

Incident # _____
(For Office Use)

Maine Public Utilities Commission Underground Facility Incident Report

Date of Report: _____

Report Submitted By: <input type="checkbox"/> Excavator; <input type="checkbox"/> Facility Operator; <input type="checkbox"/> Other Party	
Date of Incident _____	Time of Incident _____ AM / PM
Date Facility Operator Notified _____	Time Facility Operator Notified _____ AM / PM
Date Made Safe _____	Time Made Safe _____ AM / PM
Dig Safe Notified _____ Yes _____ No	Service Fully Restored _____ AM / PM
Dig Safe Ticket # _____	GPS Coordinates _____ Long. _____ Lat.
Incident Location _____ / _____ / _____ Street Town Tie Descriptions	
Type of Facility _____ Telephone _____ Electric _____ Gas _____ CATV _____ Water _____ Sewer _____ Other (____)	
Damage To _____ Service Line _____ Distribution Line _____ Transmission Line _____ Other _____ No Damage	
Photos Held By _____ Excavator _____ Operator _____ Other Party	Excavator Billed for Damage _____ Yes _____ No
Property Ownership _____ Public Right of Way _____ Easement _____ Private	
Property Owner/Address _____ / _____ / _____ Owner Street Town	
Describe Facility (Type, Size, Material, Pressure, etc) _____	
Describe the Activity causing damage or safety concern, citing any lack of precaution (if applicable) _____	
Describe Damage (if applicable) _____	
Number of Injuries _____	Number of Fatalities _____ Estimate of Property Damage \$ _____

Excavator Data	
Excavation Company _____	
Address _____	Street _____
Town _____	Zip _____
Telephone _____ (____)	
Name of Supervisor _____	
Equipment Operator _____	
Equipment Description _____	

Facility Operator Data	
Facility Operator (Utility) _____	
Address _____	Street _____
Town _____	Zip _____
Telephone _____ (____)	
Number of Outages _____	
Evacuations _____	

Probable Cause:	
<input type="checkbox"/> Excavator failed to notify Dig Safe	<input type="checkbox"/> Operator failed to mark in a timely manner
<input type="checkbox"/> Excavator failed to notify Nonmember operator	<input type="checkbox"/> Operator failed to re-mark in a timely manner
<input type="checkbox"/> Excavator failed to premark	<input type="checkbox"/> Operator's markings were Incorrect due to: _____ locator error _____ incorrect record _____ no record
<input type="checkbox"/> Excavator failed to maintain markings	
<input type="checkbox"/> Excavator failed to notify of damage to operator	
<input type="checkbox"/> Excavator failed to observe 18-in. safety zone	<input type="checkbox"/> Other
<input type="checkbox"/> Excavator was reckless and/or negligent	
Comments _____	

I declare that to the best of my knowledge and belief, the information I provided is true, correct, and complete.

Report Prepared By _____	For _____
Signature _____	Telephone _____ (____)
Print Name _____	Company _____

Submit to: Maine Public Utilities Commission, 18 State House Station, Augusta, ME 04333
Email IncidentReport.PUC@maine.gov or fax to (207) 287-1350