

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"/> 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 _____
_____	_____
Signature _____	Telephone _____ (____)
_____	_____
Print Name	Company

Submit to: Hattie Trask, Safety Programs Coordinator, Maine Public Utilities Commission, 18 State House Station, Augusta, ME 04333 Email [Hattie.trask@maine.gov](mailto:Hattie.trask@maine.gov) or fax to (207) 287-1039