



**Massachusetts Department of Public Utilities  
DIG SAFE VIOLATION / DAMAGE REPORT**

Pipeline Safety Division  
One South Station, Boston, MA 02110  
Email: [DPU.DamagePrevention@mass.gov](mailto:DPU.DamagePrevention@mass.gov)  
Phone: (617) 305-3570

All fields outlined in red are mandatory and must be filled in.  
For the Utility Companies, the report should be completed and submitted within 30 days of the incident.  
For detailed instructions, refer to the Dig Safe Violation Report Instructions.

Docket#:  
(For DPU Use Only)

**Part I - GENERAL INFORMATION** *(Reporting Party)*

**Today's Date:** To the best of my knowledge, I certify that the information provided is true and accurate.

Reporting Party:  Operator/Utility  Excavator  Other (specify):

Contact Person: \_\_\_\_\_ Employer (If Applicable): \_\_\_\_\_

Provide Full Name

Phone Number: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part II - INCIDENT INFORMATION**

Street Address: \_\_\_\_\_ City or Town: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

When was the incident reported to operator and by whom?: \_\_\_\_\_ Dig Safe Number: \_\_\_\_\_

Describe how the damage occurred:  
\_\_\_\_\_  
\_\_\_\_\_

**Part III - ALLEGED VIOLATION OF DIG SAFE** *(Check as many as apply):*

1. No Dig Safe ticket or invalid Dig Safe ticket. If invalid, explain why below:  
\_\_\_\_\_  
\_\_\_\_\_

2. Underground facility not marked.  
\_\_\_\_\_

3. Underground facility inadequately or incorrectly marked.  
\_\_\_\_\_

4. Marks lost or not maintained.  
\_\_\_\_\_

5. Excavation not performed with reasonable precaution.  
\_\_\_\_\_

6. Operator not notified of damage.  
\_\_\_\_\_

7. Invalid blasting notification.  
\_\_\_\_\_

8. Excavation area not pre-marked.  
\_\_\_\_\_

9. Other (Explain): \_\_\_\_\_  
\_\_\_\_\_

**Part IV - EXCAVATOR INFORMATION**

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Company Name:

Company Phone Number:

Company Address:

Zip Code:

Crew Supervisor:

Crew Supervisor Phone Number:

Was this Excavator listed on the Dig Safe ticket?    Yes      No

Name of Person Who Caused Damage:

Hoisting License Number:

Title:

Phone Number:

**Part V - FACILITY INFORMATION**

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Owner of Facility:

Type of Facility:     Gas    Electric    Communication    Other *(specify):*

Facility damaged is:    Main    Service    Other *(specify):*    No Damage

Facility is on:    Private Way    Public Way

Description of facility (e.g. material, voltage, diameter, pressure):

Year of Installation *(If less than 12 months, provide month and date):*

Depth of the Facility:

Depth of the Excavation:

**Part VI - DAMAGE INFORMATION**

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What was the purpose of the excavation activity?

What tool/equipment caused the damage?

Please provide the names of all witnesses below. Include contact information and employer name:

Were photographs of damage taken at the time the incident occurred?    Yes    No

## **Damage Information (Cont'd)**

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- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Was the underground facility active (live)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Did the damage cause any service interruption?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) If a Dig Safe # was obtained, did the excavation occur within the area (scope) described in the ticket?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Was the site marked?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Were the marks within 18" of the facility?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Did damage result in the release of gas?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) If damage to a gas facility resulted in the release of gas, did the person who caused the damage call 911 first? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## **VII - DOCUMENTATION & EVIDENCE**

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**Please check the item(s) that you are planning to submit along with this Dig Safe Violation Report:**

- A copy of the Dig Safe ticket for this excavation
- Pre-excavation photos/videos of dig safe markings
- Photos/videos of the actual damage (with the date and time stamp if possible)
- Diagram/sketch of the facility
- Excavator/Operator's internal damage report
- Witness Statements
- Any written correspondence (i.e., memos, letters, emails, texts) regarding the damage
- Repair Work order
- Records demonstrating accurate markout, including markout completion details/ticket history
- Facility History Records/Service Cards (at time of markout and after repair has been made)
- Map Record (Original and Updated)
- Records of any conversation/agreement between operator and excavator

## **Notes/Additional Observations**

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