



For Department Use Only

State of Vermont

30 VSA CHAPTER 86, SECTION 7007

Department of Public Service

112 State Street, Montpelier, VT 05620-2601

SUBMIT INFORMATION BY EMAIL OR FAX TO:
DIG.SAFE@VERMONT.GOV -- (802) 828-2342

ALL DATA FIELDS MUST BE COMPLETED OR FORM WILL BE JUDGED
AS NOT ACCEPTABLE, REPORT SHOULD BE FILED WITHIN 30
DAYS OF INCIDENT. ALL DPS QUESTIONS WILL BE ADDRESSED
TO PERSON PREPARING REPORT*

Underground Facility Damage Report (UFDR)

Facility Damaged : <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> CATV <input type="checkbox"/> Telecom <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Other		Name of Utility Damaged:			
When did damage occur? Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		Location (Street Address or Dimensional Reference, Town), Zip Code			
When was report received by Utility? Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		Latitude (if known)	Longitude (if known)		
What date was report sent to DPS?		Report Prepared By (Name, Company, Telephone):			
Excavator Notified Dig Safe in Advance? <input type="checkbox"/> No <input type="checkbox"/> Yes		Root Cause of Damage (Refer to Back, Select All that Apply)			
Provide Dig Safe Ticket #:					
Facility Damaged: <input type="checkbox"/> Transmission <input type="checkbox"/> Distribution <input type="checkbox"/> Service <input type="checkbox"/> Other, Describe:					
Personal Injuries <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:		Photographs Taken? <input type="checkbox"/> No <input type="checkbox"/> Yes			
What Equipment Caused Damage? (Refer to Back)					
Service Interrupted: <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe:		Plan to Bill Excavator <input type="checkbox"/> No <input type="checkbox"/> Yes			
Incident Description:					
<i>*I CERTIFY THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE,</i>					
SIGNED					
-----Excavator Data-----					
Company Name:					
Company Address: (mailing address, city, state, zip code):					
Contact Person:		Telephone:			
Name of Operator Causing Damage:		Name of Supervisor on Job:			
THIS SECTION RESERVED FOR DPS USE					
CASE #					
FINDINGS, OBSERVATIONS, AND CONCLUSIONS REGARDING EXCAVATOR/UTILITY DIG SAFE PRACTICES					
Requirement	Yes	No	Requirement	Yes	No
§ [7004] Notified Dig Safe			§ [7006b] Reasonable Precautions Taken		
§ [7004] Precise Location of Excavation Area Identified			Damage Occurred		
§ [7004] Excavation Area Pre-Marked by Excavator			Concealed		
§ [7006a] Excavator Maintained Markings			§ [7006] Utility Accurately Marked Buried Facilities		
§ [7006a] Excavator Requested Remark (If applicable)					
DPS Investigator:		Report Received from Utility:			

DESCRIPTION OF THE ROOT CAUSE

What was the root cause to the damage, downtime, of near-miss? Transfer your selection(s) to front.

1. No notification made to the one-call center
2. Notification to one-call center made but not sufficient
3. Wrong information provided
4. Facility could not be found/located
5. Facility marking or location not sufficient
6. Facility was not located or marked
7. Incorrect facility records/maps
8. Excavation practices not sufficient
9. Failure to maintain clearance between powered equipment and underground facility
10. Failure to maintain the marks
11. Failure to support exposed facilities
12. Failure to use hand tools where required
13. Failure to verify location by test-hole (pot-holing)
14. One-call notification center error
15. Abandoned facility
16. Deteriorated facility
17. Previous damage
18. Data not collected
19. Other:

WHAT EQUIPMENT CAUSED DAMAGE

Transfer your selection(s) to front.

1. Auger
2. Backhoe/Track hoe
3. Boring
4. Directional Drilling
5. Drilling
6. Explosives
7. Farm Equipment
8. Grader/Scraper
9. Hand Tools
10. Milling Equipment
11. Probing Device
12. Trencher
13. Vacuum Equipment
14. Data Not Collected
15. Unknown/Other