

# NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION

## REPORT OF PROBABLE VIOLATION OF UNDERGROUND UTILITY REGULATIONS AND/OR DAMAGE TO UNDERGROUND FACILITIES

<b>NEGATIVE REPORT</b>	Month: <input style="width: 50px;" type="text"/>	Year: <input style="width: 50px;" type="text"/>	No probable violation of underground utility regulations or damage to underground facilities occurred since the date this company last filed a report as required by Puc 803.02.
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INCIDENT DATE: (mo/day/yr)	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	TIME:	<input style="width: 40px;" type="text"/>	a.m.	<input style="width: 40px;" type="text"/>	p.m.
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REPORT DATE: (mo/day/yr)	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
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LOCATION OF VIOLATION / DAMAGE:	GPS COORDINATES: Long: <input style="width: 50px;" type="text"/>	Lat: <input style="width: 50px;" type="text"/>
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Address: <input style="width: 90%; height: 20px;" type="text"/>	PUBLIC WAY <input style="width: 40px;" type="checkbox"/>	RIGHT OF WAY <input style="width: 40px;" type="checkbox"/>
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City: <input style="width: 85%;" type="text"/>	State: <input style="width: 40px;" type="text"/>	Zip Code: <input style="width: 50px;" type="text"/>	EASEMENT <input style="width: 40px;" type="checkbox"/>	PRIVATE PROPERTY <input style="width: 40px;" type="checkbox"/>
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<b>PERSON REPORTING: (FACILITY OPERATOR, EXCAVATOR OR ANY OTHER PARTY)</b>			
Name: <input style="width: 90%;" type="text"/>	Home No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>

Company: (if applicable) <input style="width: 90%;" type="text"/>	Work No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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Address: <input style="width: 90%;" type="text"/>	Fax No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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City: <input style="width: 90%;" type="text"/>	Cell No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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State: <input style="width: 40px;" type="text"/>	Zip Code: <input style="width: 50px;" type="text"/>	Pager No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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<b>EXCAVATOR / FACILITY OPERATOR:</b>			
Name: <input style="width: 90%;" type="text"/>	Home No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>

Company: (if applicable) <input style="width: 90%;" type="text"/>	Work No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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City: <input style="width: 90%;" type="text"/>	Cell No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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State: <input style="width: 40px;" type="text"/>	Zip Code: <input style="width: 50px;" type="text"/>	Pager No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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<b>DOING WORK FOR:</b>			
Name: <input style="width: 90%;" type="text"/>	Work No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>

Company: (if applicable) <input style="width: 90%;" type="text"/>	Cell No. <input style="width: 40px;" type="text"/>	AREA CODE <input style="width: 40px;" type="text"/>	7 DIGIT NUMBER <input style="width: 40px;" type="text"/>
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<b>FACILITY DAMAGED: include type, size, material, pressure / voltage or Safety Concern:</b>			

ESTIMATE OF DAMAGE:	<input style="width: 40px;" type="text"/>	Excavator Billed for Damage?	YES <input style="width: 40px;" type="checkbox"/>	NO <input style="width: 40px;" type="checkbox"/>
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PERSONAL INJURY:	<input style="width: 90%;" type="text"/>
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<b>DESCRIPTION OF INCIDENT:</b>

TYPE OF MARKING:	<input style="width: 90%;" type="text"/>
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<b>OTHER PERTINENT INFORMATION: (photos, diagrams, sketch, etc.)</b>

<b>PLEASE CHECK ONE OR MORE OF THE FOLLOWING:</b>
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<table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>1. Notification completed, DIG-SAFE NUMBER: <input style="width: 300px;" type="text"/></td></tr> <tr><td><input type="checkbox"/></td><td>2. Notification completed, marked, markings not maintained</td></tr> <tr><td><input type="checkbox"/></td><td>3. Notification completed, location was not marked</td></tr> <tr><td><input type="checkbox"/></td><td>4. Notification completed, marked, damage occurred</td></tr> <tr><td><input type="checkbox"/></td><td>5. Excavating outside the pre-marked area</td></tr> <tr><td><input type="checkbox"/></td><td>6. Excavation classified as EMERGENCY SITUATION</td></tr> <tr><td><input type="checkbox"/></td><td>7. Excavator failed to observe 18-in. tolerance zone</td></tr> <tr><td><input type="checkbox"/></td><td>8. Excavator failed to notify nonmember facility operator</td></tr> <tr><td><input type="checkbox"/></td><td>9. Excavating on an expired ticket</td></tr> </table>	<input type="checkbox"/>	1. Notification completed, DIG-SAFE NUMBER: <input style="width: 300px;" type="text"/>	<input type="checkbox"/>	2. Notification completed, marked, markings not maintained	<input type="checkbox"/>	3. Notification completed, location was not marked	<input type="checkbox"/>	4. Notification completed, marked, damage occurred	<input type="checkbox"/>	5. Excavating outside the pre-marked area	<input type="checkbox"/>	6. Excavation classified as EMERGENCY SITUATION	<input type="checkbox"/>	7. Excavator failed to observe 18-in. tolerance zone	<input type="checkbox"/>	8. Excavator failed to notify nonmember facility operator	<input type="checkbox"/>	9. Excavating on an expired ticket	<table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>10. Procedures for notification not followed DIG-SAFE NOT NOTIFIED</td></tr> <tr><td><input type="checkbox"/></td><td>11. Failure to notify of damage</td></tr> <tr><td><input type="checkbox"/></td><td>12. Pre-marked YES <input style="width: 40px;" type="checkbox"/> NO <input style="width: 40px;" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>13. Operator's markings were incorrect due to:</td></tr> <tr><td><input type="checkbox"/></td><td>a. LOCATOR ERROR</td></tr> <tr><td><input type="checkbox"/></td><td>b. INCORRECT RECORD</td></tr> <tr><td><input type="checkbox"/></td><td>c. NO RECORD</td></tr> <tr><td><input type="checkbox"/></td><td>14. Facility operator failed to mark in a timely manner</td></tr> <tr><td><input type="checkbox"/></td><td>15. OTHER</td></tr> </table>	<input type="checkbox"/>	10. Procedures for notification not followed DIG-SAFE NOT NOTIFIED	<input type="checkbox"/>	11. Failure to notify of damage	<input type="checkbox"/>	12. Pre-marked YES <input style="width: 40px;" type="checkbox"/> NO <input style="width: 40px;" type="checkbox"/>	<input type="checkbox"/>	13. Operator's markings were incorrect due to:	<input type="checkbox"/>	a. LOCATOR ERROR	<input type="checkbox"/>	b. INCORRECT RECORD	<input type="checkbox"/>	c. NO RECORD	<input type="checkbox"/>	14. Facility operator failed to mark in a timely manner	<input type="checkbox"/>	15. OTHER
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Signature: <input style="width: 90%;" type="text"/>	Title: <input style="width: 90%;" type="text"/>
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\* Reviewed by signing authority listed (if submitted electronically) Yes  No

Note: Please provide explanation to items above where necessary.