



## Dominion Energy Contractor Incident Report

<b>Company Name:</b>	<b>Crew Leader:</b>		
<b>Incident Type:</b>			
<b>Incident Date/Time:</b> /	<b>PUPS Ticket#:</b>	<b>Exp. Date:</b>	
<b>Incident Location:</b>			
<b>Property Damage Contact Name/Number:</b>			

**Verbal Report:**

<b>Date:</b>	<b>Time:</b>
<b>Communicated By:</b>	<b>Communicated To:</b>

**Incident Details:**

**Written Report:**

<b>Submitted Date:</b>	<b>Submitted To:</b>
<b>Submitted By:</b>	<b>Copy To:    Paula Sox</b>

**NOTE** Reports should be communicated/submitted for all property damage, personal injuries, accidents, reportable environmental events and line outages.

Serious injuries/accidents and outages should be verbally reported as soon as possible.

Incident report due upon contractor's completion of event investigation.

## Damage Information Reporting Tool (DIRT) - Field Form

Have you photographed the damage using the Rhino HIT Kit? [www.RhinoHitKit.com](http://www.RhinoHitKit.com)

### Part A – Who is Submitting This Information

#### Who is providing the information?

- |                                   |  |   |   |                                       |  |
|-----------------------------------|--|---|---|---------------------------------------|--|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Engineer/Design | <input type="checkbox"/> Equipment Manufacturer | <input type="checkbox"/> Excavator          | <input type="checkbox"/> Insurance    | <input type="checkbox"/> Liquid Pipeline |
| <input type="checkbox"/> Locator  | <input type="checkbox"/> Natural Gas     | <input type="checkbox"/> One Call Center        | <input type="checkbox"/> Private Water      | <input type="checkbox"/> Public Works | <input type="checkbox"/> Unknown/Other   |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Road Builders   | <input type="checkbox"/> State Regulator        | <input type="checkbox"/> Telecommunications |                                       |  |

Name of the person providing the information:

### Part B - Date and Location of Event

\*Date of Event: (MM/DD/YYYY)

\*Country \*State \*County City

Street address Nearest Intersection

#### \*Right of Way where event occurred

- |  |  |   |   |                                       |
|--|--|---|---|---------------------------------------|
| Public: <input type="checkbox"/> City Street       | <input type="checkbox"/> County Road                       | <input type="checkbox"/> State Highway      | <input type="checkbox"/> Interstate Highway | <input type="checkbox"/> Federal Land |
| Private: <input type="checkbox"/> Private Business | <input type="checkbox"/> Private Land Owner                | <input type="checkbox"/> Private Easement   | <input type="checkbox"/> Pipeline           | <input type="checkbox"/> Railroad     |
| <input type="checkbox"/> Power /Transmission Line  | <input type="checkbox"/> Dedicated Public Utility Easement | <input type="checkbox"/> Data not collected | <input type="checkbox"/> Unknown/Other      |                                       |

### Part C – Affected Facility Information

#### \*What type of facility operation was affected?

- |   |   |                                      |  |   |
|---|---|--------------------------------------|--|---|
| <input type="checkbox"/> Cable Television | <input type="checkbox"/> Electric           | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Liquid Pipeline | <input type="checkbox"/> Sewer (Sanitary Sewer) |
| <input type="checkbox"/> Steam            | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Water       | <input type="checkbox"/> Unknown/other   |   |

#### \*What type of facility was affected?

- |                                       |                                    |                                       |                                       |  |
|---------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Gathering | <input type="checkbox"/> Service/Drop | <input type="checkbox"/> Transmission | <input type="checkbox"/> Unknown/Other |
|---------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|--|

#### Was the facility part of a joint trench?

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------------|------------------------------|-----------------------------|

#### Was the facility owner a member of One Call?

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------------|------------------------------|-----------------------------|

### Part D – Excavation Information

#### \*Type of Excavator

- |                                     |                                    |                                       |                                  |   |   |
|-------------------------------------|------------------------------------|---------------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Developer | <input type="checkbox"/> Occupant     | <input type="checkbox"/> Farmer  | <input type="checkbox"/> Railroad           |   |
| <input type="checkbox"/> State      | <input type="checkbox"/> County    | <input type="checkbox"/> Municipality | <input type="checkbox"/> Utility | <input type="checkbox"/> Data not collected | <input type="checkbox"/> Unknown/ Other |

#### \*Type of Excavation Equipment

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Auger          | <input type="checkbox"/> Backhoe/Track hoe | <input type="checkbox"/> Boring           | <input type="checkbox"/> Drilling           | <input type="checkbox"/> Directional Drill |
| <input type="checkbox"/> Explosives     | <input type="checkbox"/> Farm Equipment    | <input type="checkbox"/> Grader/Scraper   | <input type="checkbox"/> Hand Tools         | <input type="checkbox"/> Milling Equipment |
| <input type="checkbox"/> Probing Device | <input type="checkbox"/> Trencher          | <input type="checkbox"/> Vacuum Equipment | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Unknown/Other     |

#### \*Type of Work Performed

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Agriculture         | <input type="checkbox"/> Bldg. Construction      | <input type="checkbox"/> Bldg. Demolition   | <input type="checkbox"/> Cable Television     | <input type="checkbox"/> Curb/Sidewalk   |
| <input type="checkbox"/> Drainage            | <input type="checkbox"/> Driveway                | <input type="checkbox"/> Electric           | <input type="checkbox"/> Engineering/Survey   | <input type="checkbox"/> Fencing         |
| <input type="checkbox"/> Grading             | <input type="checkbox"/> Irrigation              | <input type="checkbox"/> Landscaping        | <input type="checkbox"/> Liquid Pipeline      | <input type="checkbox"/> Milling         |
| <input type="checkbox"/> Natural Gas         | <input type="checkbox"/> Petroleum Pipeline      | <input type="checkbox"/> Pole               | <input type="checkbox"/> Public Transit Auth. | <input type="checkbox"/> Railroad Maint. |
| <input type="checkbox"/> Road Work           | <input type="checkbox"/> Sewer (Sanitary/ Storm) | <input type="checkbox"/> Site Development   | <input type="checkbox"/> Steam                | <input type="checkbox"/> Street Light    |
| <input type="checkbox"/> Storm Drain/Culvert | <input type="checkbox"/> Telecommunications      | <input type="checkbox"/> Traffic Sign       | <input type="checkbox"/> Traffic Signal       |  |
| <input type="checkbox"/> Water               | <input type="checkbox"/> Waterway Improvement    | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Unknown/Other        |  |

### Part E – Notification

#### \*Was the One-Call Center notified?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If Yes, which One Call center?

If Yes, please provide the One Call ticket number



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### Part F - Locating and Marking

**\*Type of Locator**

☐ Utility Owner ☐ Contract Locator ☐ Data Not Collected ☐ Unknown/other

**\*Were facility marks visible in the area of excavation?**

☐ Yes ☐ No ☐ Data Not Collected ☐ Unknown

**\*Were facilities marked correctly?**

☐ Yes ☐ No ☐ Data Not Collected ☐ Unknown

### Part G – Excavator Downtime

**Did Excavator incur down time?**

☐ Yes ☐ No

**If yes, how much time?**

☐ Unknown ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 or more hours Exact Value \_\_\_\_\_

**Estimated cost of down time?**

☐ Unknown ☐ \$0 ☐ \$1 to 500 ☐ \$501 to 1,000 ☐ \$1,001 to 2,500 ☐ \$2,501 to 5,000  
☐ \$5001 to 25,000 ☐ \$25,001 to 50,000 ☐ \$50,001 and over Exact Value \_\_\_\_\_

### Part H – Description of Damage

**\*Was there damage to a facility?**

☐ Yes ☐ No (i.e. near miss)

**\*Did the damage cause an interruption in service?**

☐ Yes ☐ No ☐ Data Not Collected ☐ Unknown

**If yes, duration of interruption**

☐ Unknown ☐ Less than 1 hour ☐ 1 to 2 hrs ☐ 2 to 4 hrs ☐ 4 to 8 hrs ☐ 8 to 12 hrs ☐ 12 to 24 hrs  
☐ 1 to 2 days ☐ 2 to 3 days ☐ more than 3 days ☐ Data Not Collected Exact Value \_\_\_\_\_

**Approximately how many customers were affected?**

☐ Unknown ☐ 0 ☐ 1 ☐ 2 to 10 ☐ 11 to 50 ☐ 51 or more Exact Value \_\_\_\_\_

**Estimated cost of damage / repair/restoration**

☐ Unknown ☐ \$0 ☐ \$1 to 500 ☐ \$501 to 1,000 ☐ \$1,001 to 2,500 ☐ \$2,501 to 5,000  
☐ \$5,001 to 25,000 ☐ \$25,001 to 50,000 ☐ \$50,001 and over Exact Value \_\_\_\_\_

**Number of people injured**

☐ Unknown ☐ 0 ☐ 1 ☐ 2 to 9 ☐ 10 to 19 ☐ 20 to 49 ☐ 50 to 99  
☐ 100 or more Exact Value \_\_\_\_\_

**Number of fatalities**

☐ Unknown ☐ 0 ☐ 1 ☐ 2 to 9 ☐ 10 to 19 ☐ 20 to 49 ☐ 50 to 99 ☐ 100 or more  
Exact Value \_\_\_\_\_

### Part I – Description of the Root Cause

<input type="checkbox"/> No notification made to the one call center	<input type="checkbox"/> Excavation practices not sufficient (other)
<input type="checkbox"/> Notification to one-call center made, but not sufficient	<input type="checkbox"/> Failure to maintain clearance
<input type="checkbox"/> Wrong information provided to one call center	<input type="checkbox"/> Failure to maintain marks
<input type="checkbox"/> One call center error	<input type="checkbox"/> Failure to support exposed facilities
<input type="checkbox"/> Facility could not be found or located	<input type="checkbox"/> Failure to use hand tools where required
<input type="checkbox"/> Facility marking or location not sufficient	<input type="checkbox"/> Failure to test-hole (pot-holing)
<input type="checkbox"/> Facility was not located or marked	<input type="checkbox"/> Improper backfilling practices
<input type="checkbox"/> Incorrect facility records/maps	<input type="checkbox"/> Previous damage
<input type="checkbox"/> Abandoned facility	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Deteriorated facility	<input type="checkbox"/> Other

### Part J – Additional Comments