

MCA 69-4-529
Initial Incident Reporting Form

Notification Center Use Only

Incident Report Number: _____

Date Received: _____

***Description of the Incident:**

Date of Incident/Damage: _____

Geographic location of Incident/Damage:

Address or Location Description: _____

City: _____

County: _____

Which Violation of MCA 69-4-5 resulted in damage to your underground facility (ugf)?

- ☐ Did not notify a notification center before beginning excavation. [503(1)]
- ☐ Did not wait for marks to be completed or wait for 2 Full Business days after submitting a locate request [502(1)]
- ☐ Did not provide adequate information for the person completing the locate to determine excavation area. [503(2)]
- ☐ Did not get a relocate of underground facility (ugf) marks were affected by weather, time or other factors. [503(4)(a)]
- ☐ Did not request a relocate after 30 days (of the date of an executed ticket), before continuing excavation. [503(4)(b)]
- ☐ Did not preserve the ugf marks while excavating. [503(5)]
- ☐ Did not notify the ugf owner or notification center of an ugf that was not located. [503(6)]
- ☐ Did not excavate in a careful and prudent manner or was negligent. [503(8)]
- ☐ Did not locate and mark the location within 2 business days (of the date of an executed excavation ticket). [503(3)]
- ☐ Marks were not reasonably accurate. (not within 18" of the outside lateral dimensions of both sides of the ugf.) [503(3) & 503(5)]

Any Additional Description of the Incident:

MCA 69-4-529
Initial Incident Reporting Form

Excavator Involved in damage:

*Name: _____

*Address: Street _____
Street or PO Box _____
City, State Postal Code _____

*Telephone No.: _____ Email: _____

Excavator is: Professional Excavator Property Owner

Was a locate requested? Yes / No / Unknown If yes, ticket number: _____

***Damage Incurred by the Excavator:**

Personal Property: Yes No Personal Injury or Death: Yes No

Additional Info:

As a result of this incident, are you aware of any other:

Damage to Personal Property: Yes No Personal Injury or Death: Yes No

Any Third Party Involved in the Incident: Yes No

*Name: _____

*Address: _____

*Telephone Number: _____

***Description of the Damage to the Underground Facility:**

Type of underground facility damaged:

Pipeline ☐ Jurisdictional ☐ Non-Jurisdictional

Natural Gas Pipeline

- ☐ Product released
☐ No product released

Liquids Pipeline

- ☐ Product released
☐ No product released

Other, _____

- ☐ Product released
☐ No product released

Type of Pipeline:

☐ Transmission ☐ Distribution ☐ Gathering

Electric

☐ Service interrupted ☐ No service interrupted

MCA 69-4-529
Initial Incident Reporting Form

Type of Electric:

☐ Primary

☐ Secondary

Telecommunication

Fiberoptic

☐ Service interrupted
No service interrupted

Copper

Service interrupted
No service interrupted

Coax

Service interrupted
No service interrupted

Type of Telecommunication:

Transport

Distro

☐ Service

Water

☐ Service interrupted ☐ No service interrupted

Type of Water: ☐ Main ☐ Service ☐ Private

Sewer

☐ Service interrupted ☐ No service interrupted

Type of Sewer: ☐ Main ☐ Lateral/Service ☐ Private

Other, specify: _____

☐ Service interrupted ☐ No service interrupted

Additional Description of the Damage to the Underground Facility:

Facility Owner Filing Report

By submitting this report, any information you provide, is to the best of your knowledge at the time the report was submitted.

Report Date: _____

Company: _____

Address: Street _____

Street or PO Box _____

City, State Postal Code _____

Telephone Number: _____

Person Completing Report: _____

Email address: _____

According to MCA 69-4-529:

- The Incident must be reported within 30 days of the incident to the Notification Center at: MTIncidentReport@montana811.org.
- You must notify the excavator involved that this incident has been filed.
- * - annotates information that must be reported if the information is available.

MCA 69-4-529
Initial Incident Reporting Form

- *“third party” means a person who is not an excavator or an underground facility owner.*
- *This incident report will be available for public inquiry, except for any personal information protected by an individual privacy interest.*

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Number of Locates requested or received in past 365 days: _____

If the number of locates requested is larger than 100, what date is the 100th requested before the date of this report? _____