

Damage Prevention Checklist

DATE _____ JOB NUMBER _____
 TICKET NUMBER _____ SUPERVISOR _____
 JOB SITE LOCATION _____
 EMERGENCY RESPONSE PHONE NUMBERS _____

1) A Damage Prevention Checklist shall be completed prior to ground disturbance. 2) A separate form should be filled out for each work location and at the start of a new shift. 3) Notify the supervisor if it's determined utilities need to be relocated or day-lighted. 4) Speak up and stop work if conditions change or you have safety concerns.

CHECKLIST	YES	NO
Has a Jobsite Safety Analysis tailgate been conducted with all personnel signed in?		
Have one-call tickets been filed and are they up to date?		
Is the excavation only taking place only within the requested area on one-call ticket?		
Have project prints, alignment sheets and pot-hole logs been reviewed?		
Have you surveyed the area for markers, flags, paint, etc.?		
Have you discussed how to safely dig around identified underground utilities?		
Is there evidence of previous flags, markers or potholes being damaged or removed?		
Is there evidence of recently installed utilities?		
Have existing utilities been positively identified and potholed in dig area + 2 feet?		
Have you thought about bends, sags or turns in the utility?		
Will all exposed underground utilities be properly supported		
Do you have a member of the crew assigned as a spotter?		
Does the utility require a watch and protect and has it been scheduled?		
Has the crew discussed no power digging within 18 inches of existing utilities?		
Have precautions been taken to maintain minimum clearance from overhead lines?		
Have all personnel and subcontractors reviewed this checklist?		

ADDITIONAL COMMENTS/SITE SPECIFIC CONCERNS _____

NEAREST HOSPITAL _____ ADDRESS _____
 WHO IS CLEARING AREA OF WORKERS/BYSTANDERS/TRAFFIC _____
 WHO IS CALLING 911 _____
 EMERGENCY MEETING AREA _____

 Excavator Name

 Excavator Signature