

CITY OF DRAKESBORO

P.O. Box 129 • Mose Rager Blvd. • Drakesboro, KY 42337
270-476-8986
(888) 662-2406 (Voice/TTY); (866) 557-5762 (Español)



Drakesboro Work Order

Work Order #: _____

Date: 11/2/22 Time: _____ Gas Water WW Acct #: 10-17001-1

Name: Chris Steele Mobile Number: (270) 977-1190

Address: 160 Woodruff Ln.

Work to be Done:

New Meter# 20744152 New Reading _____

Turn on & Read _____ Old Reading 708

Read and Lock _____ Set Meter and Lock _____

Reading Only 0710 Locate Line (See Below)

Read and Lock (Nonpayment) _____ Get Meter
Number _____

Check Pressure _____ Flush Line _____ Check & Leak _____

Unlock Only and Read (Do Not Turn On) _____

Special Instructions _____

Work Done:

Flushed: Yes No GPM: _____ How Long: _____ Water Logs: _____

Water Leak: Yes No GPM: _____ How Long: _____ Water Logs: _____

Parts Used to Complete Job:

Comments: 1/2" poly gas line hit by auger on tractor while installing fence posts

Work Completed By: BA + BJ Date Completed: 11-7-22

Time Started: _____ Time Ended: _____

Customer signature _____ date _____

Equal Opportunity Employer and Service Provider

The employees of Drakesboro are not trained HVAC personnel. Lighting of pilots are a courtesy and the City can not be held liable.

UTILITY STRIKE INVESTIGATION

GENERAL INFORMATION

Date of strike (MM/DD/YY): 10-29-22 Time of strike (24-hour clock): 12:17

Date of report (MM/DD/YY): 11-07-22 Time reported (24-hour clock): 13:35

Foreman's Name: Brian Jones Project Manager: N/A

Employee who struck Utility: N/A Spotter: N/A

Address of Utility Strike: 160 Woodruff Lane Beechereek Ky

Utility Owner: Drykesboro Natural Gas Prime Contractor: _____

Witness name/s: _____ Contact Phone #'s: _____

Type of work being performed: Water Sewer Natural Gas

Utility Damaged: Natural Gas Telephone Water Electrical
 Fiber Internet Sewer

Describe in detail: 1/2" CTS poly pipe 40 psi
(Material Type/Pressure/Size) Example: Poly-Service / 60 PSI / 1 Inch

Location of Utility: Underground Aerial Above ground

Valid 811 locates called in? Yes No 811 Ticket Number: 222972277

Distance to nearest mark on ground: 2 Feet

Was the utility active? Yes No Name of person stating it is inactive: _____

What damaged the utility? Auger on back of farm tractor
(Example: Shovel / Bucket / Bore)

Depth of Utility? 2 FT 0 INCHES

Customers/Houses that are out of service? 1 House

Length of interrupted service: 1 - Hour

Type of Mark: Marked Un-Marked Mis-Marked

How was it Marked? Flag and Paint
(Paint, Flag, Stake, Other)

UTILITY STRIKE INVESTIGATION

Personnel Information

Note: Fill out when any persons arrive on site and when they leave. Including first responders.

Personnel Name	Company Name	Job Title	Arrival Time	Departure Time
Brian Jones	Drakesboro Utilities	Supervisor	12:17	13:20
Bryan Allard	Drakesboro Utilities	operator	12:40	13:20

Equipment Used:

Equipment Type	Company Name	Was it used?	Arrival Time	Departure Time
N/A		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		

Materials Used

Type of Repair	Company making repair	Material used (Conduit / Steel)	Length	Diameter
Stub Conpling repair	Drakesboro Utilities	Poly	8 inches	1/2" cts

Incident Statement Form

Date of Incident 10-29-22 Time of Incident 12:17
Date of Report 11-07-22 Time of Report 13:55
Name Brian Jones Phone Number 270-820-0019
Occupation/Title Supervisor

Location of Incident:

160 Woodruff Lane Beechcreek Ky

Brief description of your activity during incident:

Make area safe stop gas flow make repairs to gas line

Statement describing incident in detail: (If more room is needed, use back of sheet)

On 10-29-22 received call from dispatch advising gas line strike
at above address, arrived on scene found anger on tractor
had tore through 1/2" poly service line dug down to break
clamped off poly line used 2 permanent stub couplings and
8 inches of 1/2" cts pressure tested poly line to make repairs
unclamped poly line sprayed 2 stub couplings checked for bubbles
no leaks went to home to ensure all appliances operating properly

I HAVE READ ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature:

Brian Jones

Date:

11-07-22

Time:

14:00

Investigator Signature: _____

Date: _____

Time: _____

Investigation Document

GENERAL INFORMATION

Date of incident (mm/dd/yy): 10-29-22 Time of incident (24-hour clock): 12:17
Date of report (mm/dd/yy): 11-07-22 Time reported (24-hour clock): 14:00
If date reported is different from date of incident, please explain why: For investigation purposes
Name of Investigator Brian Jones Reported to: _____
Type of Incident: (Check all that apply)
 Near Miss Injury/Illness Property/Equipment Damage Motor Vehicle Incident (MVI)
 Utility Strike Environmental Spill/Release Security
Incident Location: 160 Woodmont Lane Prime Contractor: _____
Was a drug and alcohol test conducted? Yes No Not Determined
If no test conducted, why not? _____
Witness name/s _____ Contact Phone #'s _____

PRIMARY PERSON INVOLVED

Name of person: _____ Trade/Occupation _____
Years of Service: _____ Employees Supervisor _____
Was the person performing their regular duties at the time of the accident? Yes No
Other persons involved/witness (Name/Company): _____

INCIDENT DESCRIPTION

(Include information about the situation leading up to the incident, the incident itself, and after the incident. Where required, such as for environmental incidents, include details about the effects of the incident. Include pictures and other attachments as needed)

Lines were marked homeowner advised of distances from marks to hand dig

Incident Number: 22-037746

Incident Type: E911

Incident State: CREATED

Global Number:

Linked Numbers:

Incident Detail

Received At:	Created At:	Dispatched At:	Created By:
10/29/2022 11:59:07	10/29/2022 11:59:07		SSCOTT

Event Type: GAS LEAK

Incident Case Numbers:

Incident Dispositions:

Disposition Comment:

Caller Location: 160 WOODRUFF LN, BEECH CREEK [235] (37.184510, -87.047090)

Event Location: 160 WOODRUFF LN, BEECH CREEK [235] (37.184510, -87.047090)

Location Kind: CIVIC ADDRESS

Caller Name: CHRIS STEELE

Business Name:

Phone Number: (270)-977 1190

Service Class:

Cell Sector:

Callback Number: 2704762657

Comment: GAS MAIN BUSTED -- DRAKESBORO GAS NOTIFIED

Narrative Log

Narrative By	Narrative At	Category	Is Sensitive	Narrative
SSCOTT	10/29/2022 12:17:32		NO	BRIAN JONES 10-97 GOT IT STOPPED WILL LET US KNOW WHEN ITS REPAIRED
DKNIGHT	10/29/2022 13:08:34		NO	GAS LEAK REPAIRED PER BRIAN JONES

Event Type Log

Event Type By	Event Type At	Event Type
SSCOTT	10/29/2022 11:59:55	GAS LEAK

Location Log

Location By	Location At	Location Kind	Location
SSCOTT	10/29/2022 11:59:17	CIVIC ADDRESS	160 WOODRUFF LN, BEECH CREEK [235] (37.184510, -87.047090)

Incident State Log

Incident State By	Incident State At	Incident State
SSCOTT	10/29/2022 11:59:07	CREATED

Category Log

Category: EMS

Event Type At: 10/29/2022 11:59:07

Event Type:

Response Area: EMS ESN 235

Final Disposition:

Category Event Type Log

Event Type By	Event Type At	Event Type
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Category: FIRE

Event Type At: 10/29/2022 11:59:07

Event Type:

Response Area: FIRE ESN 235

Final Disposition:

Category Event Type Log

Event Type By Event Type At Event Type

Category: LAW

Event Type At: 10/29/2022 11:59:07

Event Type:

Response Area: LAW ESN 235

Final Disposition:

Category Event Type Log

Event Type By Event Type At Event Type

Gas Leak & Repair Report-1301

City/Company: Date:

Receipt of Report:

Date: Time:

Location of Leak:

Reported/Detected by (Name,Address):

Description of Leak:

Report Received by:

Dispatched:

Date: Time: Investigation Assigned to:

Investigation:

Date: Time Arrived: Investigation by:

Leak Found? CGI Used? Percentage of Gas(%Gas in Air) at Leak: Leak Grade:

If Gas found inside a building or residence fill out form 201 for inside leak investigation and repair.

Location of Leak:

Conditions Made Safe (Date): Conditions Made Safe (Time):

Cause of Leak:

Fill out leak cause table on page 2.

Leak Equipment Used: Leak Equipment SN:

Repair Report:

Length of Pipe Exposed: Pipe Size: Pipe Material:

Leak at:

Depth: Coating: Pipe Condition:

Soil Condition: Moisture:

Repairs Made:

Repair Coating: Anodes Installed: Anode type:

Repairs Made by:

Leak Re-Checked: Date of Re-Check: Leak Cleared:

Superintendent Signature: Date: