

Facility Damage Report

General information

Utility Damaged : Gas Water Sewer Electric Telephone Cable TV Private Other : _____

Date of Damage : _____ Size of Utility: _____

Location of Damage : _____

Map page & Grid : _____ Extent of Damage: _____

Photos Taken : Before After

Locate information

Miss Utility ticket number : _____

Area Marked?: _____ Yes: No: Marks correct?: Yes: No:

Type of locate marks: Flags Paint Both If marks are off, by how much? _____ In.

Test pits dug? Yes No Distance from nearest test pit to damage area: _____ In.

Damage information

Type of Activity when Damage occurred : _____

Type of excavation: _____ Hand excavation: Soil condition: _____

Mechanized Equipment: Equipment type: _____

Employee(s) committing Damage : _____

Other employees on site at time of damage: _____

Investigation information

Name of Utility representative: _____

Time of arrival on site: _____ Contact number: _____

Name of locate company representative: _____

Time of arrival on site: _____ Contact number: _____

Others on site (include contact information) : _____

On Site meeting notes:

Damage area drawing: