



Colorado Department of Labor and Employment
 Division of Oil and Public Safety
 Underground Damage Prevention Safety Commission
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 Denver, CO 80202-3610

Phone: 303-318-8525
 Email:
 cdle_safetycommission@state.co.us
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Underground Facility Damage Report

(Revised 9/10/2020)

Complete this form with as many details as possible about the underground facility damage for which you have submitted a complaint.

If you are the owner or operator of a damaged underground facility, you are also required to report the damage to Colorado 811 within 90 days after service has been restored per Section 9-1.5-103(7)(b) of the Colorado Excavation Requirements Statute.

Contact Information

Name:	
Phone Number:	
Email Address:	

Underground Facility Damage Date and Location Information

Date (MM/DD/YYYY):			
Address:	Street:		
	City:		County: <input type="text"/>
	Nearest Intersection: <input type="text"/>		
Latitude/Longitude:	Lat: <input type="text"/>	Lon: <input type="text"/>	<input type="checkbox"/> Decimal Degrees <input type="checkbox"/> D M S

Right of Way Where Event Occurred:

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> City Street | <input type="checkbox"/> State Highway | <input type="checkbox"/> Private Business | <input type="checkbox"/> Dedicated Public Utility Easement |
| <input type="checkbox"/> Pipeline | <input type="checkbox"/> Interstate Highway | <input type="checkbox"/> Private Land Owner | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Federal Land | <input type="checkbox"/> Private Easement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> County Road | <input type="checkbox"/> Public-Other | <input type="checkbox"/> Power/Transmission Line | |

Affected Facility Information

You may make additional copies of Pages 1-2 if more than three facilities were impacted.

Facility Owner Name:	<input type="checkbox"/> Unknown		
What type of facility operation was affected?	<input type="checkbox"/> Cable Television	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Water
	<input type="checkbox"/> Electric	<input type="checkbox"/> Steam	<input type="checkbox"/> Sewer
	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Unknown/Other
Was the facility part of a joint trench?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did this event involve a Cross Bore?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Measured Depth from Grade:	<input type="checkbox"/> <18 in/46 cm	<input type="checkbox"/> >36 in/91 cm	<input type="checkbox"/> Embedded in concrete/asphalt pavement
	<input type="checkbox"/> 18 - 36 in/46 - 91 cm	<input type="checkbox"/> Exact Value: _____	

Internal Use Only	Report#:
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Facility Owner Name:	<input type="checkbox"/> Unknown		
What type of facility operation was affected?	<input type="checkbox"/> Cable Television <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Liquid Pipeline <input type="checkbox"/> Steam <input type="checkbox"/> Telecommunications	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Unknown/Other
Was the facility part of a joint trench?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did this event involve a Cross Bore?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Measured Depth from Grade:	<input type="checkbox"/> <18 in/46 cm <input type="checkbox"/> 18 - 36 in/46 - 91 cm	<input type="checkbox"/> >36 in/91 cm <input type="checkbox"/> Exact Value: _____	<input type="checkbox"/> Embedded in concrete/asphalt pavement
Facility Owner Name:	<input type="checkbox"/> Unknown		
What type of facility operation was affected?	<input type="checkbox"/> Cable Television <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Liquid Pipeline <input type="checkbox"/> Steam <input type="checkbox"/> Telecommunications	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Unknown/Other
Was the facility part of a joint trench?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did this event involve a Cross Bore?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Measured Depth from Grade:	<input type="checkbox"/> <18 in/46 cm <input type="checkbox"/> 18 - 36 in/46 - 91 cm	<input type="checkbox"/> >36 in/91 cm <input type="checkbox"/> Exact Value: _____	<input type="checkbox"/> Embedded in concrete/asphalt pavement
Excavation Information			
Excavation Company Name:	<input type="checkbox"/> Unknown		
Excavator Type:	<input type="checkbox"/> Contractor <input type="checkbox"/> Farmer <input type="checkbox"/> Utility	<input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> State	<input type="checkbox"/> Occupant <input type="checkbox"/> Developer <input type="checkbox"/> Unknown/Other
Excavation Equipment Type:	<input type="checkbox"/> Auger <input type="checkbox"/> Drilling <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Milling Equipment <input type="checkbox"/> Vacuum Equipment	<input type="checkbox"/> Backhoe/Trackhoe <input type="checkbox"/> Directional Drilling <input type="checkbox"/> Grader/Scraper <input type="checkbox"/> Probing Device <input type="checkbox"/> Trencher	<input type="checkbox"/> Boring <input type="checkbox"/> Explosives <input type="checkbox"/> Hand Tools <input type="checkbox"/> Unknown/Other
Notification and Locating Information			
Locator Type:	<input type="checkbox"/> Contract Locator	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Unknown/Other
Locator Company Name:	<input type="checkbox"/> Unknown		
Is excavation activity and/or excavator type exempt from notification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was the work area white-lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Excavator Downtime Information			
Did the excavator incur downtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Interruption and Restoration Information			
Did the damage cause an interruption in service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Additional Comments, Material, Photos and Evidence of the Damage can be emailed to the Safety Commission at cdle_safetycommission@state.co.us.			