

Insert Logo Here

INCIDENT NUMBER

UTILITY DAMAGE INCIDENT REPORT

Date of Incident:	Time of Incident:
Date Reported to Safety:	Time Reported to Safety:
Superintendent / Foreman:	Division:
Project Manager:	Project Number:
Location of Accident/Incident:	

EMPLOYEE DATA

Employee Name:	Phone:
Job Title:	Years' Experience:
Drug Screen Administered:	If No, Please Indicate Reason:
Type of Equipment Operated:	Equipment #:

UTILITY DAMAGE

Describe in detail the circumstances of the incident. Give a chronological sequence of events. If materials, equipment and/or vehicles were involved, start before they were brought to the incident scene and describe who, what, where, when, how, and why the incident happened in your words below.

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Brief Description of Damages:	Cause of Damage:
Company Involved in Utility Incident:	
Utility Type:	Estimated Amount of Damage:
Utility Owner:	Municipality:
Utility Supervisor:	Utility Supervisor Phone Number:
Was Utility Blue Staked?	Blue Stake Number:
Was Utility Potholed?	Was Utility Shown on Plans?
Distance of Marks(s) from Utility:	Depth of Utility:
Station # of Damage:	Line Marked by: Utility Co. Other:
Was Utility line repaired?	By Whom:
Date of Repair:	Cost of Repair (if known):

WITNESS INFORMATION

Are There Any Witnesses?	Total Number of Witnesses
Note: All Witnesses MUST complete at Employee/Witness Statement – Click here to download form	
Witness 1: <i>(Name, Address, City/State/Zip, Phone):</i>	Witness 2: <i>(Name, Address, City/State/Zip, Phone):</i>

ADDITIONAL NOTES / COMMENTS:

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Incident No: _____

UTILITY DAMAGE ACKNOWLEDGEMENT FORM

The following information is documentation of a utility hit and/or damage to an existing utility.

Total Lost/Standby Time: _____

Utility Company Name: _____

• Representatives Name: _____ Phone #: _____

Locate Company Name: _____

• Representatives Name: _____ Phone #: _____

Blue Stake #: _____

Reason for Utility Damage:

Signature of Company Supervisor Date

Witnesses: (i.e., inspector, owner's representative): Phone

By signing below, you the utility company and/or locate company representative, acknowledge that said damage to specified utility was of no fault of and/or their representatives.

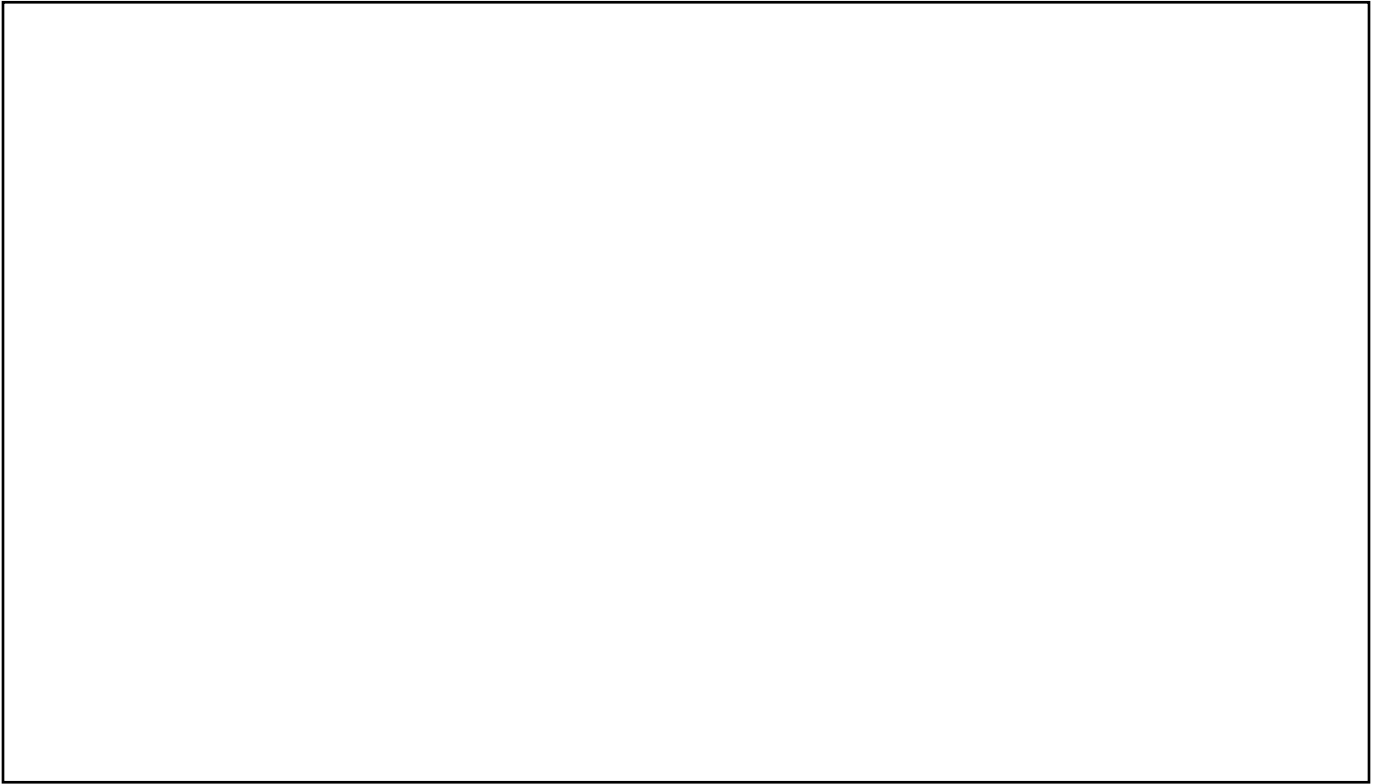
Signature of Utility Representative Date

Signature of Locate Co. Representative Date

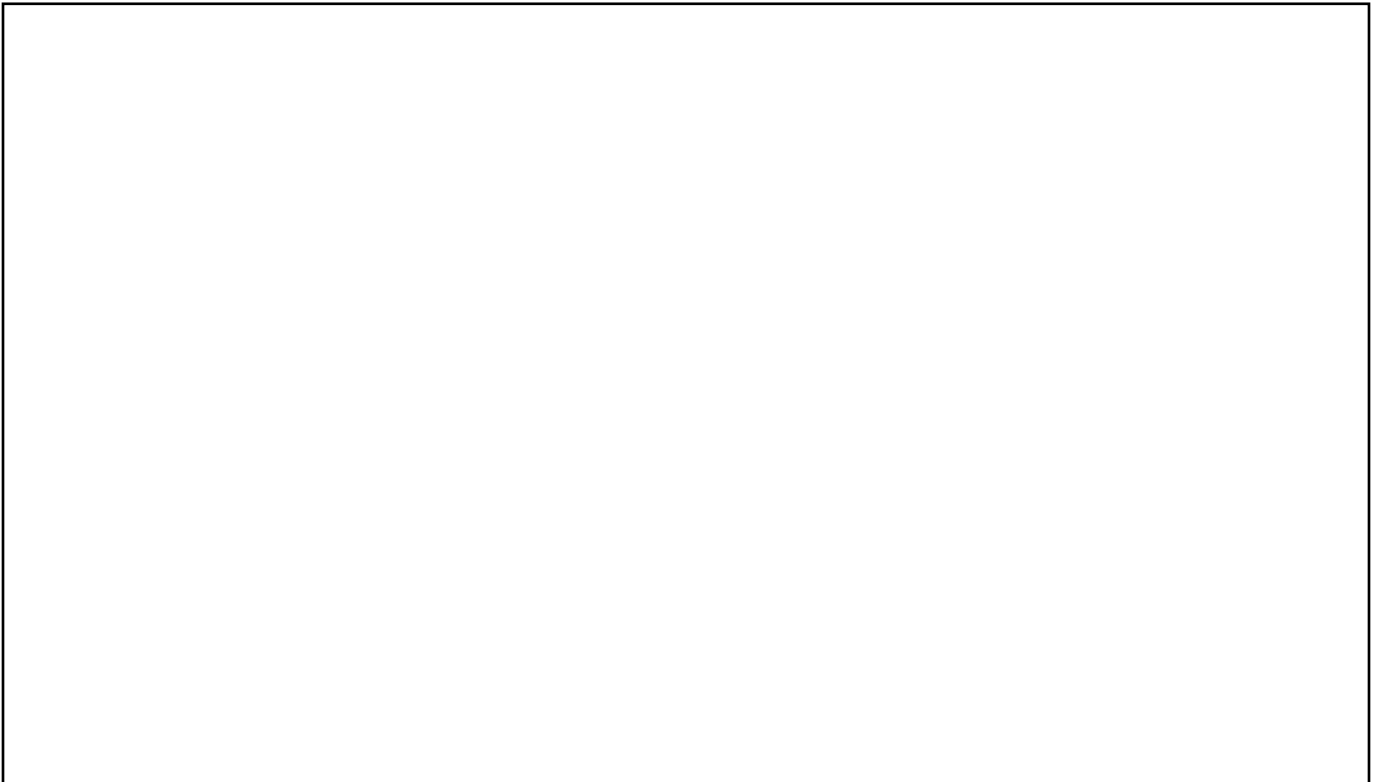
Note: If representative declines to sign, please request representative remain at jobsite until Safety Specialist arrives. Immediately request the presence of a Company Safety Specialist.

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Insert Photos and Captions Below



Insert Caption Here



Insert Caption Here

Insert Logo Here

Insert Photos and Captions Below



Insert Caption Here



Insert Caption Here

REFERENCE GUIDE

POTENTIAL CONTRIBUTING FACTORS

Use the listing below as an aid in identifying the factors that contributed to the incident.

This is a reference guide to assist with completing the "Incident Analysis Review" on the following page.

PROCEDURES	COMMUNICATION	FACILITIES/EQUIPMENT
None Developed	Insufficient planning within THA	Faulty equipment
Developed, not followed	Breakdown in communication between workers	Poor Design
Developed, not trained	Breakdown in communication between workers & supervisor	Not inspected sufficiently
Developed, not understood	Breakdown in communication between work teams	Ergonomic factors
Developed, not accurate	Confusion after communication	New equipment
Developed, unable to follow		Change in process/materials
IN A HURRY	HAZARD	OTHER FACTORS
Supervisor implied need	Created by co-worker, worker or other trade	Weather/temperature
Employee perceived need	Created by external factors	Working long hours
Friendly competition	Documented but not repaired	Physical over exertion
Due to external factors	Unidentified	Personal Protective Equipment
Workload too heavy	Identified but accepted	Improper body position
Lack of teamwork	Deficient repair	Light
Customer originated	Conditions changed without knowledge	Noise
Equipment failure	Improper communication	Atmosphere
Rushes deadlines	Lack of documentation	Visibility
Lack of help or assistance		Chemical
Illness		Insufficient training

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INCIDENT ANALYSIS REVIEW

Contributing Factor(s) to the Incident: <i>Refer to "Potential Contributing Factors" list as a reference guide. Please document all contributing factors.</i>	List the Corrective Action(s) taken to prevent recurrence for each contributing factor
1.	1. <p style="text-align: right;">Due Date:</p>
2.	2. <p style="text-align: right;">Due Date:</p>
3.	3. <p style="text-align: right;">Due Date:</p>
4.	4. <p style="text-align: right;">Due Date:</p>
5.	5. <p style="text-align: right;">Due Date:</p>
6.	6. <p style="text-align: right;">Due Date:</p>
7.	7. <p style="text-align: right;">Due Date:</p>
8.	8. <p style="text-align: right;">Due Date:</p>
Based upon the contributing factors identified above, which <u>ONE</u> if removed, triggered all other events to occur, this is the root cause.	
What was the Root Cause(s) of the Incident?	Corrective Action <p style="text-align: right;">Due Date:</p>

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PARTICIPANTS OF THE INCIDENT ANALYSIS

Name	Company	Trade/Craft	Date

MANAGEMENT REVIEW

Title	Signature	Date
First Line Supervisor		
Superintendent		
Project Manager		
Onsite Safety Representative: <i>(If applicable)</i>		
Other:		
Other:		
Claims Administrator:		
Safety Manager:		