******Commonwealth of Virginia**

**State Corporation Commission**

**Underground Utility Damage Prevention Act**

**Incident Report**

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| If you would like to report a probable violation, please complete the form and fax/mail/email to the State Corporation Commission. Natural Gas operators jurisdictional to Commission oversight shall report all damages to natural gas facilities and all violations of the Virginia Underground Utility Damage Prevention Act on this Incident Report Form. This form may also be used to report any near miss not resulting in a utility damage. |

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| **Part A – Please send this information to:**Damage Prevention Investigator Commission Toll Free Number 1-800-552-7945Division of Utility and Railroad Safety Division Number 804-371-9980State Corporation Commission FAX 804-371-9734P.O. Box 1197 Email vadamageprevention@scc.virginia.govRichmond, Virginia 23218 Web...www.scc.virginia.gov/pages/Utility-Railroad-Safety |  | **Division Use Only**Report No: Investigator:  |

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| **Part B – Who is submitting this information:**  | **Date of this report:** |       |
| Name:  |       | Work Phone:  |       |
| Company:  |       | Mobile Phone:  |       |
| Address:  |       | Home Phone:  |       |
| City, State, Zip:  |       | Pager Number:  |       |
| Email:  |       | FAX:  |       |

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| **Part C – Incident information:**  | **Incident Location:**  |
| Incident Date and Time:  |       | [ ] Public Property | [ ] City Right of Way |
| Incident Address:  |       | [ ] Private Property | [ ] County Right of Way |
| City/County:  |       | Zip Code: |       | [ ] Utility Easement | [ ] State Right of Way |
| Cause:  |       | Latitude: |       | Longitude: |       |

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| **Part D – Excavator Information:**  | **Date and Time Excavation Began:** |       |
| Name/Title:  |       | Work Phone:  |       |
| Company:  |       | Mobile Phone:  |       |
| Address:  |       | Home Phone:  |       |
| City, State, Zip:  |       | Pager Number:  |       |
| Email:  |       | FAX:  |       |

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| **Part E – Work Done For:** |
| Company/Individual Name: | [ ] Federal government | [ ] Utility | [ ] Property owner/occupant (individual) |
|       | [ ] State government | [ ] Railroad | [ ] Property owner/leaser (business) |
| [ ] Home builder | [ ] Local government  | [ ] Farmer | [ ] Other: |       |
| [ ] Site developer | [ ] Road builder | [ ] Realtor |  |

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| **Part F – Type of excavation activity:** | Parallel excavation [ ] Yes [ ] No | Exposing (pot holing) facility [ ] Yes [ ] No |
| [ ] Agricultural | [ ] Drainage work | [ ] Lot grading | [ ] Traffic signal/system | *Installing Utilities:* |
| [ ] Bldg. construction | [ ] Driveway work | [ ] Plumbing/septic work | [ ] Road construction | [ ] Electricity |
| [ ] Bldg. demolition | [ ] Fence work | [ ] Roadway maintenance | [ ] Setting poles | [ ] Telecommunications |
| [ ] Bldg. reconstruction | [ ] Investigating gas leak | [ ] Sign installation | [ ] Sprinkler | [ ] Cable | [ ] Gas |
| [ ] Curb/sidewalk work | [ ] Landscaping | [ ] Site development | [ ] Other: |       | [ ] Sewer | [ ] Water |

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| **Part G – Type of excavation equipment:** |
| Equipment Type and Model: |       |
| [ ] Mechanical | [ ] Hand | [ ] Vehicle | **Method of excavation:** |
| [ ] Boring\* | [ ] Explosive |  |  |  |  |  |  |
| *\*****If method is “boring,” select technique****:* | [ ] Augering | [ ] Ditching | [ ] Grading | [ ] Paving | [ ] Scraping |
| [ ] Horizontal Directional Drilling (HDD) | [ ] Barholing | [ ] Dredging | [ ] Hand Digging | [ ] Plowing | [ ] Tilling |
| [ ] Jack and Bore | [ ] Blasting | [ ] Drilling | [ ] Moving | [ ] Razing | [ ] Trenching |
| [ ] Pneumatic Missile (thumper, holehog, etc.) | [ ] Boring\* | [ ] Driving | [ ] Pavement Milling | [ ] Removing | [ ] Tunneling |
| [ ] Other: |       | [ ] Digging |  |  | [ ] Rendering | [ ] Wrecking |

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| **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 Water/Irrigation/Slurry | [ ] Trunk | [ ] Transmission | [ ] Valve | Depth of facility at the time of damage: |
|  | [ ] 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:  |       |

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| **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 Persons: |       | Number of customers affected:  |       |
| Was there a service interruption? [ ] Yes [ ] No Duration (Hours): |       | Other Property Impacted: |       |
| EFV installed? | [ ] Yes [ ] No | EFV activation? | [ ] Yes [ ] No |  | Other Impact:  |       |
| Loss of 911? [ ] Yes [ ] No | Loss of Air Traffic Control? [ ] Yes [ ] No |  |  |

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| **Part J – Notification center information:** |
| Did the excavator have a valid ticket?  | [ ] Yes [ ] No | Type of ticket: | [ ] 3-hour Deep |
| If yes, include Ticket Number:  |       | [ ] Regular 15 working day | [ ] Designer |
| Did the ticket cover the excavation area? [ ] Yes [ ] No | [ ] Remark | [ ] Emergency |
| Did the excavator check Excavator-Operator Information Exchange System? | [ ] Update | [ ] Special Project |
| [ ] Yes [ ] No | How: [ ] Phone [ ] Fax Back [ ] Website [ ] Email | [ ] 3-hour | [ ] Meeting |
| Did the operators report the marking status to the Excavator-Operator Information Exchange System? [ ] Yes [ ] No |

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| **Part K – Locating/marking of utility line:** |
| **NOTE:** Please attach a copy of the locate 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: |       |
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| If this incident involved any potential locating/marking errors, please include all records related to the locator’s training and qualification (including training to meet NULCA standards as well as Operator Qualification). |

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| **Part L – Investigator Names:** |
| Excavator’s: |       | Utility’s: |       | Locator’s: |       |

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| **Part M – Summary** |
| Please provide a summary of the incident (attach any and all documentation such as pictures, sketches, etc.): |
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