

Incident # _____
(For Office Use)

Maine Public Utilities Commission Underground Facility Incident Report

Date of Report: _____

Report Submitted By : <input type="checkbox"/> Excavator; <input type="checkbox"/> Facility Operator; <input type="checkbox"/> Other Party			
Date of Incident	_____	Time of Incident	_____ AM / PM
Date Facility Operator Notified	_____	Time Facility Operator Notified	_____ AM / PM
Date Made Safe	_____	Time Made Safe	_____ AM / PM
Dig Safe Notified	___ Yes ___ No	Service Fully Restored	_____ AM / PM
Dig Safe Ticket #	_____	GPS Coordinates	_____ Long. _____ Lat.
Incident Location	_____ / _____ / _____ Street Town Tie Descriptions		
Type of Facility	___ Telephone ___ Electric ___ Gas ___ CATV ___ Water ___ Sewer ___ Other (____)		
Damage To	___ Service Line ___ Distribution Line ___ Transmission Line ___ Other ___ No Damage		
Photos Held By	___ Excavator ___ Operator ___ Other Party	Excavator Billed for Damage	___ Yes ___ No
Property Ownership	___ Public Right of Way ___ Easement ___ Private		
Property Owner/Address	_____ / _____ / _____ Owner Street Town		
Describe Facility (Type, Size, Material, Pressure, etc) _____			
Describe the Activity causing damage or safety concern, citing any lack of precaution (if applicable) _____			
Describe Damage (if applicable) _____			
Number of Injuries	_____	Number of Fatalities	_____ Estimate of Property Damage \$ _____

Excavator Data	
Excavation Company	_____
Address	_____
	Street
	Town Zip
Telephone	() _____
Name of Supervisor	_____
Equipment Operator	_____
Equipment Description	_____

Facility Operator Data	
Facility Operator (Utility)	_____
Address	_____
	Street
	Town Zip
Telephone	() _____
Number of Outages	_____
Evacuations	_____

Probable Cause :	
<input type="checkbox"/> Excavator failed to notify Dig Safe	<input type="checkbox"/> Operator failed to mark in a timely manner
<input type="checkbox"/> Excavator failed to notify Nonmember operator	<input type="checkbox"/> Operator failed to re-mark in a timely manner
<input type="checkbox"/> Excavator failed to premark	<input type="checkbox"/> Operator's markings were Incorrect due to:
<input type="checkbox"/> Excavator failed to maintain markings	___ locator error ___ incorrect record ___ no record
<input type="checkbox"/> Excavator failed to notify of damage to operator	<input type="checkbox"/> Designer failed to provide location on plans
<input type="checkbox"/> Excavator failed to observe 18-in. safety zone	<input type="checkbox"/> Other
<input type="checkbox"/> Excavator was reckless and/or negligent	
Comments	_____

I declare that to the best of my knowledge and belief, the information I provided is true, correct, and complete.

Report Prepared By _____ For _____
Print Name Company
Signature _____ Telephone () _____

Submit to: Damage Prevention Administrator, Maine Public Utilities Commission, 18 State House Station,
Augusta, ME 04333 or fax to (207) 287-1039