

Incident/Violation Field Report

This form is to be used to collect information that will be needed when damages / violations are reported in the CBYD DamageAccess system. This form should NOT be sent to PURA or CBYD. The information collected on this form must be input into the CBYD DamageAccess online reporting system, available at WWW.CBYD.COM

Fields marked with an * are mandatory to be completed

1: Originator			
Name:*			
Incident Type:*	<input type="checkbox"/> Utility Damage <input type="checkbox"/> Violation (No Damage)	Originator Email:*	
Utility/Excavator Company Name:*		Originator Phone #:*	
		Supervisor Email:*	

2: Affected Utility			
Affected Utility:*	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/> Sewer <input type="checkbox"/> Cable Television <input type="checkbox"/> Liquid Pipeline <input type="checkbox"/> Steam <input type="checkbox"/> Telecommunications <input type="checkbox"/> Other/Unknown		
Utility Company Name:*			
Street Address:			Town/City:
State/Zip Code:			
Utility Contact Details			
Name:*			
Email Address:*			
Phone #:*			

3: Excavator			
Excavator Company Name:*			
Street Address:			
Town/City:			
State & Zip Code:			
Excavator Contact Details			
Name:*			
Email Address:*			
Phone #:*			

4: Damage Details			
Date of Event:*			Time of Event:*
Street Address:*			Town/City:*
State & Zip Code:*			Latitude:
Facility Type:*	<input type="checkbox"/> Main <input type="checkbox"/> Service	Longitude:	
Incident Location:*	<input type="checkbox"/> Public R.O.W. <input type="checkbox"/> Private R.O.W.		
Facility Description: (Size/Pressure/Material)			

4: Damage Details (Continued)	
Primary Cause of Incident:*	<input type="checkbox"/> Excavator Failed to Notify CBYD <input type="checkbox"/> Not Located-Markout Person Error or Omission <input type="checkbox"/> Not Located- Less the 2 Full Working Days <input type="checkbox"/> Failure of Excavator to Maintain Marks <input type="checkbox"/> Excavator Failed to Use Reasonable Care <input type="checkbox"/> Failure to Hand Dig (Applies to Gas Facilities Only) <input type="checkbox"/> Not Located-Incorrect or Incomplete Notice <input type="checkbox"/> Not Located-Incorrect Record <input type="checkbox"/> No Record of Facility- Not Located or Incorrectly Located <input type="checkbox"/> Located Incorrectly-Incorrect Record of Facility <input type="checkbox"/> Failure to Stay Within the Proposed Work Area <input type="checkbox"/> Located Incorrectly- Markout Person Error or Omission
Violation of Regulations:*	<input type="checkbox"/> No Notice (No CBYD Ticket) <input type="checkbox"/> Failure to Wait 2 Full Working Days Not an Emergency <input type="checkbox"/> Improperly Declared Emergency <input type="checkbox"/> Failure to Adequately and Properly Describe Location <input type="checkbox"/> Failure to Renew Notice (CBYD Ticket Over 30 Days Old) <input type="checkbox"/> Failure to Hand Dig (Gas Only) <input type="checkbox"/> Failure to White Line Proposed Work Area <input type="checkbox"/> Failure to Maintain Marks <input type="checkbox"/> Failure to Support Facilities <input type="checkbox"/> Failure to Report Damages and <input type="checkbox"/> Unauthorized Tampering with Utility Facility <input type="checkbox"/> Failure to Exercise Reasonable Care (Describe in Description of Events) <input type="checkbox"/> Failure to Mark Facilities- No Record; Incorrect Record <input type="checkbox"/> Failure to Mark Facilities-Markout Person Error or Omission <input type="checkbox"/> Failure to Mark Facility- Did Not Mark Facilities-Other (e.g. No One Dispatched) <input type="checkbox"/> Failure to Mark Accurately - No Record, Incorrect Record <input type="checkbox"/> Failure to Mark Accurately- Markout Person Error or Omission
Description of Events/Comments:	

5: Damage Impact	
CBYD Request #:	
Type of Locator:*	<input type="checkbox"/> Contract Locator <input type="checkbox"/> Facility Owner <input type="checkbox"/> Other/Unknown
Type of Excavator:	<input type="checkbox"/> Contractor <input type="checkbox"/> County <input type="checkbox"/> Developer <input type="checkbox"/> Farmer <input type="checkbox"/> Municipality <input type="checkbox"/> Homeowner <input type="checkbox"/> Railroad <input type="checkbox"/> State <input type="checkbox"/> Utility <input type="checkbox"/> Unknown/Other
Type of Excavation Equipment:	<input type="checkbox"/> Backhoe/Trackhoe <input type="checkbox"/> Boring <input type="checkbox"/> Bulldozer <input type="checkbox"/> Drilling <input type="checkbox"/> Explosives <input type="checkbox"/> Directional Drilling <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Grader/Scraper <input type="checkbox"/> Hand Tools <input type="checkbox"/> Milling Equipment <input type="checkbox"/> Probing Device <input type="checkbox"/> Trencher <input type="checkbox"/> Vacuum Equipment <input type="checkbox"/> Auger <input type="checkbox"/> Unknown/Other
Type of Work Performed:	<input type="checkbox"/> Agriculture <input type="checkbox"/> Cable Television <input type="checkbox"/> Curb/Sidewalk <input type="checkbox"/> Bldg. Construction <input type="checkbox"/> Drainage <input type="checkbox"/> Bldg. Demolition <input type="checkbox"/> Driveway <input type="checkbox"/> Electric <input type="checkbox"/> Engineering/Survey <input type="checkbox"/> Fencing <input type="checkbox"/> Grading <input type="checkbox"/> Irrigation <input type="checkbox"/> Landscaping <input type="checkbox"/> Liquid Pipeline <input type="checkbox"/> Milling <input type="checkbox"/> Natural Gas <input type="checkbox"/> Pole <input type="checkbox"/> Public Transit Auth <input type="checkbox"/> Railroad <input type="checkbox"/> Road Work <input type="checkbox"/> Sewer <input type="checkbox"/> Site Development <input type="checkbox"/> Steam <input type="checkbox"/> Storm Drain/Culvert <input type="checkbox"/> Street Light <input type="checkbox"/> Telecommunicatio <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Traffic Sign <input type="checkbox"/> Water <input type="checkbox"/> Waterway Improvement <input type="checkbox"/> Unknown/Other
Interruption of Service (Yes/No):	<input type="checkbox"/> Yes <input type="checkbox"/> No Date and Time of Outage:
Duration of Outage:	Number of Customers Affected:
Did Excavator incur down time?	<input type="checkbox"/> Yes <input type="checkbox"/> No Road Closures:
If Yes Duration:	Estimated cost of Downtime:
Emergency Service Response:	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Evacuated:
Number of Injuries:	Estimated Cost of Repair

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