

EXCAVATOR HIT LINE FORM

EMERGENCY RESPONSE PROTOCOL & INCIDENT INVESTIGATION REPORT

EMERGENCY RESPONSE PROTOCOL

Phase 1: Immediate Action (Stop & Secure)

- **STOP WORK IMMEDIATELY:** Turn off equipment. Do not move excavator or backfill.
- **ASSESS ELECTRICAL DANGER:** If power line strike suspected & machine energized, remain in cab unless fire risk. (If exiting due to fire, jump clear with feet together, shuffle away).
- **EVACUATE AREA:** Move crew/bystanders to safe distance (upwind if gas leak).
- **ELIMINATE IGNITION:** If gas line struck, turn off engines, no smoking, no cell phones/radios near leak.
- **DO NOT ATTEMPT REPAIRS:** Never crimp/clamp/tape broken line. Do not extinguish gas fire.

Phase 2: Emergency Notifications

- **CALL 911:** Immediate dispatch if gas leak, chemical spill, fire, sparking electrical, or injury.
- **CALL 811:** Notify local One-Call center of strike to dispatch operators.
- **CONTACT UTILITY OWNER:** Call direct emergency number immediately to shut off supply.
- **NOTIFY LEADERSHIP:** Inform site foreman, safety manager, and supervisors.

Phase 3: Containment & Site Management

- **SECURE PERIMETER:** Use caution tape/cones/barricades to block unauthorized access.
- **CONTROL TRAFFIC:** Set up traffic control or wait for law enforcement if roadway hazard.
- **DO NOT BURY DAMAGE:** Leave excavation open. Minor damage can lead to future failure.

Phase 4: Investigation

- **DOCUMENT EVERYTHING:** Complete investigation details below prior to backfilling.
- **PHOTO LOG:** Complete Section VII checklist before completing sign-off.
- **FACTUAL RECORDING:** Record objective facts only; avoid speculation or assigning fault.

I. INCIDENT & INVESTIGATION DETAILS

Investigator Name: _____

Incident Date/Time: _____ Investigation Date/Time: _____

Physical Address: _____

Address Line 2: _____

GPS Coordinates: Lat: _____ Long: _____

II. DAMAGED UTILITY INFORMATION

Owner/Operator: _____

Size of Facility: _____ Depth of Cover: _____

Utility Type: ☐ Gas ☐ Electric ☐ Water ☐ Sewer ☐ Fiber/Telecom

Utility Status: ☐ Newly Installed ☐ In Service ☐ Abandoned ☐ Unknown

Type of Damage: ☐ Complete Severance ☐ Puncture/Gouge ☐ Coating/Insulation Only

III. UTILITY INFORMATION

Utility Company Name: _____ Company Address: _____

Phone 1: _____ Email 1: _____

On-Site Rep/Contact: _____ Representative Phone: _____

Representative Email: _____

IV. 811 LOCATE TICKET & MARKINGS SUMMARY

811 Ticket Number: _____

Ticket Status: ☐ Valid ☐ Expired ☐ No Ticket ☐ Wrong Area

Locate Marks Visible? ☐ Yes ☐ No

Marking Condition: ☐ Highly Visible ☐ Faded ☐ Removed/Obscured

Within State Tolerance Zone? ☐ Yes ☐ No

Distance from Marks (in/ft): _____

V. FIELD OBSERVATIONS & WITNESS STATEMENTS (FACTS ONLY)

Note: Record what was observed and document any witness/excavator statements. Avoid assigning blame or using speculative language.

VI. EMPLOYEES PRESENT

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

VII. PHOTOGRAPHIC EVIDENCE LOG & PRE-INVESTIGATION CHECKLIST

Important: Be sure to use a field camera app for all captures for proper timestamps/address/GPS.

- ☐ **Safety:** Site verified safe before investigation
- ☐ **Perspective:** Wide shots of entire site (N, S, E, W)
- ☐ **Medium Shots:** Damaged utility & locate marks
- ☐ **The Strike:** Close-up of impact point/damage type

- ☐ **The Marks:** Close-up of 811 marks relative to damage
- ☐ **The Tool:** Specific bucket/blade that made contact
- ☐ **Measurement:** Tape measure showing depth/distance
- ☐ **Path & Markings:** Locate path, excavation area, flags

VIII. SIGN-OFF & FOLLOW-UP

Damage notification submitted to 811/operator? ☐ Yes ☐ No

Damage report required? ☐ Yes ☐ No

Damage report filed? ☐ Yes (No. _____) ☐ No

Reporting Employee Signature ID: _____

Date: _____

Third-Party Rep Signature (Optional): _____

(Acknowledges presence during investigation, not fault)

** Attach any supplemental information meeting sheets, emails, additional photos, etc.*