



Pipeline Safety Division Investigation Report

Investigation regarding: **Hawk Enterprises**

UPPAC Database Record ID: 3702

Investigator: Howard Friend

Report Date: 12/27/2012

Damage Date: 9/4/2012 10:40:44 AM

Damage Address: E 7th St

City: Michigan City

County: Laporte

The Parties

Excavator: **Hawk Enterprises**

Contact: Gregory Neulieb, Vice President

Address: 1850 East North Street, Crown Point, In 46307

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Hawk Enterprises

UPPAC Database Record ID: 3702

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$498

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208202350

Type of Equipment: Hand Tools

Type of work performed: Electric

Synopsis: A natural gas service was damaged during excavation for an electric line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/12/2012. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator damaged the line with a shovel while trying to expose the facility.

Conclusion: There was a failure to plan excavation to avoid damage or interference with underground facilities.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3702

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: Hawk Enterprises, Inc.

Responsible Party Personal Name: Paul Aragon

Title (if any): Foreman

Address (number and street): 1850 E. North St.

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): 219-746-5570

Cellular Telephone Number (area code): 219-746-5570

Email Address: N/A

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: SM&P

Responsible Party Personal Name: Chris Dennison

Title (if any): Locator

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): 219-929-8001

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Hand Tools

Type of Work Performed (select one): Electric

Other Information (Witness, Police, Fire, Other):

Personal Contact: _____

Business/Organization Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 218/220 7th St.

City, State and ZIP Code: Michigan City, IN

Nearest Intersection: _____

Product Type (*select one*):

Facility Type (*select one*):

Size (Diameter/etc.): 1/2" poly

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: _____

Evacuation: Yes No If yes, How Many Evacuated? _____

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1208202350

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

Maps Used to Mark Facilities: Yes No

Was Locate Provided within Two (2) Working Days: Yes No

Operator Employees On-site during Excavation: Yes No

Incident Impact Information

Number of Outpatient Treated: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

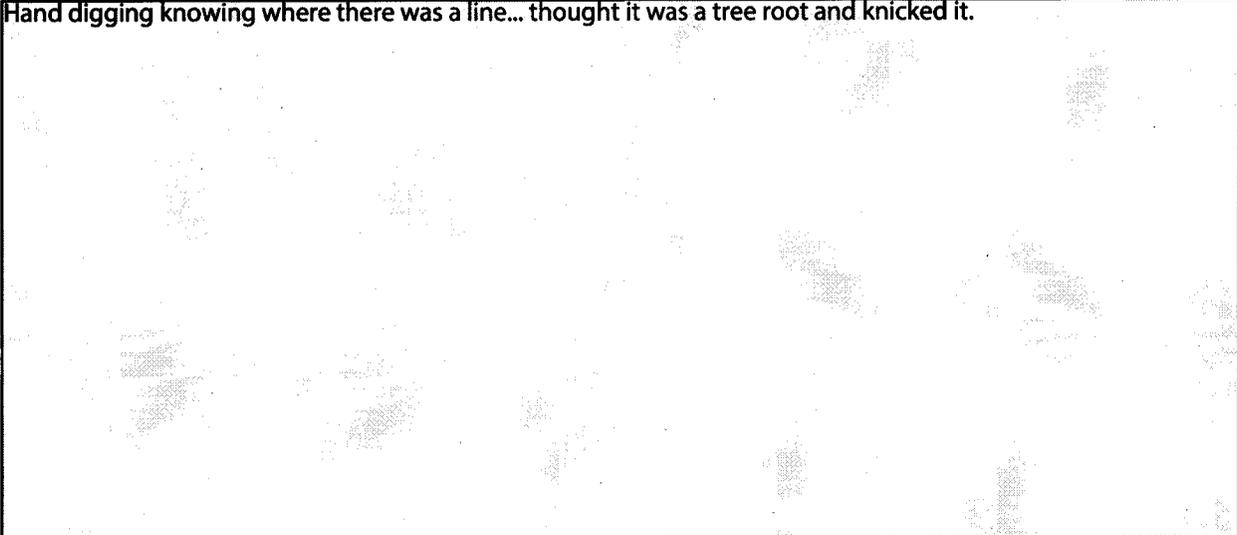
Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Hand digging knowing where there was a line... thought it was a tree root and knicked it.



NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3702

Your Full Name: Gregory Neulieb

Full Name of Business / Entity (if applicable): Hawk Enterprises, Inc.

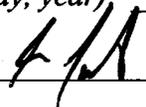
Your Business Title (if applicable): Vice President

Address (number and street): 1850 E. North St.

City: Crown Point State: IN ZIP Code: 46307

Your E-mail Address: greg@hawk-inc.com

Today's Date (month, day, year): 10-12-2012

Your Signature:  Title (if any) Vice President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3702
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 24, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3702
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3702

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information, and supporting documentation, relating to the following event:

Date of Event: 9/4/2012

Event Location: E 7th St, Michigan City

Facility Owner: Northern Indiana Public Service Company

Excavator: Hawk Enterprises

Other Party: N/A

Pipeline Division Case No. 3702

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read "Christopher Earle".

Christopher C. (Kit) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 3702	
Date of Event	9/4/2012
Event Location	E 7th St, Michigan City
Facility Owner	Northern Indiana Public Service Company
Excavator	Hawk Enterprises
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Hawk Enterprises
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	1850 E. North St
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	219-662-8090
CELL PHONE TELEPHONE	219-746-5570
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	218 E. 7 th St
CITY/STATE/ZIP	Michigan City, IN
NEAREST INTERSECTION	Pine St
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8 plastic
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	497.81
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	X
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1209041450
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1208202350
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>Excavator hit accurately marked line with shovel Compensation has been received from the excavator.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120904002 **DISTRICT:** Northern IN
DAMAGE DATE: 9/4/2012 10:40:53 AM **NOTIFICATION DATE:** 9/4/2012 10:45:20 AM
NOTIFIED BY: LYNN STUPECK
DAMAGE ADDRESS: E 7TH ST
CITY: MICHIGAN CITY **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/04/2012
FROM: 11:00:00 **TO:** 12:00:00

EXCAVATOR INVOLVED: HAWK ENTERPRISES
TYPE OF EXCAVATION: Excavation

ORIG. LOCATE REQ.: 1208202350 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1209041450 **START DATE/TIME:**

PICTURES TAKEN BY: Chris Deniston **DATE/TIME:** 9/4/2012 11:30:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 116375 **INVESTIGATOR NAME:** Joe Hendrickson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120904002
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Deniston Chris - 117867
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Contractor hit this gas service with a shovel while trying to expose it. Marks on site line up to and through this damage. Marked accurately.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE Cut gas service

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED? Shovel

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NIPSCO 00430 IUPPSa 09/04/2012 10:40:53 1209041450-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1209041450 Date: 09/04/2012 Time: 10:39 Oper: SPOPE Chan:044

#3702

State: IN Cnty: LAPORTE Twp: MICHIGAN
Cityname: MICHIGAN CITY Inside: Y Near: N
Subdivision:

Address :

Street : E 7TH ST

Cross 1 : PINE ST Within 1/4 mile: Y

Location: FROM THE INTERSECTION - LOCATE BOTH SIDES OF E 7TH ST EAST TO SPRING
ST - APPROX 406 FEET

:

Grids : 4142A8653A 4142A8654D

Boundary: n 41.716473 s 41.714916 w -86.900017 e -86.896843

Work type : POLE FOUNDATIONS AND UNDERGROUND CONDUIT

Done for : MICHIGAN CITY

Start date: 09/04/2012 Time: 10:39 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : UNKNOWN Depth: 8 FEET

Company : HAWK ENTERPRISES Type: CONT

Co addr : 1850 EAST NORTH STREET

City : CROWN POINT State: IN Zip: 46307

Caller : LYNN STUPECK Phone: (219)662-8090

Contact : PAULY ARAGON - CELL Phone:

BestTime:

Mobile : (219)746-5570

Fax : (219)662-8093

Remarks : All tickets are taken and processed on Eastern Daylight Time
NIPSCO GAS LINE HAS BEEN CUT--LINE IS BLOWING--ADVISED TO CALL 911--5/8 ORANGE
POLY LINE--LINE WAS CUT IN FRONT OF 218 AND 220 7TH ST ALONG THE ROAD--CREW ON
SITE--PREV TICKET 1208202350--THANK YOU
Will you be white-lining the dig site area? NO

:

Submitted date: 09/04/2012 Time: 10:39

Members: COMCN ID0148 ID1683 ID6683 ID7287 NIPSCO SBCIN SM

NIPSCO 00881 IUPPSa 08/20/2012 12:51:36 1208202350-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1208202350 Date: 08/20/2012 Time: 12:51 Oper: TFRICKE Chan:028

#3702

State: IN Cnty: LAPORTE Twp: MICHIGAN
Cityname: MICHIGAN CITY Inside: Y Near: N
Subdivision:

Address :

Street : E 7TH ST

Cross 1 : PINE ST Within 1/4 mile: Y

Location: FROM THE INTERSECTION - LOCATE BOTH SIDES OF E 7TH ST EAST TO SPRING
ST - APPROX 406 FEET

:

Grids : 4142A8653A 4142A8654D

Boundary: n 41.716473 s 41.714916 w -86.900017 e -86.896843

Work type : POLE FOUNDATIONS AND UNDERGROUND CONDUIT

Done for : MICHIGAN CITY

Start date: 08/22/2012 Time: 13:00 Hours notice: 48/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : UNKNOWN Depth: 8 FEET

Company : HAWK ENTERPRISES Type: CONT

Co addr : 1850 EAST NORTH STREET

City : CROWN POINT State: IN Zip: 46307

Caller : RACHEL PLANK Phone: (219)662-8090

Contact : GREG NEULIBE - CELL Phone:

BestTime:

Mobile : (219)746-5570

Fax : (219)662-8093

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO

:

Submitted date: 08/20/2012 Time: 12:51

Members: COMCN ID0148 ID1683 ID6683 ID7287 NIPSCO SBCIN SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 27, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher

Business address (*number and street*): 3511 E. 15th Ave.

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Hawk Enterprises

Business address (*number and street*): 1850 E. North St.

City, State, and ZIP code: Crown Point, IN 46307

Telephone number (*area code*): 219-662-8090

Fax number (*area code*): 219-662-8093

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Road Work

Date and Location of DamageDate of damage (*month, day, year*): Sep 4, 2012County: LaporteCity: Michigan CityStreet address (*number and street, city, state, and ZIP code*):
218 E. 7th St. Michigan City, IN 46360Nearest intersection: Pine StRight of way where damage occurred: Public - City StreetWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? NoIf yes, how many affected? 0Time to restore service (*in hours*): _____Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 18

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1208202350

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: Other

Additional Comments

811 Damage ticket 1209041450

Hit accurately marked stub with shovel

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES **

REPORTING OPERATING AREA LAPORTE MAXIMO WO #

OPERATING AREA CONTACT Georgia/Elm JOB ORDER # 581566-16

TRACKING NUMBER 01820120904004 LOCATE REF # N/A

Locate Performed By:

DATE AND TIME OF ACCIDENT 9/4/12 2012, 11:00AM DATE OF REPORT 9/4/12

PLACE OF DAMAGE (INCLUDE CITY) 218 E 7th ST MC

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # N SIZE A YEAR INSTALLED BROKEN YES () NO ()

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN () SIZE 5/8" MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB (X)

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES (X) NO () IGNITION OF GAS: YES () NO (X) EVACUATION REQUIRED: YES () # NO (X)

INTERRUPTION OF SERVICE: YES () NO (X) NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED none TIME RESTORED

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2.07 x 1/2

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 6" NO ()

HOW LOCATED: PAINT (X) FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Hawk Enterprises

ADDRESS OF PARTY (INCLUDE CITY) 1850 E NORTH ST, CROWN POINT, IN 46307

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY REPORT # N/A

OTHER () Any Injuries? () YES # (X) NO

PHOTOS TAKEN: YES () NO (X) TAKEN BY: MEDIA ON SITE YES () NO (X) (ATTACH PHOTOS TO REPORT)

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST (X) ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER (X) HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACUUM EQUIPMENT () GRADER () OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED (X) STUB () OTHER Operator w/shovel

COMMENTS: Cut stab w/ shovel. Line was located

PERSON PREPARING REPORT Iva Farlie

FIELD SUPERVISOR Steve Georgan

FIELD MANAGER John Todd

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information

FOR OFFICE USE ONLY:

- | | | |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE | YES | NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY: _____ DATE: _____