******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 1-800-552-7945  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/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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