



Engineers Construction, INC
Utility Investigation Report

Date of Report
1-Feb-11

Employee of : **ECI** ACP ECI DD ECIRR

Name of Operator: _____ Date of Birth: _____ Sex: _____

SSN: _____ Dig Safe#: _____

Occupation: _____ Dig Safe start up date: _____

Time employee began work: _____ Any time lost beyond date of incident: _____

Site Manager: _____ On Employer's Premises: _____

Incident Location (City, State): _____

Source / Cause of Incident: _____

Nature of the incident: _____

Specific Activity Employee was doing when incident occurred: _____

Any tickets / citations issued: _____

Names of Others injured in same incident: _____

What Were Conditions Like? Weather _____ Lighting _____

When did incident Occur?	Month	Day	Year	Time (hrs)	Time (min)	AM/PM
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Date/Time Occurred						
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Date/Time Reported						
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Witness Name(s):	Employee/Contractor/Other	Phone
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Equipment Involved: _____

Incident Type: _____

Incident Sub-type: _____

Environmental Release Info.	Product/Material	Amount	Unit
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Released			
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Recovered			
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Full Description of Incident:

Causal Factors:

Corrective Action Plans:

Reported by (Name/Title): Matthew Orszulak / Safety Officer

Date: _____

Follow-up Meeting Date: _____

Time _____