



Underground Utility Damage Incident Report

Please provide all information requested here to assist in conducting a thorough investigation of this incident.
Please use a separate report for each incident. Thank you for your time.

Part A – Please send this information to:

Client File

Investigator 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 – Excavator Category:

☐ Contractor working for government ☐ Contractor working for utility ☐ County employee ☐ Railroad employee
☐ Contractor working for other ☐ Property owner/occupant ☐ State employee ☐ Farmer
☐ Contractor working for self ☐ Municipality employee ☐ Utility employee ☐ Developer
☐ Unknown

Part F – Type of excavation activity:

☐ Agricultural ☐ Drainage work ☐ Plumbing/septic work ☐ Road construction ☐ Exposing (pot holing) facility ☐ Yes ☐ No
☐ Bldg. construction ☐ Driveway work ☐ Roadway maintenance ☐ Setting poles ☐ Installing Utilities:
☐ Bldg. demolition ☐ Fence work ☐ Site development ☐ Sprinkler ☐ Electricity
☐ Bldg. reconstruction ☐ Landscaping ☐ Traffic signal/system ☐ Other: _____ ☐ Cable ☐ Gas
☐ Curb/sidewalk work ☐ Lot grading ☐ Sewer ☐ Water

Part G – Type of excavation equipment:

Equipment Type: _____
☐ Mechanical ☐ Hand ☐ Vehicle ☐ Boring* ☐ Explosive
*If method is "boring," list boring technique: _____
Method of excavation:
☐ Augering ☐ Ditching ☐ Grading ☐ Paving ☐ Scraping
☐ Blasting ☐ Dredging ☐ Hand Digging ☐ Plowing ☐ Tilling
☐ Boring* ☐ Drilling ☐ Moving ☐ Razing ☐ Trenching
☐ Digging ☐ Driving ☐ Pavement Milling ☐ Removing ☐ Tunneling
☐ Rendering ☐ Wrecking

UDi Utility Damage Investigations

Underground Utility Damage Incident Report

Part H – Description of damage:

What type of facility was damaged?

- ☐ Water ☐ Sewer
☐ Gas ☐ Telecommunications
☐ Cable ☐ Hazardous liquid pipeline
☐ Electric ☐ Other _____

Utility line function:

- ☐ Service ☐ Secondary
☐ Drop ☐ Primary
☐ Feeder ☐ Transmission
☐ Trunk ☐ Fiber ☐ Main

Material type (steel, plastic, etc.): _____
 Pressure (PSIG/inches): _____
 Size (diameter, voltage, pairs, etc.): _____
 Depth of facility at the time of damage: _____

Utility/Facility/Owner/Operator

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Contact: _____

Work Phone: _____

Mobile Phone: _____

Home Phone: _____

Pager Number: _____

FAX: _____

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 detoured? ☐ Yes ☐ No
 Was there a service interruption? ☐ Yes ☐ No Duration: _____
 Excavation Down Time Cost: \$ _____ Duration: _____

Number of Fatalities: _____
 Number of Injuries: _____
 Number of customers affected: _____
 Damage Repair Cost: \$ _____
 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: _____

Type of ticket:

- ☐ Regular ☐ Emergency
☐ Remark ☐ Special project
☐ Short notice ☐ Meeting
☐ Design

Did the excavator check Positive Response System?

☐ Yes ☐ No How: ☐ Phone ☐ Fax Back ☐ Website ☐ Email

Part K – Locating/marketing of utility line:

NOTE: Please attach a copy of the ticket and photos.

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 ☐ 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 Owner's records to assist in locating the facilities? ☐ Yes ☐ No-If Yes, indicate record type: _____

Were facilities marked in accordance with: ☐ § 556.102 (12) of the Florida Underground Utility Damage Prevention Act
☐ CFR 49
☐ CAS One Call Locate Policy Manual

Additional comments about this locate: _____

Part L – Investigator Names:

Excavator's: _____

Utility's: _____

Locator's: _____

Attach photos, sketches, narrative and witness statements (if applicable)