

UTILITY DAMAGE INCIDENT REPORT

General Information

Project: _____ Project No.: _____

Contractor: _____

Contractor POC for This Incident _____ Cell #: _____

Utility Owner: _____

Date/Time Damaged: _____ Date/Time 1st Identified: _____

General Location of Work Area: _____

Address Where Incident Occurred: _____

Damage 1st Reported by: _____

Describe Incident & Damage to Utility Asset: (attach photos & supplemental information)

Describe Collateral Damage to Equipment or Property: (attach photos & supplemental information)

Did Personal Injuries Result for this Incident? ☐ Yes ☐ No (If yes, complete & Attach Accident Incident Report)

Utility Interaction

Date/Time Utility Notified: _____ Name Contractor Notifier: _____

Name/Title Utility POC: _____ Cell/Telephone #: _____

Summarize Utility Initial Response: _____

Date/Time Utility 1st on Site: _____

Did Utility Repair Damage on Initial Visit? ☐ Yes ☐ No (If No, complete attached Utility Contact Log)

Date/Time Utility Completed Repairs: _____

Does Utility Require Special Work Methods? ☐ Yes ☐ No (If Yes, attach agreed requirements)