



***THIRD PARTY INCIDENT REPORT FORM***

Notify the Operations Manager and the Safety Director immediately of any incident involving a third party on or near a project site and/or involving project equipment, materials or personnel. The initial Incident Report must be faxed to the home office within **24 hrs** of the incident.

<b>GENERAL INFORMATION</b>	
Project Name and Number: <b>Central T – 221</b>	
Name and Title of Person Completing this Form: Mike Sinon – Safety Manager	Date: 6/17/2013
Superintendent's Name: Mike Hanley	

<b>INCIDENT INFORMATION</b>	
Type of Incident: <input type="checkbox"/> Property Damage/Loss <input checked="" type="checkbox"/> Utility Damage/Loss <input type="checkbox"/> Third Party Injury <input type="checkbox"/> Environmental Release <input type="checkbox"/> Other:	
Date of Incident: 6/16/2013	Time of Incident: 12:02 pm
Location of Incident: Corner of 4 <sup>th</sup> St and Folsom St, San Francisco, CA	
Company Equip Involved: 308 Cat Excavator	Unit #:
Date Reported: 6/16/2013	Time Reported: 12:03 pm
Reported by: Ryan Streets with Condon Johnson Nicholson JV	
Describe the incident in detail: Subcontractor was exposing known 6 inch steel gas line with shovels and curled bucket of excavator to scrape away dirt. When workers began to expose south side of line, excavator bucket struck a ¾ inch stub sticking straight up out the pipe causing an opening in the pipe. Refer to CJN JV incident report for further detail.	
Injuries related to incident: Who: N/A	Extent: Medical Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Damaged Property Owner: PG&E	Photos taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owners Address:	Type of Property Damaged: Year Make Model Previous Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Extent of Property Damage:	
Emergency / Remedial Actions taken to control and / or mitigate effects of incident: Called 911, SFFD cordoned off area and evacuated some buildings. One side of the gas line was shutdown and the other end was crimped. PG&E crews did this work and repaired the line on the same day.	
Employees / Personnel involved in incident / response/ cleanup: Ryan Streets with Condon Johnson Nicholson JV	
Employee Address/Phone: 617-669-4832	
Weather conditions that contributed to the incident: (e.g. wind direction and speed, temperature, rain, snow, etc.): N/A	

<b>MSDS Information:</b>	Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Applicable
<b>AUTHORITIES / AGENCIES at INCIDENT</b>			
List agencies / authorities contacted and/or at the site:		Case Number: _____	
<input checked="" type="checkbox"/> Local Police	<input type="checkbox"/> Sheriff Dept.	<input checked="" type="checkbox"/> Fire Dept.	<input type="checkbox"/> Ambulance/Paramedics
<input type="checkbox"/> State Patrol	<input type="checkbox"/> OSHA	<input type="checkbox"/> Local Health Dept.	<input type="checkbox"/> EPA
<input type="checkbox"/> Other: _____			
Name of Person with Agency: _____		Phone No. ( ) _____	

<b>UTILITY DAMAGE / LOSS INFORMATION</b>	
Name of Utility Owner: PG&E	
Original Locate Ticket Number: USA # 0099022	Sketch/Diagram Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Damage Ticket Number:	
Utility Company Contact Name:	Title:
Utility Company Contact Phone No.: 1-800-743-5000	
Type of Utility Damaged:	Telephone      Electrical <u>Gas</u> Water      Sewer      Cable TV
	Above Ground      On Surface      Below Ground      Other (Describe) _____
Is the Locate ticket/procedure current?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Date of last Locate: 3/18/13
Were utility markings visible in area?	<input type="checkbox"/> Yes <input type="checkbox"/> No      Photos of marks taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Were utility markings accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Measurements taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>WITNESS INFORMATION:</b>
Name(s) of witness(s): Hank Steffes, Adolfo Padilla

<b>SIGNATURES</b>	
Supervisor Signature:	Date:
Project Superintendent Signature: <i>Mike Hanley</i>	Date: 6/17/2013
Project Manager Signature: <i>S. C. ...</i>	Date: 6/17/13
Safety Representative Signature: <i>Milva S.</i>	Date: 6/17/13