



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

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# Underground Facility Damage Report

(Effective 8/8/2018)

Complete this form to provide as many details as possible about the potential or actual 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:		
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	

**Did underground facility damage occur?**

Yes → Complete the remaining pages of this form.

No → Provide as much information as possible about this near-miss in the space provided below.

## Details About Near-Miss

<b>Internal Use Only</b>	Report#:		Investigator:	
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### Affected Facility Information

*You may make additional copies of this page 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
What type of facility was affected?	<input type="checkbox"/> Distribution	<input type="checkbox"/> Gathering	<input type="checkbox"/> Unknown/Other
	<input type="checkbox"/> Transmission	<input type="checkbox"/> Service/Drop	
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	
Was the facility owner a member of Colorado 811?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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: _____	
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
What type of facility was affected?	<input type="checkbox"/> Distribution	<input type="checkbox"/> Gathering	<input type="checkbox"/> Unknown/Other
	<input type="checkbox"/> Transmission	<input type="checkbox"/> Service/Drop	
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	
Was the facility owner a member of Colorado 811?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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: _____	
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
What type of facility was affected?	<input type="checkbox"/> Distribution	<input type="checkbox"/> Gathering	<input type="checkbox"/> Unknown/Other
	<input type="checkbox"/> Transmission	<input type="checkbox"/> Service/Drop	
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	
Was the facility owner a member of Colorado 811?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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: _____	

### Excavation Information

Excavation Company Name:	<input type="checkbox"/> Unknown		
Excavator Type:	<input type="checkbox"/> Contractor	<input type="checkbox"/> County	<input type="checkbox"/> Occupant
	<input type="checkbox"/> Farmer	<input type="checkbox"/> Municipality	<input type="checkbox"/> Unknown/Other
	<input type="checkbox"/> Railroad	<input type="checkbox"/> State	
	<input type="checkbox"/> Utility	<input type="checkbox"/> Developer	
Excavation Equipment Type:	<input type="checkbox"/> Auger	<input type="checkbox"/> Backhoe/Trackhoe	<input type="checkbox"/> Boring
	<input type="checkbox"/> Drilling	<input type="checkbox"/> Directional Drilling	<input type="checkbox"/> Explosives
	<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"/> Unknown/Other
	<input type="checkbox"/> Vacuum Equipment	<input type="checkbox"/> Trencher	
Work Performed:	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Building Construction	<input type="checkbox"/> Building Demolition
	<input type="checkbox"/> Cable Television	<input type="checkbox"/> Curb/Sidewalk	<input type="checkbox"/> Engineering/Survey
	<input type="checkbox"/> Driveway	<input type="checkbox"/> Electric	<input type="checkbox"/> Irrigation
	<input type="checkbox"/> Fencing	<input type="checkbox"/> Grading	<input type="checkbox"/> Milling
	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Sewer (Sanitation/Storm)
	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Pole	<input type="checkbox"/> Storm Drain/Culvert
	<input type="checkbox"/> Railroad Maintenance	<input type="checkbox"/> Road Work	<input type="checkbox"/> Traffic Signal
	<input type="checkbox"/> Site Development	<input type="checkbox"/> Steam	<input type="checkbox"/> Waterway Improvement
	<input type="checkbox"/> Street Light	<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Unknown/Other
	<input type="checkbox"/> Traffic Sign	<input type="checkbox"/> Water	
	<input type="checkbox"/> Drainage	<input type="checkbox"/> Public Transit Authority	

### Notification and Locating Information

Was Colorado 811 notified?	<input type="checkbox"/> Yes →	Colorado 811 Ticket #:			
		Locator Type:	<input type="checkbox"/> Contract Locator	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Unknown/Other
		Locator Company Name:			<input type="checkbox"/> Unknown
	<input type="checkbox"/> No →	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
If yes, how much downtime?	<input type="checkbox"/> < 1 hour	<input type="checkbox"/> 2 hours	<input type="checkbox"/> Exact Value: _____
	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 3+ hours	
Estimated Cost of Downtime:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$5,001 – 25,000	<input type="checkbox"/> Exact Value: _____
	<input type="checkbox"/> \$1 – 1,000	<input type="checkbox"/> \$25,001 – 50,000	<input type="checkbox"/> Unknown
	<input type="checkbox"/> \$1,001 – 5,000	<input type="checkbox"/> \$50,000+	

**Interruption and Restoration Information**

Did the damage cause an interruption in service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, duration of Interruption:	<input type="checkbox"/> < 1 hour	<input type="checkbox"/> 12 - < 24 hours	<input type="checkbox"/> Exact Value: _____
	<input type="checkbox"/> 1 - < 6 hours	<input type="checkbox"/> 24 - < 48 hours	<input type="checkbox"/> Unknown
	<input type="checkbox"/> 6 - < 12 hours	<input type="checkbox"/> 48+ hours	
Approximately how many customers were affected?	<input type="checkbox"/> 0	<input type="checkbox"/> 2 - 10	<input type="checkbox"/> 51+
	<input type="checkbox"/> 1	<input type="checkbox"/> 11 - 50	<input type="checkbox"/> Exact Value: _____
Estimated Cost of Damage or Repair/Restoration:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$5,001 - 25,000	<input type="checkbox"/> Exact Value: _____
	<input type="checkbox"/> \$1 - 1,000	<input type="checkbox"/> \$25,001 - 50,000	<input type="checkbox"/> Unknown
	<input type="checkbox"/> \$1,001 - 5,000	<input type="checkbox"/> \$50,000+	

**Description of Root Cause**

Notification Issue	Locating Issue
<input type="checkbox"/> No notification made to Colorado 811 <input type="checkbox"/> Excavator dug outside area described on ticket <input type="checkbox"/> Excavator dug prior to valid start date/time <input type="checkbox"/> Excavator dug after valid ticket expired <input type="checkbox"/> Excavator provided incorrect notification information	<p align="center"><i>Facility not marked due to:</i></p> <input type="checkbox"/> Abandoned facility <input type="checkbox"/> Incorrect facility records/maps <input type="checkbox"/> Locator error <input type="checkbox"/> No response from operator/contract locator <input type="checkbox"/> Tracer wire issue <input type="checkbox"/> Unlocatable facility
<p align="center">Excavation Issue</p> <input type="checkbox"/> Excavator dug prior to verifying marks by test-hole (pothole) <input type="checkbox"/> Excavator failed to maintain clearance after verifying marks <input type="checkbox"/> Excavator failed to protect/shore support facilities <input type="checkbox"/> Improper backfilling practices <input type="checkbox"/> Marks faded or not maintained <input type="checkbox"/> Improper excavation practice not listed above	<p align="center"><i>Facility marked inaccurately due to:</i></p> <input type="checkbox"/> Abandoned facility <input type="checkbox"/> Incorrect facility records/maps <input type="checkbox"/> Locator error <input type="checkbox"/> Tracer wire issue

**Miscellaneous Root Causes**

<input type="checkbox"/> Deteriorated facility	<input type="checkbox"/> Colorado 811 call center error	<input type="checkbox"/> Previous damage
<input type="checkbox"/> Other:		

**Additional Comments**

**Names of Attached Files**