#

**UTILITY ACCIDENT REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To: |       |  | From: |       |
|  | Project Sponsor |  |  | Consultant’s Representative |
|  |
|  |       |  |  |       |
|  | Contract Number |  |  | Consultant  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | AM  | [ ]  | PM |

Date of Accident: Day  Month  Year  Time

|  |
| --- |
| [ ]  For your information and records  |
| [ ]  For claims investigation |
| [ ]  Other (Explain)  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Project: |       | Description: |       |
| Station: |       | Offset: |       |
| Legal Description: | ¼ SEC |       | TWP |       | RGE |       | W |       | M |       |
|  |
| Contractor Name: |       | Phone No: |       |
| Equipment Used During Accident: |       |
| Government or Hired Equipment: |       | Unit No: |       |
| Operator Name: |       | Phone No: |       |
|  |
| Utility Company: |       | Contact: |       |
| Type of Utility: | [ ]  | Pipeline  |  | Size: |       | Commodity: |       |
|  | [ ]  | Powerline |  | [ ]  | Tel Cable | [ ]  | TV Cable |  |
|  | [ ]  | Other (Explain) |  |
| Was Utility Locate Requested? |  | [ ]  | Yes | [ ]  | No |  |
| If “Yes” | [ ]  | Requested Through Alberta One Call | Reg No: |       |
|  | [ ]  | Requested Through Utility Owner | Date (d/m/y): |       |
| If “No” (Explain) |       |
|  |
|  |
| Severity of Accident: | [ ]  | Fatal | [ ]  | Injury | [ ]  | Property Damage |  |
|  |
| Brief Description of Injury |
| Name: |       | Name: |       |
| Employer: |       | Employer: |       |
| Injury: |       | Injury: |       |

|  |  |  |
| --- | --- | --- |
| Description of Accident: |       |  |
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|       |
|       |
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|       |
| Remarks: |       |
|       |
|       |
|       |
|       |
|  |
|  |
|  |  | Witness 1: |  | Witness 2: |  | Witness 3: |
| Name: |  |       |  |       |  |       |
| Address: |  |       |  |       |  |       |
| Phone: |  |       |  |       |  |       |
| Position: |  |       |  |       |  |       |
| Employer: |  |       |  |       |  |       |
|  |
|  |
| Sketch Area if Required:  |
| NOTE: For all pipeline hits & major cable cuts, |  |
| photographs to accompany report within 72 hrs. |  |
|  |
|  |  |  |
|  |  | Signature |
| cc: |       |  |       |
|  |  | Title |
|  |  |       |
|  |  | Date |