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| Date of Investigation: | Investigation by: |

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| **General Information** | | | |
| Incident Day and Date: | Incident Time: | | Date: |
| Supervisor: |  | | |
| *Type of Work:* |  | | Project/contract/Gang Code: |
| Subcontractor: | Yes / No | Name of Subcontractor: |  |
| *Incident Address:* |  | | |

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| *Utility Information (identify utility damaged)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas |  | Water | | |  | | | Electric | | |  | | | BT | |  | | Cable | | |  | | | Sewer | | | |  | Other | | | |  |
| Shown on drawings? | | | Yes/No | | | | Pressure / Voltage? | | | | | | High / Low | | | | Size of the utility? | | | | |  | | | | | Service / Main | | | | |  | |
| Where is the utility | | | | Overhead / Footpath / Carriageway / Other | | | | | | Depth of utility | | | | | | |  | | | | | | Measured or estimated | | | | | | | |  | | |
| What caused the damage? | | | | |  | | | | | | | | | | Ground Conditions | | | | | | | | | |  | | | | | | | | |
| Team Members | | | | | | Name | | | | | | Employee No. | | | | | | | | Service Length | | | | | | Qualifications | | | | | | | |
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| Event Description (giving details of precautions observed, unsafe acts, location of apparatus/ operative in trench,): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Plan Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were plans on site  COMMENTS | | | | | | | | | Yes | | | | | | | | | | No | | | | | | | | | | | MUST ATTACH | | | |
| Plans clear and accurate  COMMENTS | | | | | | | | | Yes | | | | | | | | | | No | | | | | | | | | | |  | | | |
| Suitable Risk Assessment  COMMENTS | | | | | | | | | Yes | | | | | | | | | | No | | | | | | | | | | | MUST ATTACH | | | |

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| **Location Equipment Information** | | | | | | | |
|  | If no then comments must be made: | | | | | | |
| Was CAT available | Yes | | No | |  | | |
| CAT Serial Number |  | |  | |  | | |
| CAT calibration due. |  | |  | |  | | |
| Was Genny available | Yes | | No | |  | | |
| Genny Serial Number |  | |  | |  | | |
| Genny calibration due. |  | |  | |  | | |
| Was CAT functioning correctly | Yes | | No | |  | | |
| Was Genny functioning correctly | Yes | | No | |  | | |
| **Survey- Prior and During Operations** | | | | | | | |
|  | | If no then comments must be made: | | | | | |
| Was CAT survey completed prior to works commencing | | Yes | | No |  | | |
| Was CAT used in conjunction with Genny. | | Yes | | No |  | | |
| Were plans available and used with CAT and Genny | | Yes | | No |  | | |
| Were all located utilities marked prior to excavation | | Yes | | No |  | | |
| Was the CAT used during excavation | | Yes | | No |  | | |
| What depth was the CAT used during excavation | |  | | | | | |
| Which operative completed the CAT/Genny Survey | |  | | | | | |
| What modes were utilised during CAT survey e.g Radio | |  | | | | | |
| During investigation did site manager confirm location of apparatus by conducting his own survey (what were the results) | | Date | | | | Time | Results |

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| **Operation/ Excavation** | | | |
| Comments must be made where applicable: PHOTOGRAPHS REQUIRED | | | |
| Was all underground plant located and marked by survey | Yes | No |  |
| Was plant located within 500mm of surface | Yes | No |  |
| Was mechanical excavation used | Yes | No |  |
| Which operative was excavating |  | | |
| If mechanical plant was used, who was the operator |  | | |
| If hand excavation, what tools were used and by whom |  | | |
| Was all relevant PPE worn | Yes | No |  |
| Details of PPE Worn |  | | |

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| Was the utility damage avoidable? | Avoidable | Unavoidable |
| Reason |  | |

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| **Any further comments including previous damage history to the same location or different locations?** |
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| **Cause Analysis** |
| Immediate Cause |
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| Contributory Causes |
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| Root Cause(s) |
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| **Action Taken- Corrective Action and Preventative Measures.** | | | | |
| Action | Owner | Date Required | Completed | Confirmed Completed |
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| **Check List- The form must not be accepted without the following (list documents attached by reference)** | |
| Utility plans attached |  |
| Risk assessment attached |  |
| Photographs of damaged utility |  |
| Photographs of mark up |  |

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| **Signatures.** | | | | |
|  | **Name** | **Date** | **Signature** | |
| Team Leader/supervisor |  |  | |  |
| Site / Team Manager |  |  | |  |
| Operations Manager |  |  | |  |
| Administrator |  |  | |  |