



# **BURIED FACILITY INCIDENT REPORT**

**“Locate Accurately, Dig Safely”**

**Provide the following information for “no-marks or mis-marks”**

**Company:** \_\_\_\_\_  
**Individual:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Date of Incident** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Dig Ticket #** \_\_\_\_\_  
**Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Location:** Include address, cross streets, city or county:  
\_\_\_\_\_  
\_\_\_\_\_

**Was the facility located:**  Yes  No  
**Were the locates visible near the area of excavation:**  Yes  No  
**Was the facility found:**  Yes  No  
**Describe what was found (exposed):** \_\_\_\_\_  
\_\_\_\_\_

**How close was the facility to the marks:** \_\_\_\_\_ inches.  
**Select which TYPE of facility was affected:** Transmission  Distribution  Service   
**Select which facility was affected:**  Telephone  Gas  Electric  Water   
Sewer  
 Cable TV  Streetlight  Traffic Signal  None  Other

**Select the type of work being performed:**  Telephone  Gas  Electric  Water  
 Sewer  Cable TV  Streetlight  Traffic Signal  Site Development  Storm  
Water  Potholing  Directional Drilling  Other

**Is the facility owner/operator a member of the one call center (USA North):**  Yes  No  
**Did the excavator incur cost:**  Yes  No  
**Was there damage to the facility:**  Yes  No  N/A  
**What was the root cause of the incident:**

- Wrong information provided to the one call center
- One call center error
- Facility was not located and/or identified “no marks”
- Insufficient marking or locating “mis-marked”
- Abandoned facility
- Other

**What could have prevented this incident:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide any pertinent additional information regarding this incident:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXCAVATOR IMPACT

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

<b>LABOR:</b>	<u>HRS.</u>	<u>RATE</u>	<u>TOTAL</u>
Supervisor	_____	_____	_____
Forman	_____	_____	_____
Operator's	_____	_____	_____
Driver's	_____	_____	_____
Laborers	_____	_____	_____
Administrative	_____	_____	_____
Other	_____	_____	_____
		<b>Subtotal:</b>	_____

<b>EQUIPMENT:</b>	<u>HRS.</u>	<u>RATE</u>	<u>TOTAL</u>
Backhoe/Excavator	_____	_____	_____
Loader/Dozer	_____	_____	_____
_____	_____	_____	_____
Grader/Scraper	_____	_____	_____
Trucks	_____	_____	_____
_____	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
		<b>Subtotal:</b>	_____

<b>MATERIAL:</b>	<u>QTY</u>	<u>UNIT COST</u>	<u>TOTAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Subtotal:</b>	_____

<b>SUBCONTRACTORS:</b>	<u>QTY</u>	<u>UNIT COST</u>	<u>TOTAL</u>
Shoring	_____	_____	_____
Barricading	_____	_____	_____
Other	_____	_____	_____
		<b>Subtotal:</b>	_____

<b>OTHER:</b>	<u>QTY</u>	<u>UNIT COST</u>	<u>TOTAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Subtotal:</b>	_____
		<b>GRAND TOTAL:</b>	_____