marks in the proposed excavation area: Bright Visible Faded Destroyed No Marks
Were facilities visible (clear evidence) in the excavation area? Yes No-If Yes, what (meter, pedestal, etc.): _____
What type of locating device was used to locate this facility? _____
Did the locator use the operator's records to assist in locating the facilities? Yes No-If Yes, indicate record type: _____
Were facilities marked in accordance with the Virginia Underground Utility Marking Standards? Yes No
Additional comments about this locate: _____

If this incident involved any potential locating/marketing errors, please include all records related to the locator's training and qualification (including training to meet NULCA standards as well as Operator Qualification).

Part L – Investigator Names:

Excavator's: _____ Utility's: _____ Locator's: _____

Part M – Summary

Please provide, in your own words, a summary of the incident (attach additional pages and/or documents if necessary):

