

MP Utility/Property Damage Report

ALL sections are MANDATORY to fill out

Date of Damage: / /	Time: : AM/PM	Job #:	Ticket #:
Foreman:		Supervisor:	
Weather:	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Windy
	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Hot
	<input type="checkbox"/> Cold		
Site Conditions:	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Cluttered
	<input type="checkbox"/> Active	<input type="checkbox"/> Low Activity	
Congested ROW:	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Residential
	<input type="checkbox"/> High Traffic Area	<input type="checkbox"/> Pedestrians	
Gas-911 Notified	<input type="checkbox"/> Yes	Will Damage Excavation be at 5' or greater <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refer to Excavation Check list			
Utility Representative Notified:		With:	By:
Damage Address:			
City:	State:	County:	

Electric	Gas	CATV	Phone/Fiber	Sewer/Water	Private
<input type="checkbox"/> Single Phase Primary	<input type="checkbox"/> Main	<input type="checkbox"/> Fiber	<input type="checkbox"/> Fiber	<input type="checkbox"/> Service	<input type="checkbox"/> Gas
<input type="checkbox"/> 3 Phase Primary	<input type="checkbox"/> Service	<input type="checkbox"/> Feeder	<input type="checkbox"/> Copper	<input type="checkbox"/> Main	<input type="checkbox"/> Electric
<input type="checkbox"/> Secondary/Service	<input type="checkbox"/> Other	<input type="checkbox"/> Drop	<input type="checkbox"/> Buried Service	<input type="checkbox"/> Storm	<input type="checkbox"/> Phone
<input type="checkbox"/> Street Light		<input type="checkbox"/> Empty Conduit	<input type="checkbox"/> Duct Package	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Fiber
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
If Other, Explain:				Type & Size:(Count/Pair)	

Customer/Owner Working For: _____	Type of Utility Installed: _____					
Engaged in what activity when damage occurred:						
Damage By:	<input type="checkbox"/> Backhoe/Trackhoe	<input type="checkbox"/> Directional Bore	<input type="checkbox"/> Front End Loader	<input type="checkbox"/> Skid Loader	<input type="checkbox"/> Trencher	<input type="checkbox"/> Plow
	<input type="checkbox"/> Shovel	<input type="checkbox"/> Slap Sticks	<input type="checkbox"/> Bullet	<input type="checkbox"/> Auger	<input type="checkbox"/> Other _____	
Locator Error:	<input type="checkbox"/> YES	<input type="checkbox"/> NO				

Facility Was Marked Within the Tolerance Zone	<input type="checkbox"/> YES <input type="checkbox"/> NO	If marks were not within the tolerance zone, give distance from damage to closest mark: _____
Was damaged facility determined to be abandoned:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Locate Company: _____
Locator Name:	MP Crew Incur Down Time: <input type="checkbox"/> YES <input type="checkbox"/> NO	If So How Much Time: _____

Description of Damage in Detail: (Who, What, Why and How)

Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Sketch of Damage Site Required on Reverse Side of Form
PHOTOS ARE REQUIRED TO BE SUBMITTED FOR ALL UTILITY DAMAGES. <small>Please include photos from all 4 sides. Include photos showing marks and distance to marks. Photos of the actual damage along with photos showing wider angles are necessary to give perspective to the scene. If video is available and will be helpful please include it.</small>	

Continued on Reverse Side of the Form

Please include a sketch with measurements to explain the damage (use additional pages if necessary)

Statement from Witnesses:

Name:

Company:

Contact Info:

Name:

Company:

Contact Info:

Root Cause of Damage:

- Locator Error Inadequate Marks Excavated in Tolerance Zone Failure to Pothole Properly
 No Ticket/Expired Ticket Excavated Before Ticket Due Time Dug Outside of Ticket
 Utility/Mapping Faulty Facilities Other _____

Employee Causing Damage:

Action to Be Taken:

- None (no action required) Verbal Written Probation Suspension
 Dismissal Other _____

Preventative Measures Discussed & Additional Comments:

By signing this document, you acknowledge that you have read and understand the information contained herein.

Employee

Manager

Employee Completing This Report:

Repair Information:

Repair Person Name(s):

Truck # or Lic. #:

Arrived At: : AM/PM

On / /

Departed At: :

AM/PM

on / /

Number of Personnel:

Number of Trucks:

Special Equipment:

Repaired By:

- Spliced Replaced Other:

Sent To:

- Safety Utility GS Agency Filed