



**UTILITY STRIKE REPORTING FORM
JULY 2021**

**THIS FORM MUST BE SUBMITTED TO
RISK MANAGEMENT WITHIN 24 HOURS OF THE INCIDENT**
Email: Risk Management
risk_management@hampton.gov
Please make sure to reference your department's reporting manual for additional reporting guidance.

This form collects information in accordance with the Virginia Underground Utility Damage Prevention Act 56-265.19.A and the Virginia State Corporation for Enforcement of the Underground Utility Damage Prevention Act 20VAC5-309-110. Please make sure you fill this out with as much detail as possible with the mindset to prevent future occurrences.

Please provide the name of the project supervisor with contact information:

Please provide the VA811 ticket number and provide a copy of the ticket attached to the report:

Please provide details of the project (i.e. sidewalk removal, replacing lateral, etc.):

Who conducted the pre-site inspection?

Was the area investigated with a probe prior to digging? Yes or No

What was the length of the excavation? Was the excavation parallel or perpendicular to the utility line?
Parallel Perpendicular

If the excavation was perpendicular did you hand dig and expose the line to its extremities? Yes or No Parallel line: Did you hand dig along the line of excavation? Yes or No

If hand digging what type of hand tool was being used? Shovel Sharpshooter Pick Posthole digger
Other:

Were hand digging best practices being used? If yes, please explain:

What marking methods were used? Please check all that apply: Spray Paint Flags Stakes How many days from the initial ticket date did the damage occur?

What was the marking color of the damaged line?

Were the markings directly over the line or offset from the line? Directly over the line Offset from the line If offset, how many feet and/or inches was the distance from the line to the marking?

What is the date and time of the incident? Name of the employee operating at the time of the incident:

Please provide names of other employees present at the time of the incident:

What equipment was being used at the time of the incident?

Please provide in detail a description exactly what happened to include methods being used (hand digging, equipment use, etc.)

Was 911 called? Yes No Was there any other damage other than the utility line? Yes No

Name and Title of Team Leader or Supervisor Completing this form: Date:

Supervisor Signature: Date: