

Incident # \_\_\_\_\_  
(For Office Use)

# Maine Public Utilities Commission Underground Facility Incident Report

Date of Report: \_\_\_\_\_

<b>Report Submitted By :</b> <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 \$ _____

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

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

<b>Probable Cause :</b>	
<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