

NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION
 REPORT OF PROBABLE VIOLATION OF UNDERGROUND UTILITY REGULATIONS AND/OR DAMAGE TO UNDERGROUND FACILITIES
 Non-Utility Report
 (In compliance with Puc 805.05)

INCIDENT DATE: (mo/day/yr)	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME:	<input type="text"/>	a.m.	<input type="text"/>	p.m.
REPORT DATE: (mo/day/yr)	<input type="text"/>	<input type="text"/>	<input type="text"/>					

PERSON REPORTING: (FACILITY OPERATOR, EXCAVATOR OR ANY OTHER PARTY)		AREA CODE	7 DIGIT NUMBER	EXT.
Name:	<input type="text"/>	Home No.	<input type="text"/>	<input type="text"/>
Company: (if applicable)	<input type="text"/>	Work No.	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	Fax No.	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	Cell No.	<input type="text"/>	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>	

UTILITY COMPANY IMPACTED:

Was the utility notified of the problems?
 Yes, please provide name of person spoken to:
 No

LOCATION OF VIOLATION / DAMAGE:		GPS COORDINATES:	
Address:	<input type="text"/>	Long:	<input type="text"/>
City:	<input type="text"/>	Lat:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>
	PUBLIC WAY	<input type="text"/>	RIGHT OF WAY
	EASEMENT	<input type="text"/>	PRIVATE PROPERTY

DESCRIBE THE REASON FOR THIS COMPLAINT: (If additional remarks are necessary, or if you have pictures or other evidence to fully describe the incident referenced below, please attach a separate sheet).

DAMAGE / INJURY: Yes No

PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

<input type="checkbox"/> 1. Notification completed,	DIG-SAFE NUMBER (if known):	<input type="text"/>
<input type="checkbox"/> 2. Notification completed, marked, markings not maintained	Operator's markings were incorrect due to:	
<input type="checkbox"/> 3. Notification completed, location was not marked	<input type="checkbox"/> 13.a. LOCATOR ERROR	
<input type="checkbox"/> 4. Notification completed, marked, damage occurred	<input type="checkbox"/> 13.b. INCORRECT RECORD	
<input type="checkbox"/> 5. Excavating outside the pre-marked area	<input type="checkbox"/> 13.c. NO RECORD	
<input type="checkbox"/> 6. Excavation classified as EMERGENCY SITUATION	<input type="checkbox"/> 14. Facility operator failed to mark in a timely manner	
<input type="checkbox"/> 7. Excavator failed to observe 18-in. tolerance zone	<input type="checkbox"/> 15. OTHER	
<input type="checkbox"/> 8. Excavator failed to notify nonmember facility operator		
<input type="checkbox"/> 9. Excavating on an expired ticket		
<input type="checkbox"/> 10. Procedures for notification not followed DIG-SAFE NOT NOTIFIED		
<input type="checkbox"/> 11. Failure to notify of damage		
<input type="checkbox"/> 12. Pre-marked	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature: Title:

*Reviewed by signing authority listed (if submitted electronically) Yes No

Note: Please provide explanation to items above where necessary.

Please submit the above information to the Safety Division by fax, e-mail or phone:

NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION
 Safety Division
 21 South Fruit Street, Suite 10
 Concord, NH 03301-2429
 Tel: (603) 271-6022
 Fax: (603) 271-6048
 E-mail: safetydivision@puc.nh.gov