

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	
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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