

UTILITY DAMAGE INCIDENT REPORT



General Information

Project: _____ Project No.: _____

Contractor: _____

Contractor POC for This Incident _____ Cell #: _____

Utility Owner: _____

Date/Time Damaged: _____ Date/Time 1st Identified: _____

General Location of Work Area: _____

Address Where Incident Occurred: _____

Damage 1st Reported by: _____

Describe Incident & Damage to Utility Asset: (attach photos & supplemental information)

Describe Collateral Damage to Equipment or Property: (attach photos & supplemental information)

Did Personal Injuries Result for this Incident? Yes No (If yes, complete & Attach Accident Incident Report

Utility Interaction

Date/Time Utility Notified: _____ Name Contractor Notifier: _____

Name/Title Utility POC: _____ Cell/Telephone #: _____

Summarize Utility Initial Response: _____

Date/Time Utility 1st on Site: _____

Did Utility Repair Damage on Initial Visit? Yes No (If No, complete attached Utility Contact Log)

Date/Time Utility Completed Repairs: _____

Does Utility Require Special Work Methods? Yes No (If Yes, attach agreed requirements)

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Security of Safe Area Actions

General Use of Area: (i.e. Residential, Commercial, etc.) _____

Any Institutions in Area? (i.e. School, Hospital, etc.) Yes No (If yes, complete attached Institution Contact Log)

Date/Time Safety Provisions Started: _____ Time Area Secured _____

Describe Safe Area Security Actions: _____

Date/Time Safety Provisions Removed: _____

Follow-on Actions & Lessons Learned

Follow-on Required? Yes No (If Yes, Describe) _____

Cause of Utility Damage Incident: _____

Contractor's Plan to Avoid Similar Incidents in Future: _____

Contractor's Recommendations to Improve Future Incidents: _____

Submitted by:

Contractor's Supervisor: _____ Signature: _____

Date: _____

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INSTITUTION CONTACT LOG			
Name & Address of Institution	Date/Time Contacted	POC & Telephone #	Agreed Action

Note: Use as many pages of Log as required.