

Please send original report to CBYD and a copy to UCAC. Fill out even if there is no damage.

UCAC
912 Silas Deane Highway
Wethersfield, CT 06109

CBYD
2040 Whitney Avenue
Hamden, CT 06517

Utility Contractors/Excavators Incident Report Form

Please fill out this form accurately, and file not later than the 15th day of the month following the incident.
(Duplicate forms as needed)

This incident resulted in: (check one) DAMAGE TO FACILITES NO DAMAGE

I. Company Name: _____ CBYD Contractor # _____ Date _____

Mailing Address: _____ Email: _____

Report Prepared By: _____ Tele. _____

II. Utility Involved in Incident: _____

III. Date & Time of Incident: _____ CBYD Ticket # _____

Town: _____ Street Address of Incident: _____

Circle Utility Affected:

Circle Facility

Circle Incident Location:

- | | | | | |
|-------------------|-------------|------------|-------------------|------------------|
| A. Communications | B. Electric | C. Gas | F. Main | H. Public R.O.W. |
| D. Sewer | E. Water | G. Service | I. Private R.O.W. | |

If DAMAGE resulted, enter **ONLY ONE** primary cause letter code from the Table below: []

M. No Notice (no CBYD ticket)	P. Failure of excavator to maintain marks
N. Not located - Markout person error or omission	Q. Failure to hand dig (required for gas facilities only.)
O. Not located; less than 2 full working days - Emergency excavation, or No Emergency (explain in COMMENTS)	R. Failure to exercise reasonable care (explain in COMMENTS)
S. Not located - Incorrect or Incomplete notice	X. Failure to stay within the proposed work area
V. Not located - Incorrect record	W. Located Incorrectly - Incorrect record of facility
U. No record of facility - not located, or incorrectly located	Z. Located Incorrectly - Markout person error or omission

VIOLATIONS of regulations - enter **ALL** numbers that apply from the TABLE below []

Excavator at Fault		Facility Owner/Operator at Fault
1. No Notice (no CBYD ticket)	7. Failure to hand dig (gas only) Thickness of bituminous and concrete surface ___ in. Cover over facility ___ in.	13. Failure to mark facilities - No record; incorrect record
2. Failure to wait 2 full working days not an emergency	8. Failure to maintain marks	14. Failure to mark facilities - markout person error or omission
3. Failure to adequately and properly describe location	9. Failure to adequately support facilities	15. Failure to mark facility - did not mark facilities - other (e.g. no one dispatched)
4. Failure to renew notice (CBYD Ticket over 30 days old)	10. Failure to report damages and contacts	16. Failure to mark accurately - no record, incorrect record
5. Failure to white line proposed work area	11. Unauthorized tampering with utility facility	17. Failure to mark accurately - markout person error or omission
6. Improperly declared emergency	12. Failure to exercise reasonable care (describe under COMMENTS)	

IV. Will utility company be billed for incident? Yes ___ No ___ Will excavator be billed for incident? Yes ___ No ___

COMMENTS: _____

Signed: _____