

<b>FACILITY DAMAGE REPORT FORM</b>				<b>Report No.</b>	<b>Entered</b>
<b>01 Facility Owner</b>		<b>02 District/Office</b>		<b>03 Ref/Serv/Tap No.</b>	<b>04 Date (yy/mm/dd)</b>
<b>05 Site Location (Street Address/ Legal Land Description/Lot, Block, Rural Subdivision)</b>				<b>Municipality/M.D./County</b>	
<b>Area</b>	<b>Site</b>	<b>11</b> <input type="checkbox"/> Road Allowance	<b>Type of Plant Damaged</b>		
<b>07</b> <input type="checkbox"/> Urban	<b>09</b> <input type="checkbox"/> Private Property	<b>12</b> <input type="checkbox"/> Lane	<b>14</b> <input type="checkbox"/> Trunk	<b>15</b> <input type="checkbox"/> Main	<b>16</b> <input type="checkbox"/> Service
<b>08</b> <input type="checkbox"/> Rural	<b>10</b> <input type="checkbox"/> Easement/ROW/Lease	<b>13</b> <input type="checkbox"/> Other Public Property	<b>17</b> <input type="checkbox"/> Buried	<b>18</b> <input type="checkbox"/> Surface	<b>19</b> <input type="checkbox"/> Aerial
<b>Type of Incident</b>		<b>23</b> <input type="checkbox"/> Vandalism	<b>27</b> <input type="checkbox"/> Fire/Water Damage		
<b>20</b> <input type="checkbox"/> Dig Up		<b>24</b> <input type="checkbox"/> Animal	<b>28</b> <input type="checkbox"/> Vehicle Accident - Identified		
<b>21</b> <input type="checkbox"/> Near Miss		<b>25</b> <input type="checkbox"/> Natural Elements	<b>29</b> <input type="checkbox"/> Vehicle Accident - Not Identified		
<b>22</b> <input type="checkbox"/> High Load		<b>26</b> <input type="checkbox"/> Thaw - Deliberate	<b>30</b> <input type="checkbox"/> Other _____		
<b>Activity</b>		<b>37</b> <input type="checkbox"/> Blasting/Vibrosis	<b>44</b> <input type="checkbox"/> Vertical Augering/Drilling		
<b>31</b> <input type="checkbox"/> Backhoe/Trackhoe Excavation		<b>38</b> <input type="checkbox"/> Demolition/Breakout	<b>45</b> <input type="checkbox"/> Horizontal Auger/Bore/Push		
<b>32</b> <input type="checkbox"/> Bobcat/Loader Excavation		<b>39</b> <input type="checkbox"/> Snow Removal	<b>46</b> <input type="checkbox"/> Driving Bars/Stakes/Posts/Anchors		
<b>33</b> <input type="checkbox"/> Trencher Excavation		<b>40</b> <input type="checkbox"/> Cable/Pipe Plowing	<b>47</b> <input type="checkbox"/> Hand Excavation		
<b>34</b> <input type="checkbox"/> Grader/Dozer/Scraper Excavation		<b>41</b> <input type="checkbox"/> Deep Tillage	<b>48</b> <input type="checkbox"/> Other _____		
<b>35</b> <input type="checkbox"/> Ditch Shaping		<b>42</b> <input type="checkbox"/> General Agriculture			
<b>36</b> <input type="checkbox"/> Saw Cutting/Jack Hammer		<b>43</b> <input type="checkbox"/> Landscape/Tree Planting			
<b>Damaged By (Digging Community Sector)</b>		<b>57</b> <input type="checkbox"/> Utility Contractor	<b>66</b> <input type="checkbox"/> Well Site Contractor		
<b>49</b> <input type="checkbox"/> Landowner/Tenant		<b>58</b> <input type="checkbox"/> Excavation Contractor	<b>67</b> <input type="checkbox"/> Surveyor/Engineer		
<b>50</b> <input type="checkbox"/> Municipality		<b>59</b> <input type="checkbox"/> Landscaper	<b>68</b> <input type="checkbox"/> Seismic Contractor		
<b>51</b> <input type="checkbox"/> Prov Gov't Dept		<b>60</b> <input type="checkbox"/> Pipeliner	<b>69</b> <input type="checkbox"/> Concrete/Paving Contractor		
<b>52</b> <input type="checkbox"/> Fed Gov't Dept		<b>61</b> <input type="checkbox"/> House Builder	<b>70</b> <input type="checkbox"/> Road/Grading Contractor		
<b>53</b> <input type="checkbox"/> Indian Band		<b>62</b> <input type="checkbox"/> Irrigation District	<b>71</b> <input type="checkbox"/> Sewer/Water Contractor		
<b>54</b> <input type="checkbox"/> Elec/Gas/Com Utility		<b>63</b> <input type="checkbox"/> Railway	<b>72</b> <input type="checkbox"/> Petroleum Resource Company		
<b>55</b> <input type="checkbox"/> Elec/Mech Contractor		<b>64</b> <input type="checkbox"/> General Contractor	<b>73</b> <input type="checkbox"/> Other _____		
<b>56</b> <input type="checkbox"/> Drilling Contractor		<b>65</b> <input type="checkbox"/> Fence/Sign Contractor			
<b>74 Company Name</b>			<b>75 Contact Name</b>		
<b>76 Mailing Address</b>				<b>77 Phone</b>	
<b>78 Working For</b>					
<b>Locates Requested?</b>		<b>Locates Done?</b>		<b>Locates Accurate?</b>	
<b>79</b> <input type="checkbox"/> Yes	<b>80</b> <input type="checkbox"/> No	<b>81</b> <input type="checkbox"/> N/A	<b>82</b> <input type="checkbox"/> Yes	<b>83</b> <input type="checkbox"/> No	<b>84</b> <input type="checkbox"/> Yes
				<b>85</b> <input type="checkbox"/> No	<b>86</b> <input type="checkbox"/> Yes
				<b>87</b> <input type="checkbox"/> No	
<b>88 Ticket No.</b>	<b>89 Date Located</b>	<b>Facility Marked/Information Provided By</b>		<b>90</b> <input type="checkbox"/> Flags	<b>91</b> <input type="checkbox"/> Paint
				<b>92</b> <input type="checkbox"/> Stakes	
		<b>93</b> <input type="checkbox"/> Maps	<b>94</b> <input type="checkbox"/> Verbally	<b>95</b> <input type="checkbox"/> Not Marked	
<b>Contact Authorized?</b>		<b>96</b> <input type="checkbox"/> Yes	<b>97</b> <input type="checkbox"/> No	<b>Damage Preventable?</b>	
				<b>98</b> <input type="checkbox"/> Yes	<b>99</b> <input type="checkbox"/> No
<b>Comments</b>					