

Damage Investigation Report

Location Details

Event Date: _____

Address: _____

Affected Facility

Near Miss? Yes No

Type of Operation Affected: _____

Line Size & Type: _____

Facility part of joint trench? Yes No

Asphalt or Concrete Removed? Yes No

Arrival Date: _____ Time: _____

Dimensions of Asphalt or Concrete removed: _____

Repairs Taking Place Upon Arrival? Yes No

Who Performed Repairs: _____

Contractor Representative: _____

Contractor Representative Phone Number: _____

Personnel On Site: _____

Vehicles/Equipment Being Used For Repairs: _____

Guards or Barricades On Site? Yes No

Facilities: Replaced Repaired

Time Occurred: _____

Damager

Company Name: _____

Contact: _____

Contact Phone: _____

Type of Work: _____

Damage Responder: _____

Utility Information

Utility Company Name: _____

Utility Contact Name: _____

Utility Contact Phone: _____

Utility Representative: _____

Utility Rep. Present on Arrival? Yes No

Excavation Information

Excavator Type: _____

Excavation Equipment: _____

Work Performed: _____

Excavator downtime? Yes No

Downtime hours: _____

Downtime cost: _____

Notification And Locating

One Call Center notified? Yes No

Locator Type: _____

Work area white-lined? Yes No

Ticket Number: _____

Date Located: _____

Located By: _____

Interruption And Restoration

Event cause Interruption? Yes No

Interruption hours: _____

Customers Affected (approx.): _____

Root Cause

Root Cause: _____

Comments: