

ENGINEERING DAMAGE REPORT

A	Damage No.: #	Date of Report:	Time of Report: 24HR	Engineer Reporting:		
B	Damage Address:			Nearest Intersection:		
	Date of Damage:	Time of Damage: 24HR	HPU Notified: 24HR	Persons Reporting Damage:		
	Damaged Utility: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Steam <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Telephone <input type="checkbox"/> Cable TV <input type="checkbox"/> Fiber <input type="checkbox"/> Unknown/Other:					
	Type of Facility: <input type="checkbox"/> Distribution Main <input type="checkbox"/> Collection Main <input type="checkbox"/> Service/Drop <input type="checkbox"/> Unknown/Other:				Depth of Damaged Utility: FEET INCHES	
	Name of Excavator:		Phone No. of Excavator:	Address of Excavator:		Did the Excavator 'spot' the utility? <input type="checkbox"/> Yes <input type="checkbox"/> No
C	Does the Excavator have a One-Call Ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, provide locate ticket #		Was the damaged utility marked by HPU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (NLR-OK)	
	If YES, what date was utility marked?		GSOCLocate Request Date/Time:		Work-To-Begin Date/Time:	
	GSOCLocate Request Date/Time:		Work-To-Begin Date/Time:		GSOCLocate Expiration Date/Time:	
	Locate Requested By:		Work Being Done For:		Type of Work:	
	Are Marks within 24-Inches of Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Distance from Marks to Damage: FEET INCHES		Photos of Damage Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there pre-excavation photos? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the Excavator use 'White-Lines'? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the locator request an 'extension'? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the 'extension' agreed to? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what date was the extension made to?		Where was the location of the excavation site? <input type="checkbox"/> Private Property <input type="checkbox"/> Utility Easement <input type="checkbox"/> Road Right-Of-Way (ROW)		
Does the location correlate with the dig ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No						
D	<u>TYPE OF WORK</u>					
	<input type="checkbox"/> Pre-Excavation	<input type="checkbox"/> Leak Repair	<input type="checkbox"/> Main Installation	<input type="checkbox"/> Service Installation	<input type="checkbox"/> Pavement Work	
	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Valve Repair	<input type="checkbox"/> Main Insertion	<input type="checkbox"/> Service Insertion	<input type="checkbox"/> Restoration	
	<input type="checkbox"/> Inspection/Survey	<input type="checkbox"/> CP/Anode Work	<input type="checkbox"/> Main Repair	<input type="checkbox"/> Service Repair	<input type="checkbox"/> Other:	
	<u>TYPE OF MATERIAL</u>					
<input type="checkbox"/> Cast/Ductile Iron	<input type="checkbox"/> Steel	<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:		
<u>DAMAGE MEDIA</u>						
<input type="checkbox"/> Digging Equipment	<input type="checkbox"/> Hand Equipment	<input type="checkbox"/> Vertical Boring	<input type="checkbox"/> Settlement/Cave-In	<input type="checkbox"/> Stake/Form Pin		
<input type="checkbox"/> Grading Equipment	<input type="checkbox"/> Cutting Equipment	<input type="checkbox"/> Horizontal Boring	<input type="checkbox"/> Backfilling	<input type="checkbox"/> Probe Rod/Bar Hole		
<input type="checkbox"/> Vacuum Equipment	<input type="checkbox"/> Plowing Equipment	<input type="checkbox"/> Marker/Sign Post	<input type="checkbox"/> Erosion	<input type="checkbox"/> Other:		
<u>ROOT CAUSE</u>						
Excavator at Fault		Locator at Fault		Facility Owner at Fault		
<input type="checkbox"/> No Locate Request/Notice	<input type="checkbox"/> Inadequate Shoring	<input type="checkbox"/> Failed to Mark	<input type="checkbox"/> Abandoned Facility			
<input type="checkbox"/> Insufficient Locate time	<input type="checkbox"/> Outside Locate Area	<input type="checkbox"/> Incorrect Locate	<input type="checkbox"/> Deteriorated Facility			
<input type="checkbox"/> No 'No Response' Call	<input type="checkbox"/> Failure to Maintain Marks	<input type="checkbox"/> Incomplete Locate	<input type="checkbox"/> Bad Installation			
<input type="checkbox"/> Poor Excavation Practices	<input type="checkbox"/> Expired Locate	<input type="checkbox"/> Miscommunication	<input type="checkbox"/> Depth Issues			
<input type="checkbox"/> No Pot-Hole/Hand Dig	<input type="checkbox"/> Wrong Locate Info Provided	<input type="checkbox"/> Poor Signal/Tone	<input type="checkbox"/> Unavoidable			
<input type="checkbox"/> Previous Damage	<input type="checkbox"/> Digging Before Work-To-Begin Time	<input type="checkbox"/> Cannot Locate Facility	<input type="checkbox"/> No Records			
<input type="checkbox"/> Failure to Support Facility	<input type="checkbox"/> Failure to White-Line/Stake	<input type="checkbox"/> Other:				
<input type="checkbox"/> Unauthorized Tampering	<input type="checkbox"/> Failure to Report Damage					
Part E – Natural Gas Damage Reporting – Skip to Part F if N/A						
Was this a Natural Gas Hit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, was there a release of gas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, was 911 notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Time of 911 notification?		Emergency crews onsite:		Emergency crews left:		
HPU Heat Dept. Called? <input type="checkbox"/> Yes <input type="checkbox"/> No		HPU Crew Member In-Charge:		Total # of HPU Onsite:		
Time of HPU Notification?		HPU Crews onsite:		HPU Crews departed:		
Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was there an ignition of gas? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was there damage to other property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please describe:						
Has a HPU Gas Hit Report been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, who filed hit report:		Date of Gas Hit Report:		
Has HPU Engineering reviewed the Gas Hit Report? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was there an interruption of gas service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time of interruption:		Time of restoral:		
Total number of customers affected:						
Proceed to Part F (back side)						

F	Was a crew notified of the damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which department was notified? <input type="checkbox"/> Linecrew <input type="checkbox"/> Heat Dept. <input type="checkbox"/> Water Dept.	Who notified the crew:	Time of notification:		
	Was there an interruption of service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of interruption:	Time of restoral:	Total number of customers affected:		
	HPU Eng. Dept. Called? <input type="checkbox"/> Yes <input type="checkbox"/> No	HPU Crew Member In-Charge:	Total # of HPU Onsite:	Time of HPU Notification?	HPU Crews onsite:	HPU Crews departed:
	Was this damage from a HPU crew? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which department caused the damage? <input type="checkbox"/> Linecrew <input type="checkbox"/> Heat Dept. <input type="checkbox"/> Water Dept.		Was a Damage Report done? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a Pre-Excavation done? <input type="checkbox"/> Yes <input type="checkbox"/> No	

G	Comments: _____

H	PLEASE PROVIDE A SKETCH OF THE DAMAGE SCENE IN THE SPACE BELOW:
---	---

Cc: operations@hpuc.com ; Head Cashier