



Pipeline Safety Division Investigation Report

Investigation regarding: **Zimmerman Brothers Excavating**

UPPAC Database Record ID: 3334

Investigator: Howard Friend

Report Date: 9/17/2012

Damage Date: 6/18/2012

Damage Address: 5004 Union Chapel Rd

City: Fort Wayne

County: Allen

The Parties

Excavator: **Zimmerman Brothers Excavating**

Contact:

Address: 3919 Short Dr, Fort Wayne, In 46818

Telephone: 260 489 9967

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Zimmerman Brothers Excavating

UPPAC Database Record ID: 3334

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206130739

Type of Equipment: Boring

Type of work performed: Sewer (Sanitary/Storm)

Synopsis: A natural gas line was damaged during excavation for a sewer line.

Findings: Reported by NIPSCO; excavator did not respond to initial notice mailed 8/16/2012. The excavator had a valid locate request and the operator provided accurate locate marks.

Conclusion: The excavator failed to spot the natural gas facility and to maintain two (2) feet of clearance with mechanized equipment.

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.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 11, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCO)

Business address (*number and street*): 3511 East 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: Zimmerman Brothers Excavating

Business address (*number and street*): 3919 Short Dr

City, State, and ZIP code: Fort Wayne, IN 46818

Telephone number (*area code*): 260 489 9967

Fax number (*area code*): 260 489 9188

E-mail address: ZIMMERMANBROTHERS@FRONTIER.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Jun 18, 2012 _____

County: Allen _____

City: Fort Wayne _____

Street address (*number and street, city, state, and ZIP code*):
5004 Union Chapel Rd Fort Wayne IN _____

Nearest intersection: Tonkel Rd _____

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0 _____

Was there a customer service interruption? Yes

If yes, how many affected? 1 _____

Time to restore service (*in hours*): 7 _____

Enter number of injuries, if applicable and known: 0 _____

Enter number of fatalities, if applicable and known: 0 _____

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 18 _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206130739 _____

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"? Yes

Were special instructions part of the locate request? Unknown/Other

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? No

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: --Failure to verify location by test-hole (pot-holing)

Additional Comments

Nipsco emergency repair ticket #: 1206183961



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

September 14, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3334
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3334

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: 6/18/2012

Event Location: 5004 Union Chapel Rd, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Zimmerman Brothers Excavating

Other Party: N/A

Pipeline Division Case No. 3334

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,

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. 3334	
Date of Event	6/18/2012
Event Location	5004 Union Chapel Rd, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Zimmerman Brothers Excavating
Date of IURC Information Request	8/16/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Zimmerman Excavating
RESPONSIBLE PARTY PERSONAL NAME	Phil Zimmerman
TITLE (IF ANY)	
ADDRESS	3919 Short Drive
CITY/ STATE/ZIP	Fort Wayne, IN 46818
PREFERRED TELEPHONE	489-9967
CELL PHONE TELEPHONE	
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 Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
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	5004 Union Chapel Road
CITY/STATE/ZIP	Fort Wayne, IN 46845
NEAREST INTERSECTION	Tonkel Rd
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.)	¾ plastic
PRESSURE (PSIG/INCHES)	55
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	2,230.16
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	X
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
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	
Sewer (Sanitary/Storm)	X
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206130739
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	Yes
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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>Failure to verify location by test-hole pot-holing Nipsco emergency repair ticket #: 1206183961</p>	

Fact Based Investigation Report

01820120618010
Northern IN
6/18/2012 3:25:00 PM
6/18/2012 4:43:55 PM
JOEL DEJESU Facility Owner
5004 UNION CHAPEL ROAD
FORT WAYNE
ST: IN ZIP:

NOTIFICATION ID:
DISTRICT:
DAMAGE DATE:
NOTIFICATION DATE:
NOTIFIED BY:
DAMAGE ADDRESS:
CITY:

NIPSCO

DAMAGED CUSTOMER:

06/18/2012
17:10:00
19:50:00

INVESTIGATION DATE:
FROM:
TO:

COOPER TRENCHING AND DIRECTIONAG L BORIN
INSTALL SEWER

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

1206130739
Routine

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

1206183961

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

JACK LANE
6/18/2012 7:20:00 PM
Digital

PICTURES TAKEN BY:
DATE/TIME:
PHOTOGRAPHY TYPE:
FRAME #:

118012

INVESTIGATOR EMP#:
INVESTIGATOR NAME:

118012
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

Fact Based Investigation Customer Information

01820120618010

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Deitrick John - 131108

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

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 Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

6-18-2012 / JACK LANE / CONTRACTOR HIT A PLASTIC SERVICE INSTAALING A SEWER LINE BY BORE. NIPSCO THOUGHT IT WAS THE 6 INCH MAIN SO WE HAD TO WAIT FOR A CREW TO FIND OUT WHAT WAS HIT. INVESTIGATED BY JACK LANE AND PHOTOS ATTACHED TO THE DAMAGE TICKET.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

JASON OTIS - HIT SERVICE NOT MAIN MARKED PROPERLY

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

NONE

LIST ANY OTHER INDIVIDUALS ON SITE:

HUNTERTOWN FIRE DEPARTMENT

Yes **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?**

CUT SERVICE **EXTENT OF FACILITY DAMAGE**

UNKNOWN **REPLACEMENT FOOTAGE**

No **WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

No **WHAT CONTRACTOR EQUIPMENT WAS USED?**

No **IS THE FACILITY SHOWN ON THE UTILITY RECORDS?**

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00177 IUPPSa 06/13/2012 09:25:53 1206130739-00A NORM NEW STRT

NORMAL NOTICE JOB EXTENSION

Case 3334

Ticket : 1206130739 Date: 06/13/2012 Time: 09:23 Oper: AHINES Chan:085

State: IN Cnty: ALLEN Twp: PERRY
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

Address : 5004
Street : UNION CHAPEL RD
Cross 1 : TONKEL RD Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY AND UNION CHAPEL ROAD R/O/W TO R/O/W
***Boring Where = UNDER UNION CHAPEL
:
Grids : 4111A8504A 4112D8504A 4111A8505D 4112D8505D
Boundary: n 41.200916 s 41.199722 w -85.085548 e -85.081100

Work type : INSTALL NEW SEWER SERVICE
Done for : FACKASH
Start date: 06/15/2012 Time: 09:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 10 FEET

Company : ZIMMERMAN BROTHERS EXCAVATING Type: CONT
Co addr : 3919 SHORT DRIVE
City : FORT WAYNE State: IN Zip: 46818
Caller : CAROL HARSHBARGER Phone: (260)489-9967
Contact : PHIL ZIMMERMAN CELL Phone:
BestTime:
Mobile : (260)438-0638
Fax : (260)489-9188
Email : ZIMMERMANBROTHERS@FRONTIER.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK AS NEEDED - PREVIOUS TICKET 1205290764
Will you be white-lining the dig site area? YES
:

Submitted date: 06/13/2012 Time: 09:23
Members: AEPIN CC FW ID2885 ID8000 NIPSCO SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 11, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 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: Zimmerman Brothers Excavating

Business address (*number and street*): 3919 Short Dr

City, State, and ZIP code: Fort Wayne, IN 46818

Telephone number (*area code*): 260 489 9967

Fax number (*area code*): 260 489 9188

E-mail address: ZIMMERMANBROTHERS@FRONTIER.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of DamageDate of damage (*month, day, year*): Jun 18, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
5004 Union Chapel Rd Fort Wayne IN

Nearest intersection: Tonkel Rd

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 7

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 18

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206130739

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"? Yes

Were special instructions part of the locate request? Unknown/Other

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? Unknown/Other

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: --Failure to verify location by test-hole (pot-holing)

Additional Comments

Nipsco emergency repair ticket #: 1206183961

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola MAXIMO WO # _____

OPERATING AREA CONTACT _____ JOB ORDER # C0502616205

TRACKING NUMBER 018 20120618 010 LOCATE REF # 1206130739

Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 6.27 2012, 6 M DATE OF REPORT 6/18/12

PLACE OF DAMAGE (INCLUDE CITY) 5004 Union Chapel Rd

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE _____ MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()

OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) UNKNOWN PRESSURE (PSI) 55 Lbs.

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

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 16.27 6/18/12 TIME RESTORED 00:00 6/19/12

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: ?

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO ()

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

PARTY THAT CAUSED DAMAGES (NAME) Zimmerman Excavating Service Inc.

ADDRESS OF PARTY (INCLUDE CITY) 3919 Short Dr.

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

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE AGENCY Perry Twp. REPORT # _____

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

PHOTOS TAKEN: YES NO () TAKEN BY: D. Mitchell (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO ()

WORK IN PROGRESS WHEN FACILITY DAMAGED -- CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVeway | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD W'GRK | <input checked="" type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED -- CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|---|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input checked="" type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

REASON DAMAGE OCCURRED -- CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR | |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB | <input checked="" type="checkbox"/> OTHER <u>service not exposed</u> |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT D. Mitchell

FIELD SUPERVISOR Jason Sprunger

FIELD MANAGER _____

- 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:** _____