

BUREAU OF LABOR LAW COMPLIANCE

Incident Report

Underground Utility Line Protection Act

| | CASE NO.: |
|--|--|
| Within ten business days of the incident, mail or fax to: Enforcement Coordinator | If you are a facility owner or excavator, is your organization a |
| Department of Labor & Industry | member of the Pennsylvania One |
| Bureau of Labor Law Compliance, Room 1301 | Call System, Inc? |
| 651 Boas Street, Harrisburg, PA 17121-0750 | |
| Toll Free: 1-800-932-0665 Fax: (717) 787-0517 | L Yes No |
| Reported By | Date: |
| Name: | Phone number: |
| Company: | Fax number: |
| Address: | E-mail: |
| Excavator Performing Work | |
| Address: | Phone number: |
| City/State/Zip: | Fax number: |
| Contact Person: | E-mail: |
| Nature and scope of excavation: | |
| Type of Equipment being used: Date and time excavation started: | |
| Was the area marked in white? | Yes No |
| Was PA ONE CALL contacted? If so, attach ticket copy. Was it called in as an emergency? | Yes No POCS Serial #: Yes No |
| Nature of emergency: | |
| Did the facility owner respond to KARL? | 🗌 Yes 🗌 No |
| What was the response: | |
| Date and time of response: | |
| Incident Information: | |
| Facility Name: | |
| County: Date of Incide | ent: Time: |
| Municipality: | |
| Address: | |
| City: | Zip: |
| Damage to facility? | Facility Use: |
| Estimated cost of damages: | Transmission 🗌 Service 🗌 |
| Type of facility: | Distribution Other |
| Communications Water | (Explain Other) |
| Electric Sewer | |
| Gas/Oil Other | Right of Way: |
| Size of facility (diameter): | |
| Facility Owner's Name: | Were lines located? Yes No Unknown |
| Interruption of service: | Date and time lines were marked: |
| Duration of interruption: | Was size indicated? |
| Start date and time: | Colored Indicator: |
| End date and time: | Paint Mark Dot Dot |
| Number of customers affected: | Arrow 🗌 🛛 Flag 🗌 |
| Number of customers evacuated: | Stake Other |

| Personal Injury? Yes | No Number injured? | _ Death? 🗌 Ye | es 🗌 No | Number Fa | atalities? |
|--|--|--|---------------------------------------|---|--------------|
| In the event of damage, did Evacuate/alert resident(s)? | d the excavator notify the facilit ? | ty owner? | Yes Yes | No No | |
| 1. If you are a facility owne was the hit made by you | | | Yes | 🗌 No | □ N/A |
| 2. If you are a facility owne the hit made by a contra | | | Yes | 🗌 No | □ N/A |
| If you are a facility owne did you hit another facilit | | | Yes | 🗌 No | □ N/A |
| | xcavator reporting a hit that yo acility owner of the line that you | | Yes | 🗌 No | □ N/A |
| 5. If this was a gas line hit, or gas distribution line? | was it a gas transmission | | Transmis | ssion 🗌 D | Distribution |
| | | | | | |
| To accurately describe the utilities, roads, fixed landm | n of the incident area: (Attacl incident, please include the fo narks, etc., (3) location of incide r and (5) the distance between | llowing: (1) direct ent using distance | tion of nor a landmar | rth, (2) the u ks, (4) the lo | |
| To accurately describe the utilities, roads, fixed landm | incident, please include the fo larks, etc., (3) location of incide r and (5) the distance between | llowing: (1) direct ent using distance | tion of nor a landmar | rth, (2) the u ks, (4) the lo | |
| To accurately describe the utilities, roads, fixed landm placed by the facility owned Whom do you represent? | r incident, please include the fo larks, etc., (3) location of incide r and (5) the distance between | Ilowing: (1) direct ent using distance the incident and Designer Citizen ent Report are true statements are i | tion of nor a landmar the paint | rth, (2) the u ks, (4) the lo or flags. | best of my |
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Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program

Complete All Applicable Sections and Both Pages of the Incident Report