

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