



Gas Incident Dig-in Report Addendum (Form "A1")

B1-0548 (Rev. 03/11)
TD-110F-1-02

LEAK NUMBER: _____ or NON-LEAK REFERENCE NUMBER: _____

PART B: INCIDENT DESCRIPTION PM # _____ Incident Report # _____

PROVIDE A SUMMARY OF THE DIG-IN (STATE ONLY FACTS. DO NOT SPECULATE. ATTACH ADDITIONAL SHEETS IF NECESSARY)

Photos Taken? Yes No By Whom: _____ Other Evidence Secured? Yes No Describe: _____

LOCATION OF DIG-IN (YOU MUST SELECT ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> City Street | <input type="checkbox"/> Interstate Highway | <input type="checkbox"/> Pipeline R/W | <input type="checkbox"/> Private Land Owner |
| <input type="checkbox"/> County Road | <input type="checkbox"/> Electric R/W | <input type="checkbox"/> Dedicated Public Utility Easement | <input type="checkbox"/> Private Business |
| <input type="checkbox"/> State Highway | <input type="checkbox"/> Railroad R/W | <input type="checkbox"/> Private Easement | <input type="checkbox"/> Federal Lands |
| | | | <input type="checkbox"/> Other _____ |

PART C: DETAILED DAMAGE REPORT

EXCAVATOR-TYPE CAUSING INCIDENT:

- | | | | | | |
|---|--|--|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Public/Private Utility | <input type="checkbox"/> Non-PG&E Contractor | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Developer | <input type="checkbox"/> PG&E Division Gas | <input type="checkbox"/> County |
| <input type="checkbox"/> Homeowner/Occupant | <input type="checkbox"/> Railroad | <input type="checkbox"/> PG&E Contractor | <input type="checkbox"/> State | <input type="checkbox"/> PG&E Division Electric | <input type="checkbox"/> City |
| <input type="checkbox"/> PG&E GC Gas | <input type="checkbox"/> PG&E GC Electric | <input type="checkbox"/> PG&E Hydro | <input type="checkbox"/> District | <input type="checkbox"/> Other _____ | |

OWNER INFORMATION (For Whom Was Work Performed?)

Same as Damaging Party? Yes No If no, Owner name: _____

Owner Address: _____ City: _____ Phone: _____

PART D: TYPE OF EXCAVATION METHOD (MARK ONLY ONE)

- | | | | | |
|---|--|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Backhoe/Trackhoe | <input type="checkbox"/> Farm Equipment | <input type="checkbox"/> Drilling | <input type="checkbox"/> Hand tools | <input type="checkbox"/> Driving Stakes/Ground Rods |
| <input type="checkbox"/> Trencher | <input type="checkbox"/> Stump Grinding | <input type="checkbox"/> Auger | <input type="checkbox"/> Probing | <input type="checkbox"/> Vacuum Equipment w/Agreement |
| <input type="checkbox"/> Grader/Scraper | <input type="checkbox"/> Directional Drilling | <input type="checkbox"/> Boring | <input type="checkbox"/> Explosives | <input type="checkbox"/> Vacuum Equipment w/o Agreement |
| <input type="checkbox"/> Drain Cleaning | <input type="checkbox"/> Milling/Road Grinding | <input type="checkbox"/> Plowing | <input type="checkbox"/> Jackhammer | <input type="checkbox"/> Other (explain) _____ |

IF DIRECTIONAL DRILLING OR BORING WAS THE METHOD, WAS IT CROSS BORING? Yes No

PART E: TYPE OF WORK BEING PERFORMED (MARK ONLY ONE)

- | | | | | | |
|--|---------------------------------------|---|--|--------------------------------------|--|
| <input type="checkbox"/> Public Transit Authority | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Phone | <input type="checkbox"/> Blading/lot grading | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Waterway improvement |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Electric | <input type="checkbox"/> Fiber optic | <input type="checkbox"/> Fencing | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Railroad maintenance |
| <input type="checkbox"/> Water | <input type="checkbox"/> Pole | <input type="checkbox"/> Road work | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Driveway | <input type="checkbox"/> Engineering/surveying |
| <input type="checkbox"/> Storm drain/culvert | <input type="checkbox"/> Street light | <input type="checkbox"/> Curb/sidewalk | <input type="checkbox"/> Bldg. construction | <input type="checkbox"/> Drainage | |
| <input type="checkbox"/> Petroleum pipeline | <input type="checkbox"/> Gas | <input type="checkbox"/> Traffic sign | <input type="checkbox"/> Bldg. demolition | | |
| <input type="checkbox"/> Gas transmission pipeline | <input type="checkbox"/> Steam | <input type="checkbox"/> Traffic signal | <input type="checkbox"/> Other (explain) _____ | | |

PART F: USA MARKINGS VISIBLE AND OBSERVED AT THE TIME OF THE DIG-IN (CHECK ALL THAT APPLY)

- Paint Flags Stakes Whiskers Crayon O.T.se. Permanent Markers
- None If None, Why? _____
- If marks were present, were the facilities marked correctly? Yes No Were the facilities installed in a Joint Trench? Yes No

Horizontal distance from PG&E markings to line (Inches): _____

Total distance from closest PG&E markings to point of contact (Feet): _____

PART G: EXCAVATOR PROVIDED INFORMATION

- Does Excavator Claim to have Called USA? Yes No If Yes, USA Number Provided _____
- If Excavator did not call USA: (mark all that apply)
- | | | |
|---|--|---|
| <input type="checkbox"/> Not aware of USA. | <input type="checkbox"/> Excavating on an expired ticket. | <input type="checkbox"/> Was told "no conflict/no UG facilities" By whom? _____ |
| <input type="checkbox"/> Pipeline location known. | <input type="checkbox"/> Excavating under another caller's ticket. | <input type="checkbox"/> USA/locating takes too long. |
| <input type="checkbox"/> Boss said not to call USA. | <input type="checkbox"/> Someone else had called USA. | <input type="checkbox"/> Other (explain) _____ |

PART H: GAS LOST TO ATMOSPHERE

Line Pressure: _____ (psig) Line Completely Severed? Yes No If No, Area of Hole in Main _____ (In²)

Therm. Billing Area: _____ Calculated Gas Lost to Atmosphere (Mcf) _____

ABOVE INFORMATION PROVIDED BY (LAN ID) _____	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Billable? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPERVISOR REVIEW BY (LAN ID) _____	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paving Tag# _____

PART I: USA MARK AND LOCATE INFORMATION

USA notified? Yes No Active USA # _____ Date of ticket: _____ Date issued to locator: _____
 Field meet requested? Yes No By Whom? _____
 Field meet performed? Yes No If yes, when? _____ If no, why not? _____
 Date arrived: _____ Time arrived: _____ Date completed: _____ Time completed (N/A for phased projects): _____
 Did excavator properly delineate excavation site? Yes No Was excavation performed within delineated area? Yes No
 Did the site delineation match the area asked for on the USA ticket? Yes No Facilities struck in delineated area? Yes No
 Which USA marks were in place or provided by the PG&E Locator in the excavation area? (Check all that apply)
 Paint Flags Stakes Whiskers Crayon O² set Permanent Markers None Maps Provided Verbal:
 Explain conversation: _____
Weather: Wet Dry Cold Hot Other (explain) _____
 Were facilities marked within two working days? Yes No If not, were they marked later as agreed? Yes No
 Was the agreed-on time for the locate documented on USA ticket (including excavator's name and excavation date)? Yes No

PART J: MISMARK INFORMATION (COMPLETE ONLY IF FACILITIES WERE MISMARKED BY PG&E)

Locator's name: _____ Years of experience: _____ Locator: FULL-TIME RELIEF
 Locator qualified to mark and locate facilities? Yes No OQ Qualification Date: _____
 Was the mapping information accurate? Yes No If no, explain: _____
 Was mapping notified of discrepancies? Yes No If no, explain: _____
 Locating instrument failure or malfunction? Yes No If yes, explain: _____
 Instrument: make: _____ Model: _____ Serial #: _____
 Date of last instrument calibration: _____
 Locate method used: Direct connect Indirect w/clamp Indirect Other _____
 If not Direct Connect, Explain why _____
 Locating Wire Missing: Yes No Disconnected/Broken Locating Wire: Yes No
Corrective Action Taken: e.g. installed marker balls or ETS _____
 Signal interferences: Underground facilities Overhead electric lines Contact Transit System None
Explain why and what corrective action will be taken: e.g., cleared contact: _____

For Gas Transmission Lines: Were the line markers visible at the incident site? Yes No

Distance (feet) of the nearest two markers from the incident site: Marker 1 _____ Marker 2 _____

PART K: STAND-BY OF CRITICAL FACILITIES & REGULATORY-REQUIRED FIELD MEET

Stand-by required? Yes No Stand-by performed? Yes No *Note: Refer to WSP-4412-04*
 If a required stand-by was not performed state reason: _____

Field meet required by regulations? (State Law required for excavations within 10 feet of high priority subsurface facilities) Yes No

Regulatory required field meet performed Yes No If no, state reason: _____

Complete the remaining Part K only if Stand-By was Performed

Were the facilities "pot-holed" before excavation? Yes No If no, state reason: _____

Stand-by person's LAN ID: _____ Years of experience: _____

Stand-by person OQ qualified? Yes No OQ qualification date: _____

Did the excavator dig at the agreed time? Yes No If no, state reason: _____

PART L: REASON FOR DIG-IN (DID EXCAVATION PRACTICES COMPLY WITH GOVERNMENT CODE 4216?)

Delineated in white Yes No Waited 2 working days Yes No Hand dug within 2 feet Yes No
 USA Called Yes No Maintained the marks Yes No Exposed & protected facilities Yes No
 Valid USA ticket information Yes No

Generic Root Cause (You Must Select One)

- USA Not Called
- Facility Could not be Found or Located
- USA Notification Error
- Incorrect Facility Records/Maps
- Locating Wire Missing or Broken
- Deteriorated or Fragile Facility
- Inadequate Excavation Practices
- Facility Markings Inadequate
- Locating Instrument Failure
- Incorrect Information or Marks
- Excavator Failure to Use Hand Tools
- Abandoned/Deactivated Facility Issue
- Insufficient Information to USA
- Facility was Not Located or Marked
- Other (See Explanation Below)

Explanation: _____

MAPPING REVIEW BY (LAN ID) _____	Date						Posting Required <input type="checkbox"/> Yes <input type="checkbox"/> NO
SUPERVISOR REVIEW BY (LAN ID) _____	Date						