

**UTAH PIPELINE SAFETY SECTION
TELEPHONIC INCIDENT/EMERGENCY NOTICE**

Federal ID _____
Report Date _____
Report Time _____ AM PM

Is the pipeline:

Interstate

Master Meter

Intrastate

Municipal

OPERATOR NAME:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Reported By _____ Title _____ Telephone _____

Area Center Div. Dist. Mun.

Name _____ Telephone No. _____

LOCATION OF INCIDENT/EMERGENCY INFORMATION:

Date of Incident _____ Time _____

Street Address _____

City _____ State _____ County _____

X (West): _____

Y (North): _____

Serious Failure Explosion Fire Excavation

Injuries Number _____ Fatalities Number _____ Number Hospitalized _____ Treated/released _____

REPORTABLE TO FEDERAL DOT: YES NO Date _____ Time _____

REPORTED BY _____ TITLE _____

TYPE OF SYSTEM INVOLVED AND PIPELINE MATERIAL:

Dist. Trans. Service Line Customer Fuel Line Other _____

Number of services interrupted _____ Duration of outage _____

Steel Bare Coated Plastic PVC Welded Other _____

FIRST PARTY DAMAGE **SECOND PARTY DAMAGE** **THIRD PARTY DAMAGE**

Name of Company _____ Telephone No. _____

Address _____ City _____ State _____ Zip _____

Before any excavating, was BLUE STAKES notified and area properly marked? YES NO

BLUE STAKES Notification No. _____

Type of equipment used? _____ Operator's Name? _____

Excavation company contacted? YES NO Disposition _____

Probable Cause

Emergency Action Taken

Field investigation required? YES NO

Estimated Damage/Loss _____