



REPORT OF PROBABLE VIOLATIONS

Filing Fee - \$250.00

Non-Refundable

Please provide all information requested below to assist in conducting a thorough investigation of this incident. This information will also help build a database to guide us in furthering damage prevention. Please use a separate report for each incident. Thank you for your time.

Part A – Please mail this form to:

Maryland Underground Facilities Damage Prevention Authority
7223 Parkway Drive, Suite 210
Hanover, MD 21076 Or

Phone: 410-782-2037
Email: info@mdppa.org
Web: www.mdppa.org

FAX: 410-712-0838

Part B – Who is submitting this information:

Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Email: _____

Date of this report: _____
Work Phone: _____
Mobile Phone: _____
Home Phone: _____
Pager Number: _____
Fax: _____

Part C – Incident Info.: (incident date = date of discovery)

Incident Date & Time: _____
Incident Address: _____
City/County: _____
Cause: _____

Incident Location:

- Public Property
 Private Property
 Utility Easement Latitude _____
- City Right of Way
 County Right of Way
 State Right of Way Longitude _____

Part D – Excavator Information: Name: _____ Company: _____ Address: _____ City, State, Zip: _____ Email: _____	Date & Time Excavation Began: Work Phone: _____ Mobile Phone: _____ Home Phone: _____ Pager Number: _____ Fax: _____
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Part E – Excavator Category:			
<input type="checkbox"/> Contractor working for government	<input type="checkbox"/> Contractor working for utility	<input type="checkbox"/> County employee	<input type="checkbox"/> Railroad employee
<input type="checkbox"/> Contactor working for other	<input type="checkbox"/> Property owner/occupant	<input type="checkbox"/> State employee	<input type="checkbox"/> Farmer
<input type="checkbox"/> Contractor working for self	<input type="checkbox"/> Municipality employee	<input type="checkbox"/> Utility employee	<input type="checkbox"/> Developer
	<input type="checkbox"/> Private individual		<input type="checkbox"/> Unknown

Part F – Type of excavation activity:		Parallel excavation <input type="checkbox"/> Yes <input type="checkbox"/> No	Exposing (pot holing) facility <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Drainage work	<input type="checkbox"/> Plumbing/septic work	<input type="checkbox"/> Road construction
<input type="checkbox"/> Bldg construction	<input type="checkbox"/> Driveway work	<input type="checkbox"/> Roadway maintenance	<input type="checkbox"/> Setting poles
<input type="checkbox"/> Bldg demolition	<input type="checkbox"/> Fence work	<input type="checkbox"/> Site development	<input type="checkbox"/> Sprinkler
<input type="checkbox"/> Bldg reconstruction	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Traffic signal/system	<input type="checkbox"/> Other _____
<input type="checkbox"/> Curb/sidewalk work	<input type="checkbox"/> Lot grading		<input type="checkbox"/> Electricity
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Telecommunications
			<input type="checkbox"/> Cable
			<input type="checkbox"/> Sewer
			<input type="checkbox"/> Water

Part G – Type of excavation

Equipment Type:

Method of excavation:

- Mechanical
- Boring*

- Hand
- Explosive

- Blasting
- Boring*
- Digging
- Ditching
- Dredging
- Drilling
- Driving

- Grading
- Hand Dig
- Moving
- Pavement Milling

- Paving
- Plowing
- Razing
- Removing
- Rendering

- Scraping
- Tilling
- Trenching
- Tunneling
- Wrecking

*If method is "boring", list boring technique Directional or Missile

Part H – Description of damage

What type of facility was damaged?

- Water
- Gas
- Cable
- Electric
- Sewer
- Telecommunications
- Hazardous liquid pipeline
- Other

Utility line function:

- Service
- Drop
- Feeder
- Trunk
- Secondary
- Primary
- Transmission
- Fiber
- Main

Material type (steel, plastic, etc.): _____

Pressure (PSIG/inches): _____

Size (diameter, voltage, pairs, etc.): _____

Depth of facility at the time of damage: _____

Utility/Facility/Owner/Operator

Company: _____
 Address: _____
 City: _____
 State: ____ Zip: _____
 Email: _____

Contact: _____
 Work Phone: _____
 Mobile Phone: _____
 Home Phone: _____
 Pager Number: _____
 Fax: _____

Part I – Incident impact:

Did the fire department respond? Yes No
 Did the police department respond? Yes No
 Was evacuation necessary? Yes No If Yes- How Many: _____
 Was traffic stopped or detoured? Yes No
 Was there a service interruption? Yes No If yes- Duration: _____
 Excavation Down Time Cost: \$ _____ Duration: _____

Number of Fatalities: _____
 Number of Injuries: _____
 Number of customers affected: _____
 Damage Repair Cost: \$ _____
 Other Property Impacted: _____
 Other Property Repair Cost: \$ _____
 Other Impact: _____

Part J – Notification center information:

Did the person have a valid ticket?

Yes No Ticket Number: _____

Did the person check Underground Facilities Information Exchange System?

Yes No How: Phone Fax Back Website Email

Type of ticket:

Regular 15 working day

Remark notice

Designer

Emergency

Special project

Meeting

Part K – Locating/marketing of utility line

NOTE: Please attach a copy of the “locator’s manifest” and location sketch with this report if available

Who marked this line? Facility Owner/Operator Contract Locator

Locator’s Name: _____

Work Phone: _____

Company: _____

Mobile Phone: _____

Address: _____

Home Phone: _____

City, State, Zip: _____

Pager Number: _____

Email: _____

Fax: _____

Was the line marked prior to the damage? Yes No

What types of marks were present? Paint Flags Stakes

Describe the condition of the marks in the proposed excavation area: Bright Visible Faded Destroyed No Marks

Were facilities visible (clear evidence) in the excavation area? Yes No – If Yes, indicate record type: _____

Were facilities marked in accordance with Maryland law and local practices? Yes No

Additional Comments: