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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 siteCOMMENTS | Yes | No | MUST ATTACH |
| Plans clear and accurateCOMMENTS | Yes | No |  |
| Suitable Risk AssessmentCOMMENTS | 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 |  |  |  |