| Form E-26 | | | | | | | | |
|--|--|-------------------|------------------|----------------------|---------------------|------------------|------------------------------|-----------------|
| | | NEW | HAMPSHIRE | PUBLIC UTILI | TIES COMMIS | SSION | | |
| REPORT | OF PROBABLE VI | OLATION OF U | | | | DAMAGE TO U | NDERGROUND FACILIT | IES |
| | | | (In com | pliance with Pu | c 804.01) | | | |
| NEGATIVE | | Month: | | Year: | | | | |
| No probable violation of u | inderground utility | regulations or d | lamage to under | ground facilities oc | curred since the | date this compan | y last filed a report as req | uired by Puc |
| 804.01. | | | | | | | | |
| INCIDENT DATE: (mo/da | | | | | TIME: | | a.m. | p.m. |
| REPORT DATE: (mo/da | ıy/yr) | | | | GPS COORD | INIATES: | | |
| | | | | | Lon | | | Lat: |
| LOCATION OF VIOLATION | N / DAMAGE: | | | | | s. | | |
| Address: | | | | | PUBLIC W | AY | RIGHT OF | WAY |
| City: | | | | | | | DD1/475 DD 0D5 | D.T.V |
| State: | Zip Code: | | | | EASEME | NT | PRIVATE PROPE | RIY |
| PERSON REPORTING: (F | ACILITY OPERATO | R, EXCAVATOR | OR ANY OTHER | R PARTY) | | AREA CODE | 7 DIGIT NUMBER | EXT. |
| ` | | , | | , | <u></u> | | | |
| Name: | | | | | Home No. | | | |
| Company: (if applicable) Address: | | | | | Work No. | | | |
| City: | | | | | Fax No. Cell No. | | | |
| State: | Zip Code: | | | | | | | |
| | | | | | | | | |
| EXCAVATOR / FACILITY (| OPERATOR: | | | | | AREA CODE | 7 DIGIT NUMBER | EXT. |
| Name: | | | | | Home No. | | | |
| Company: (if applicable) | | | | | Work No. | | | - |
| Address: | | | | | Fax No. | | | |
| City: | | | | | Cell No. | | | |
| State: | Zip Code: | | | _ | | | | |
| DOING WORK FOR: | | | | | | AREA CODE | 7 DIGIT NUMBER | EXT. |
| | | | | | <u></u> | | | |
| Name: | | | | | Work No. | | | |
| Company: (if applicable) | | | | | Cell No. | | | |
| FACILITY DAMAGED: incl | lude type, size, mat | erial, pressure / | voltage or Safet | ty Concern: | | | | |
| | , , , , | , , | | , | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ESTIMATE OF DAMAGE: | \$ | | Excavator | Billed for Damage? | Y | es | No | |
| | <u> </u> | | | go . | | | | |
| PERSONAL INJURY: | Yes | | N | lo | | | | |
| DESCRIPTION OF INCIDE | ·NT. | | | | | | | |
| DESCRIPTION OF INCIDE | :NI: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TVDE OF MARKING | | | | | | | | |
| TYPE OF MARKING: | | | | | | | | |
| OTHER PERTINENT INFO | RMATION: (photo | s, diagrams, sk | etch, etc.) | | | | | |
| | · · | | • | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PLEASE CHECK ONE OR | MORE OF THE FO | LLOWING: | | | | | | |
| | | | | _ | | | | |
| | ion completed, | | NUMBER: | | | | | |
| 2. Notification completed, marked, markings not maintained Operator's markings were incorrect due to: | | | | | | | | |
| 3. Notification completed, location was not marked 13.a. LOCATOR ERROR 4. Notification completed, marked, damage occurred 13.b. INCORRECT RECORD | | | | | | | | |
| 5. Excavating outside the pre-marked area 13.c. NO RECORD | | | | | | | | |
| 6. Excavation classified as EMERGENCY SITUATION 14. Facility operator failed to mark in a timely manner | | | | | | | | |
| 7. Excavator failed to observe 18-in. tolerance zone 8. Excavator failed to notify nonmember facility operator | | | | | | | | |
| | or failed to notify nonring on an expired tick | | perator | | | | | |
| | ng on an expired tick ures for notification n | | SAFE NOT NOTI | FIED | | | | |
| 11. Failure to notify of damage | | | | | | | | |
| 12. Pre-mar | , | | N | lo | | | | |
| | | | | | | | | |
| Signature: | | | | Titl | 9. | | | |
| Signature: | | | | | · _ | | | |
| *Reviewed by signing aut | hority listed (if sub | mitted electronic | cally) | • | 'es | No | | |
| Note: Please provide expl | anation to items ab | ove where nece | essary. | | | _ | | Revised 12/2014 |