

**A Guide to Complete
Documentation of a Damage as
it relates to Virginia's
Underground Utility Damage
Prevention Act**

Overview of Steps Involved

- 1) Primary Responsibility of Repair Crew is to Make the Site Safe
- 2) Documentation Process Begins (Damage Sketch, Pictures, Interviews, etc.)
- 3) Mr. Tony Goodman and Mr. Thurman Smith will Summarize an Actual Washington Gas Damage Investigation
- 4) Provide Final Reports to SCC.

1) Safety

- Before an Investigation can begin, the damaged utility must be rendered safe by the repair crew before they start an investigation, (Power shut off, Gas closed off by valve or squeeze off, etc.)

2) Documentation Process

- Be sure to include all relevant information; including, but not limited to:
 - Pictures of the site
 - Damage Sketch
 - Interviews/Statements from involved parties

Pictures In General

- Pictures need to be time and date stamped.
- If printed copies are supplied, write a brief explanation on the back of the photos explaining what the picture is capturing.

- Examples of the proper use of reference points when taking photographs of the Area of Excavation



-Pictures such as these should be taken to show the clear address of the location of excavation.

- Site Overview Example

- Show the area of excavation with reference points.
- If site is too large to capture in one picture, use stationary points of reference to tie multiple pictures together.



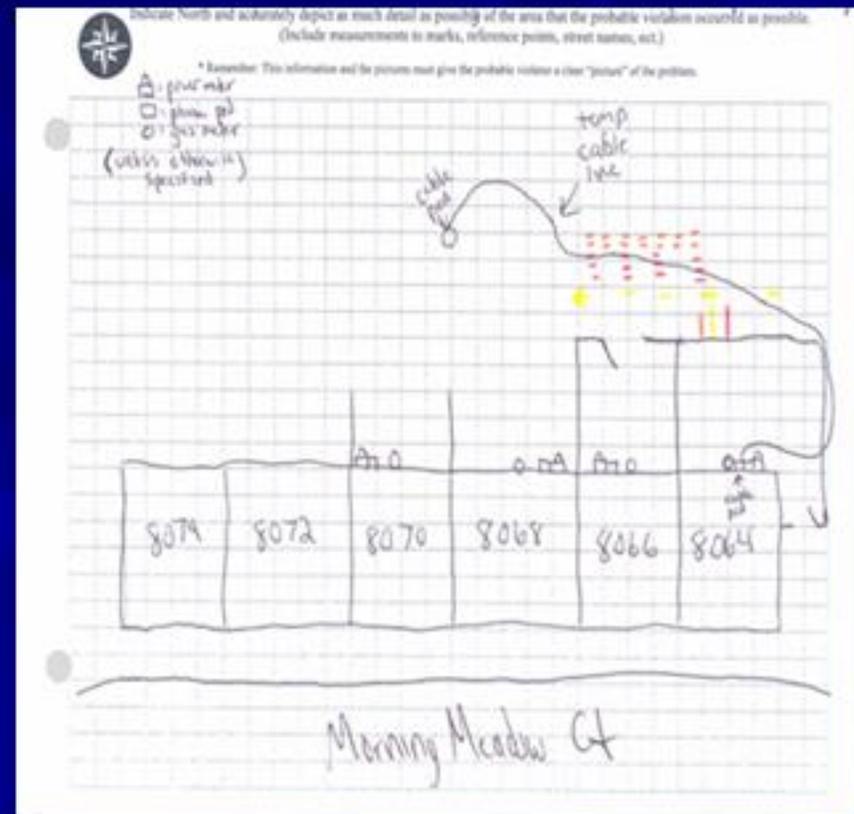
- Marking Examples

- Take as many pictures as necessary to show the markings, the point of origin, what the marking is representing, its route, etc...



Prepare a Damage Sketch of the Excavation Area

- Be sure in the damage sketch to include the following: date & time, address, ticket #, location of all visual evidence (marked or not), any markings present, location of any fixed points used as a reference in pictures, point of damage, key for any symbols used, etc.



If reporting to the SCC, Complete a DPA-1 Form

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 the incident. This information will also help build a database to guide us in following damage prevention in Virginia. Report out a separate report for each incident. Thank you for your time.

Part A - Please send this information to: Division Use Only

Damage Prevention Investigator _____
 Bureau of Utility and Technical Safety _____
 State Corporation Commission _____
 P.O. Box 1199 _____
 Richmond, Virginia 23216 _____

Commission Toll Free Number: 1-800-552-7643
 Bureau Number: 804-271-5999
 FAX: 804-271-6734
 Email: utilitydamageprevention@virginia.gov
 Web: www.scc.virginia.gov/division/utility.htm

Report No. _____
 Investigator: _____

Part B - Who is submitting this information: State of this report:

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

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

Part C - Incident Information: Incident Location:

Incident Date & Time: _____
 Incident Address: _____
 City/County: _____
 Mailing Code: _____

Public Property: City right of way
 Private Property: County right of way
 Utility Easement: State right of way
 Latitude: _____
 Longitude: _____

Part D - Excavator Information: Date & Year Excavation Began:

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

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

Part E - Excavator Category:

Contractor working for government Contractor working for utility Utility employee General contractor
 Contractor working for other Property owner/tenant State employee Developer Other
 Contractor working for self Municipality employee Utility employee Unknown

Part F - Type of excavation activity: Permit excavation: Yes No Spacing between utility facility: Yes No

Agricultural Drainage work Sewer work Building repair work Road construction Electrical
 Building demolition Fence work Roadway maintenance Setting poles Telecommunications
 Building reconstruction Landscaping Site development Sprinkler Cable Gas
 Cable/satellite work Fuel grading Traffic sign/signature Other Sewer Water

Part G - Type of excavation equipment:

Equipment Type: _____ Method of excavation: _____ Hand Power Chipping
 Mechanical Hand Augering Shoring Grading Shoring Trenching
 Boring Drilling Blasting Drilling Hand digging Boring Trenching
 "In the ground" boring, not the boring method Boring Drilling Shoring Drilling Trenching
 Shoring Drilling Shoring Drilling Shoring Drilling Shoring

Page 1 of 2 Site 1 Report Form Revised March 2005

Part H - Description of damage:

What type of facility was damaged? Gas Sewer Electric Service Secondary Electrical
 Cable Telecommunications Other Other Other Other Other Other
 Other Other Other Other Other Other Other Other

Utility line location: _____
 Company: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Email: _____

Number of facilities: _____
 Number of injuries: _____
 Number of customers affected: _____
 Damage Report Code: 1 _____
 Other Property Impacted: _____
 Other Property Report Code: 1 _____
 Other report: _____

Part I - Incident Impact:

Did the fire department respond? Yes No
 Did the police department respond? Yes No
 Was excavation necessary? Yes No
 Was traffic stopped or detoured? Yes No
 Was there a service interruption? Yes No

Excavation Seen True Code: 1 _____
 Excavation Seen True Code: 2 _____
 Excavation Seen True Code: 3 _____

Part J - Notification contact information: Type of incident:

Did the excavator have a valid permit? Yes No
 Yes No Ticket Number: _____
 Did the excavator check the Excavation Operator Information Exchange System? Yes No

Regular 15 working day: Regular 15 working day
 Emergency: Emergency
 Other: Other
 Designated: Designated
 Working: Working

Part K - Locating/marketing of utility line:

NOTE: Please attach a copy of the "locator's mapsheet" and location sketch with this report.
 Who marked this line? Facility Owner/Operator Contract locator

Locator's Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Email: _____

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

Was the line marked prior to the damage? Yes No
 What types of marks were present? Paint Flag Other Other Other Other

Were other markings used? Yes No
 Describe the location of the marks in the proposed excavation area: Right Under Top Down Other
 Were facilities within close proximity to the excavation area? Yes No. If yes, what water, sewer, electric, 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: § 36.025 of the Virginia Underground Utility Damage Prevention Act
 20 VAC § 209-110 of the Commonwealth's Code
 the Virginia Underground Utility Marking Standards
 Additional comments about this incident: _____

Part L - Investigator Markers:

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

Page 2 of 2 Site 1 Report Form Revised March 2005

Complete Online-----→ http://scc.virginia.gov/publicforms/157/form_dpa1.pdf

Print, Complete, and Send-----→ http://scc.virginia.gov/publicforms/158/form_dpa1.doc

DPA-1 Continued...

- Fill out all applicable sections to the best of your ability.
- It is important that all information is accurate when preparing the DPA-1 form (company name, company phone number, company address, contact, etc.)

-More Helpful Reports

- This is a Damage Investigation Report
- This report would contain all of the information obtained from the field investigation, to include: Statements from involved parties, conclusions from the investigator, etc...

Mock Company
Damage Investigation Report

To: Compliance Manager
From: Field Manager

Date of damage _____
Damage Location _____
Internal map and grid _____

Nature of damage - Damage to 1/2" Plastic

Contractor causing damage: ABC Construction
Contractor Information:
Name - Address - Phone number - Onsite Foreman - Other Information _____

Site Foreman: _____

Miss Utility Ticket Number: A99999999999

Investigation: How / Why Damage Occurred: Excavator Statement
Contractor damaged an accurately marked 1/2" Plastic gas service with a
Shovel while hand exposing the gas facility, the excavator stated he was
moving some dirt from around the line and his shovel slipped off a root and
hit the service.

Pictures of damage: YES _____ By Whom: First Responder
Master Gas leader on site, Technician

Conclusions of Investigator:
Excavator damaged the gas facility with a round tip shovel.
Root Cause: Hand digging following Hand Digging Best Practices
Date: _____

Signature _____

3) Mr. Tony Goodman and Mr. Thurman Smith Present an Actual Damage Investigation

- The following series of documents relate to an actual damage, please make note that several aspects have been removed to keep all parties involved anonymous.
- Items removed include: names, dates, street names, date and time stamps, etc.

- Actual Damage Investigation Continued

- This is an actual Washington Gas Damage Report.
- The report includes all relevant details of the damage
- The report will contain summary of the damage as well as a Root Cause

Field Damage Investigation Report

Washington Gas		DAMAGE REPORT	
DAMAGE DATE OR DISCOVERED	January 2, 2009		Excavator Meter Utility # A99999999
LOCATION			OFFICE USE ONLY 00/05/08
CITY	FAIRFAX	STATE VA	COUNTY FAIRFAX
COMPANY CAUSING DAMAGE	Home Owner	WORKING FOR	Sole Home Owner
RESPONSIBLE PERSON (Name, Title)	Frank Jones	PHONE	
SUPERVISOR	Ken Smith	MAIN OFFICE ADDRESS	11758 East Main St Fairfax, VA
NATURE OF WORK IN PROGRESS WHEN DAMAGE OCCURRED	Retainor Wall	PHONE	703-998-1165
INFORMATION OBTAINED FROM (Name, Title)	Home Owner		
Preliminary Field Investigation			
SIZE OF HOLE	1" Dia	REQUESTED (Y/N)	Y
DAMAGE DEPTH	2' to	VA MARKINGS STD (Y/N)	Y
NO OF RELIGHTS	1	ACCURATE (Y/N)	Y
LINE DAMAGED BY	HT	OFF BY	FT
MACHINERY TYPE	Y	MARKINGS FL & PD	Y
		VA HAND DIG BEST PRACTICES (Y/N)	Y
		UNAUTHORIZED REPAIRS (Y/N)	N
		LOCATOR WIRE (Y/N)	Y
		STAKES/FLAGS MOVED (Y/N)	N
		IF NO, REASON:	Jabul Magill
POTENTIAL DAMAGE CAUSE (CHECK ONE)			
MARKS ERADICATED	NEEDED A REMARK	OTHER (EXPLAIN)	# 20
UNLOCATED	DID NOT CALL		
NOT LOCATED	DID NOT HAND DIG		
NOT LOCATABLE	DID NOT WAIT 48 HRS		
IMPROPER RECORD	HOMEOWNER		Hit 3/4" yellow plastic while trying to spot same
REPAIR DETAILS			6307220 CONDITION ID 7519
CREW TYPE	Ca	DEPTS REPORTING	R+RA
LABOR HOURS ESTIMATE (For bill identification purposes only)		Is Washington Gas responsible for restoration?	Y/N

Damage Investigation Continued

DAMAGE REPORT

MATERIALS USED		DATE	CONDITION
		6/10/20	15190
QTY	STOCK CODE	DESCRIPTION	
2	10531	3/4" Stab Couplings	
(2)	11709	3/4" yellow plastic	
PRELIMINARY REPORT BY: <i>John H. Mayall</i>		DATE:	
SIGNATURE: <i>John H. Mayall</i>		EMPL ID:	
SUPERVISOR APPROVAL: <i>H.A. B...</i>		DATE:	

Address and Damage Site



Damage Pictures



WG Cover Letter With a Damage Summary and Root Cause



4811 Industrial Road
Springfield, Virginia 22111

2008

Damage Prevention Investigator
State Corporation Commission
Division of Utility and Railroad Safety
P. O. Box 1197
Richmond, VA 23218

Ref:

Ladies/Gentlemen:

Pursuant to your request, below are the important points pertaining to a damaged 3/4" HP plastic service.

- Service was damaged on [redacted] 2008 by [redacted] Inc while installing a retaining wall and fence
- Miss Utility ticket was requested
- Excavator damaged an accurately marked gas facility while hand exposing with a shovel
- Root cause: Hand digging following hand digging best practices
- Please direct all inquiries to Joanna Yuen @ (703) 750-5124

Sincerely,

A handwritten signature in blue ink, appearing to read "Scott Brown".

Scott Brown
Operations Compliance

Attachments
(reports, sketch, photos)

p.c.: R. Evans

DPA-1 Prepared by WG



**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 Division of Utility and Railroad Safety State Corporation Commission P.O. Box 1197 Richmond, Virginia 23218		Commission Toll Free Number: 1-800-552-7945 Division Number: 804-371-9980 FAX: 804-371-8734 Email: vcdamageprevention@scoc.virginia.gov Web: www.scc.virginia.gov/division/vcd/index.htm		Division Use Only Report No.: _____ Investigator: _____						
Part B - Who is submitting this information: Name: Scott Beasly Company: Washington Gas Address: 6801 Industrial Rd City, State, Zip: Springfield, VA 22151 Email: sbeasly@wagases.com		Date of this report: Work Phone: 703-730-4305 Mobile Phone: 703-808-2224 Home Phone: _____ Pager Number: _____ FAX: 703-730-7364								
Part C - Incident Information: Incident Date & Time: _____ Incident Address: _____ City/County: Fairfax - Fairfax Cause: Hand digging following hand digging best practices		Incident Location: <input type="checkbox"/> Public Property <input type="checkbox"/> Private Property <input type="checkbox"/> Utility Easement Latitude: _____ Longitude: _____		<input type="checkbox"/> City Right of Way <input type="checkbox"/> County Right of Way <input type="checkbox"/> State Right of Way <input type="checkbox"/> Unplanned						
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 - Excavator Category: <input type="checkbox"/> Contractor working for government <input type="checkbox"/> Contractor working for utility <input checked="" type="checkbox"/> Contractor working for self <input type="checkbox"/> Contractor working for other <input type="checkbox"/> Property owner/occupant <input type="checkbox"/> Municipality employee <input type="checkbox"/> County employee <input type="checkbox"/> State employee <input type="checkbox"/> Utility employee <input type="checkbox"/> Railroad employee <input type="checkbox"/> Farmer <input type="checkbox"/> Developer <input type="checkbox"/> Business										
Part F - Type of excavation activity: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Agriculture <input type="checkbox"/> Road construction <input type="checkbox"/> Road demolition <input type="checkbox"/> Road reconstruction <input type="checkbox"/> Curb/sidewalk work </td> <td style="vertical-align: top;"> <input type="checkbox"/> Drainage work <input type="checkbox"/> Driveway work <input type="checkbox"/> Fence work <input type="checkbox"/> Landscaping <input type="checkbox"/> Lot grading </td> <td style="vertical-align: top;"> <input type="checkbox"/> Forster excavation <input type="checkbox"/> Plumbing/septic work <input type="checkbox"/> Roadway maintenance <input type="checkbox"/> Site development <input type="checkbox"/> Traffic signal system </td> <td style="vertical-align: top;"> <input type="checkbox"/> No - Exposing post existing facility <input type="checkbox"/> Road construction <input type="checkbox"/> Setting poles <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other </td> <td style="vertical-align: top;"> <input type="checkbox"/> No - Installing utility <input type="checkbox"/> Electricity <input type="checkbox"/> Telecommunications <input type="checkbox"/> Cable <input type="checkbox"/> Gas <input type="checkbox"/> Sewer <input type="checkbox"/> Water </td> </tr> </table>						<input type="checkbox"/> Agriculture <input type="checkbox"/> Road construction <input type="checkbox"/> Road demolition <input type="checkbox"/> Road reconstruction <input type="checkbox"/> Curb/sidewalk work	<input type="checkbox"/> Drainage work <input type="checkbox"/> Driveway work <input type="checkbox"/> Fence work <input type="checkbox"/> Landscaping <input type="checkbox"/> Lot grading	<input type="checkbox"/> Forster excavation <input type="checkbox"/> Plumbing/septic work <input type="checkbox"/> Roadway maintenance <input type="checkbox"/> Site development <input type="checkbox"/> Traffic signal system	<input type="checkbox"/> No - Exposing post existing facility <input type="checkbox"/> Road construction <input type="checkbox"/> Setting poles <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other	<input type="checkbox"/> No - Installing utility <input type="checkbox"/> Electricity <input type="checkbox"/> Telecommunications <input type="checkbox"/> Cable <input type="checkbox"/> Gas <input type="checkbox"/> Sewer <input type="checkbox"/> Water
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Part G - Type of excavation equipment: Equipment type: <input checked="" type="checkbox"/> Spade <input type="checkbox"/> Mechanical <input type="checkbox"/> Blasting <input type="checkbox"/> Hand <input type="checkbox"/> Explosive <input type="checkbox"/> Vehicle Method of excavation: <input type="checkbox"/> Augering <input type="checkbox"/> Backfilling <input type="checkbox"/> Blasting <input type="checkbox"/> Digging <input type="checkbox"/> Drilling <input type="checkbox"/> Drilling <input type="checkbox"/> Diving <input type="checkbox"/> Grading <input type="checkbox"/> Hand Digging <input type="checkbox"/> Moving <input type="checkbox"/> Pavement Milling <input type="checkbox"/> Paving <input type="checkbox"/> Plowing <input type="checkbox"/> Razing <input type="checkbox"/> Removing <input type="checkbox"/> Sandblasting <input type="checkbox"/> Scraping <input type="checkbox"/> Trenching <input type="checkbox"/> Trenching <input type="checkbox"/> Tunneling <input type="checkbox"/> Weeding										

DPA-1 page 2

Part H - Description of damage:
 What type of facility was damaged?
 Water Sewer
 Gas Telecommunications
 Cable Suspicious liquid pipeline
 Electric Other _____
 Utility/Facility Owner/Operator
 Company: Industrial Gas
 Address: 680 Industrial Rd
 City: Spartanburg
 State: VA Zip: 22131
 Email: _____

Utility line function:
 Service Secondary
 Drop Primary
 Feeder Transmission
 Trench Fiber Main

Material type (steel, plastic, etc.): Electric
 Pressure (PSIG/inches): 200
 Size (diameter, voltage, etc.): 1/2"
 Depth of facility at the time of damage: 32

Contact: Scott Brown
 Work Phone: 202-730-4366
 Mobile Phone: 202-405-2224
 Home Phone: _____
 Pager Number: _____
 FAX: 202-730-2584

Part I - Incident Impact:
 Did the fire department respond? Yes No
 Did the police department respond? Yes No
 Was evacuation necessary? Yes No How Many: _____
 Was traffic stopped or deflected? Yes No
 Was there a service interruption? Yes No Duration: 3.70
34.000
 Excavation Down Time Cost: \$ _____ Duration: _____

Number of fatalities: _____
 Number of injuries: _____
 Number of customers affected: 1
 Damage Repair Cost: \$ 1000.00
 Other Property Impacted: _____
 Other Property Repair Cost: \$ _____
 Other Impact: _____

Part J - Notification center information:
 Did the excavator have a valid ticket?
 Yes No Ticket Number: _____

Did the excavator check Excavator-Operator Information Exchange System?
 Yes No How: Phone Fax Back Website Email

Type of ticket:
 Regular 15 working day Emergency
 Permit notice Special project
 3-hour notice Meeting
 Designer

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: David Work Phone: 202-366-4333
 Company: Utiliquest Mobile Phone: _____
 Address: 10222 Sutherland Hwy Home Phone: _____
 City, State, Zip: Manassas, VA, 20108 Pager Number: _____
 Email: _____ FAX: 202-366-1187

Was the line marked prior to the damage? Yes No
 What types of marks were present? Paint Flags Stakes
 Were other 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? electronic
 Did the locator use the operator's records to assist in locating the facility? Yes No If Yes, indicate record type: good
good
 Were facilities marked in accordance with:
 54-265.1F of the Virginia Underground Utility Damage Prevention Act
 20 VAC 5-309-110 of the Commission's Rules
 The Virginia Underground Utility Marking Standards

Additional comments about this locate: _____

Part L - Investigator Names:
 Excavator's Job: _____ Utility's Name: George Locator's Name: Scott

Damage Investigation Report

Damage Investigation Report		
INVESTIGATION #: 285808		
INVESTIGATOR: F/L Rahn	EXCAVATOR RESPONSIBILITY: 806 - DAMAGE WHILE POT-HOLING	
DATE MAILED:	LOCATING COMPANY RESPONSIBILITY:	
DATE FAXED:	OTHER RESPONSIBILITY:	
SENT TO:		
REPORTED DAMAGE INFORMATION		
CLIENT DAMAGED: WASHINGTON GAS	CLIENT CLAIM ID: 000	
LINE SIZE: 34 SCH PIPE	CLIENT MAP:	
DAMAGE LOCATION:	MAP PAGE/AREA: 000077170-21	
CITY:	MAP GRID:	
COUNTY: FAIRFAX	NOTIFIED BY CONTACT: 047	
STATE: VA	NOTIFIED BY COMPANY: WCL	
DATE DAMAGE DISCOVERED: 2008	PHONE: 703 755	
LOCATING COMPANY NOTIFIED: 8:10 PM		
EXCAVATOR INFORMATION		
EXCAVATION COMPANY:	EXCAVATOR TYPE: Home Owner	
EQUIPMENT TYPE:	EXCAVATION TYPE: Homeowner	
TICKET INFORMATION		
LOCATE REQUESTED: Y	TICKET NUMBER: 4932	
DATE REQUESTED: 2008 1:00 PM	LOCATE PERFORMED BY: F/L Deard	
DATE COMPLETED: 2008 8:20 AM	OFFICE: Fairfax VA	
SITE INFORMATION		
PAINT MARKS PRESENT: Yes	CLARITY OF MARKS: Visible	
MARKS WITHIN TOLERANCE: Yes	TOLERANCE MEASUREMENT (inches): 0	
TRACER WIRE WAS INTACT: Yes	AREA WAS MARKED IN WHITE: No	
LOCATE AREA MARKED ON: 047	WAS FACILITY POT HOLED: No	
DISTANCE FROM DAMAGE TO NEAREST FACILITY:		
WHO DID THE EXCAVATION FOR THE REPAIR:		
ARRIVAL TIME: 8:24 AM	DEPARTURE TIME: 9:22 AM	ESTIMATE DAMAGE TIME: 4:30 PM
INVESTIGATOR NARRATIVE:		
Contractor, who is also Homeowner, damaged an accurately marked Washington Gas 3/4" plastic service with a shovel while pot-holing for the installation of footers for a retaining wall and fence.		
Damage Details	Dec 2, 2008, 12:45:28 pm	Page 1 of 2

Damage Report Page 2

Includes Damage Root Cause

INVESTIGATION #: 28-05

DISCUSSIONS

REPAIR TECHNICIAN: Washington Day
REPAIR STATUS: Complete and Visible
REPAIR PERSON:
REPAIR CONTACT INFO:
REPAIR COMMENTS: Not on site

EXCAVATOR COMPANY: Homeowner
EXCAVATOR PERSON: John
EXCAVATOR CONTACT INFO: 703-
EXCAVATOR COMMENTS: John, Homeowner and Owner of was on site of the site of the damage as well as at the school. John stated that he and his crew were digging for the installation of a retaining wall and fence for his personal residence. John stated that an employee, Peter, was trying to remove some roots when he noticed the gas service with a shovel. John stated that the service was impacted accidentally. John stated that they were trying to patch the service but that the tools were really stuck in this area because of previously removed trees. John stated that the damage occurred at approximately 4:30 pm.

ADDITIONAL PERSON 1:
CONTACT INFORMATION 1:
COMMENTS 1:

ADDITIONAL PERSON 2:
CONTACT INFORMATION 2:
COMMENTS 2:

CONCLUSIONS

EXCAVATOR RESPONSIBILITY CODE: 000 000 - CHANGE WHILE PITCHING
EXCAVATOR RESPONSIBILITY TYPE:
EXCAVATOR RESPONSIBILITY DESCRIPTION:
EXCAVATOR RESPONSIBILITY DETAILS:
EXCAVATOR RESPONSE (IF ANY):

LOCATING COMPANY RESPONSIBILITY CODE:
LOCATING COMPANY RESPONSIBILITY TYPE:
LOCATING COMPANY RESPONSIBILITY DETAILS:

OTHER RESPONSIBILITY CODE:
OTHER RESPONSIBILITY TYPE:
OTHER RESPONSIBILITY DETAILS:

Damage Details 2008-12-05 09:28 am Page 2 of 3

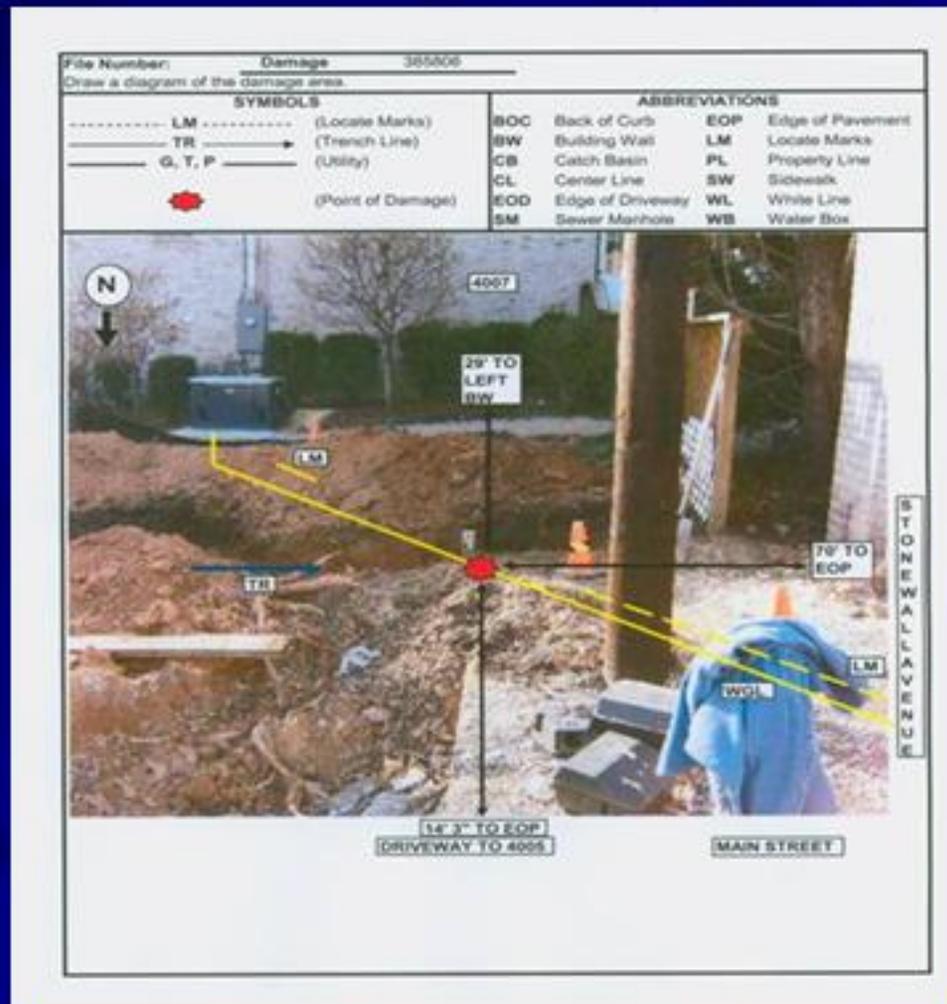
UQ Locate Picture



Damage Investigation Picture



Electronic Damage Sketch



UQ Damage Investigation Locate Manifest

**UTILIQUEST
FACILITY LOCATE MANIFEST**

Locator: Dave Employee # 7511
 Ticket # 1034 DATE: 5/21/24
 Address / Location: 4005-4007 Ave

Change in Area of Construction:
 Description of Change:

Signature(s): Locator: [Signature] Excavator: _____

CHECK ONE IF APPLICABLE:
 NO CONTACT, NO GAS WITHIN 2' OF THE AOC.
 NO PLANT PER QUAD-CARD AND SITE VIEW.

UTILITY	PLAT NUMBER	MARK TYPE	SYM	SIZE	DEPT	SIZE, TYPE, AND DESCRIPTION
GAS	<u>100072</u>	<u>(C)</u>	<u>0</u>	<u>1.5"</u>	<u>800</u>	<u>25ft, 2" A size (bank)</u>
POWER	<u>Co 516</u>	<u>(P)</u>	<u>0</u>	<u>1"</u>	<u>500</u>	<u>Seco</u>
PHONE		P	F	0		
CABLE TV		P	F	0		
WATER		P	F	0		
SEWER		P	F	0		

IF AREA OF CONSTRUCTION IS LARGE USE REVERSE VIEW

DATE: _____

FORM 800 WITH 8/2013

4) Completed Documentation

- All completed documents are approved and sent to the SCC Investigator

Division of Utility and Railroad Safety
Write: Damage Prevention Investigator
Division of Utility and Railroad Safety
State Corporation Commission
P.O. Box 1197
Richmond, Virginia 23218

E-mail: vadamageprevention@scc.virginia.gov

Web: www.scc.virginia.gov/division/urs/index.htm