

Excavator's Gas Line Incident Report

Date of Incident	Time of Incident
Name of Utility Involved	
Was the Utility Contacted?	
Did you contact 911?	

Incident Location

Address			
City		State	
Zip Code		County	

Excavator Information

Full Legal Name of Business			
Mailing Address			
City		State	
Zip Code		County	
Phone Number		Email	

Equipment Operator Information

First Name			
Last Name			
Mailing Address			
City		State	
Zip Code		County	
Phone Number		Email	

Reporter Information

First Name			
Last Name			
Mailing Address			
City		State	
Zip Code		County	
Phone Number		Email	

Incident Information

Was a locate ticket obtained prior to excavation? *If yes, complete locate ticket information.*

Yes		No	
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LT Number:	Start Date:	Exp. Date:
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Was this an Emergency Locate?

Yes		No	
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Was gas or hazardous liquids contained in the underground facility?

Yes		No	
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Was gas or hazardous liquids released into the atmosphere?

Yes		No	
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Was equipment mechanized or nonmechanized? *Please list the type of equipment used in the appropriate box. Example, Mechanized: Backhoe, Auger, Trencher Nonmechanized: Shovel, Spud Bar, Maddox, etc.*

Mechanized		Nonmechanized	
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What type of work was being performed?

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Explain terrain setting. *Example: yard, asphalt*

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Detailed Description of Incident *(provide approximate time table)*

Please include pre-excavation and post-excavation photos if you have them.

X

Reporters Signature