# 

**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) |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
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| Severity of Accident: | | | |  | | Fatal | |  | | | Injury |  | Property Damage | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Brief Description of Injury | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | Name: | | | |  | | | | | | | |
| Employer: |  | | | | | | | Employer: | | | |  | | | | | | | |
| Injury: |  | | | | | | | Injury: | | | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description of Accident: | | | |  | | |  | |
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| Remarks: | |  | | | | | | |
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|  | | | | | | | | |
|  | |  | 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 | | |