Section 1 – Incident Information

MUS Incident Number:		Client Incident Ref:	
Reported By:		Contract Name:	
Utility Owner:		Utility Owner Ref:	
Date and Time of Incident:		RIDDOR Reference:	
Incident Location / Address:			
Person Causing / Finding Damage:		Employer:	
Name of Witnesses:			
Incident Type:		Severity Rating:	
Note: Latent Damage - Please complete the following sections: 1, 2, 3, 4, 7 and 12 only			
Report Completed By:		Report Submitted To:	

Location and Surface Type

	Carriageway		Footway		Verge		Private
	Bituminous Materials		Concrete		Modular		Unmade

Section 2 - Liability - You must provide a valid reason or no challenge can be made

Should the cost of this utility damage be disputed with the utility owner?		Yes		No

Section 3 – Details of Incident

What happened: (include activity being undertaken at the time, full details of what happened and nature of the incident)

What was the outcome? (provide details of apparatus damage sustained, how this occurred and what caused it)

Subsequently: What happened following the incident

Section 4 – Photograph(s) / Sketch

Photographs Taken By:			
Date Photographs Taken:		Time Photographs Taken:	

Insert Photograph	Add Sketch

Section 5 – Drugs and Alcohol Testing

Was a drug and alcohol test undertaken?			Yes		No
Provide name of individual tested:			Pass		Fail
Provide name of individual tested:			Pass		Fail
Provide name of individual tested:			Pass		Fail
Provide name of individual tested:			Pass		Fail

Section 6 – Additional Information

Specify what the weather conditions were at the time of damage?				
Was the team selected for the task, competent, trained and authorised to carry out this type of work? Nigel Mckenzie accreditations below:-		Yes		No
All significant risks have been identified and recorded with appropriate control measures?		Yes		No
If No, why not?				
Was the relevant utility drawing available on site for the utility apparatus that was damaged?		Yes		No
If No, would you expect the team to have had a utility drawing for the damaged apparatus?		Yes		No
If yes, was the damaged apparatus shown on this drawing?		Yes		No
Did the team correctly read and understand the utility drawing?		Yes		No
Did the Cable Avoidance Equipment (CAT and Genny) detect / locate the apparatus?		Yes		No
Visual identification methods used to identify apparatus (scarring, street furniture etc)?		Yes		No
If No, why not?				
All underground apparatus and encroachment lines marked on surface and visible?		Yes		No

Did the surface markings extend beyond the immediate size of the excavation?		Yes		No	
How many hand excavated trial holes were undertaken to locate underground apparatus (provide number)					
Was the number of hand excavated trial holes sufficient for the complexity of the works?		Yes		No	
If No, why not?					
Was the damaged apparatus at the expected depth or height for this type of utility?		Yes		No	
What was the actual depth or height of the damaged utility?		**mm**			
Did the damaged apparatus have any protection / warning? (marker tape / tiles etc.)		Yes		No	
Was the damaged apparatus encased in concrete?		Yes		No	
If yes, did the team request for the utility to be isolated?		Yes		No	
Appropriate selection of tools / plant for the task (mechanical / non-mechanical)?		Yes		No	
State the tool / equipment type being used, when damage to the apparatus was caused?					
If mechanical plant used, was a competent banks person used throughout the excavation?		Yes		No	
Were there adequate safe working procedures in place?		Yes		No	
Were exposed utilities adequately protected against accidental damage?		Yes		No	
If No, why not?					
Were there adequate lighting, working space and safe access at the place of work?		Yes		No	
If No, why not?					
If overhead line, were goalposts erected to an agreed height?		N/A		Yes		No
If overhead line, were pre-warning signs in place?		N/A		Yes		No
If No to the above overhead line questions, why not?					

Section 7 – Latent Damages Only

Was the location of the utility known prior to any work being undertaken on site?		Yes		No
Detail the source(s) used to identify the presence and location of underground apparatus?				

Was the utility in working order prior to our works on site?		Yes		No
Was the depth of the utility at the correct depth for that type of apparatus?		Yes		No
What was the depth of the apparatus?	**mm**			
Did the apparatus have any form of protection (marker tape / tiles)		Yes		No
What was the condition of the apparatus? (e.g. corroded / split / deteriorated etc.)				

Section 8 – Root Cause Analysis (USAG) Select 1 root cause per column

Cause of Damage (Planning)		Cause of Damage (Execution)	
Insufficient Competency		Insufficient Survey Practices (Use of Locating Equipment)	
Insufficient Gang Skills		Misuse of Tools/Equipment	
Insufficient Scheduling		Not Following Procedure	
Assets not on Relevant Plans		Inattention/Lack of Awareness	
Plan of damaged asset not present		Clearance Not Maintained	
Inaccuracy of Plans		Inadequate Workplace Environment	
Inadequate Assessment of Works		Service Markup Not Maintained	
Insufficient Time Allowed		Inadequate Trench Support	
Inadequate Survey		Inadequate Backfilling	
		Excavations Practices Not Sufficient	
		No Protective Systems	
		Lack of Supervision	

Section 9 – Learning Points (What conclusions and / or lessons can be drawn from this incident?)

1	None
2	
3	
4	

Section 10 – Recommendations / Actions

No	Recommendations	Action By Date	Action Owner	Completed Date
1				
2				
3				
4				
5				

Section 11 – Appendices (list appendices✓)

	Utility Drawings and Sections		Plant / Maintenance Records		Drugs / Alcohol Report
	Witness Statements		Qualifications / Certificates		Utility Owner Documents
	Photographs		Client Report(s)		Third Party Evidence
	Work Pack Documents		Client Report(s)		Correspondence/ Notes
	Risk Assessment(s)		Method Statements		Safety Alert
	RIDDOR (Dangerous Occurrence)		Manufacturer's Instructions		Photographic Statement of Truth
	Other (Please list)				

Section 12 – Sign-Off - Relevant parties agree to, and accept ownership of, the recommendations

Person Compiling Report	Print Name:	Haydn Davies	Position:	SHEQ manager
	Signature:		Date:	
Reviewed and Accepted by Operational Manager	Print Name:		Position:	
	Signature:		Date:	