



# Department of Public Service

112 State Street, Montpelier, VT 05620-2601

## State of Vermont

30 V.S.A. CHAPTER 86 & PUC Rule 3.800

This report must be filed upon discovery of damage to an underground facility. All data fields should be completed or form may be judged as not acceptable. Fields in red must be completed to upload the form. All Department questions will be addressed to the person who prepared the report.

[Click here to upload the completed form.](#)

### Underground Facility Damage Report (UFDR)

\*Facility Damaged :    Gas                  Electric                  CATV                  Telecom                  Water                  Sewer                  Propane

\*Name of Utility Damaged:

Address 1:

Address 2:

City:

Phone:

\*Date & Time Damage Occurred:

\*Date & Time Utility Received Report:

#### Location of Damage

\*Address 1:

Address 2:

\*City:

Alternate location description if no address available:

Longitude:

Latitude:

#### Report Prepared By

\*First Name:

\*Last Name:

\*eMail:

\*Organization:

\*Address 1:

Address 2:

\*City:

\*Zip:

\*State:

\*Telephone:

\*Excavator Notified Dig Safe in Advance?    No    Yes    Photographs Taken?    No    Yes

Provide Dig Safe Ticket #:

Facility Damaged:    Transmission    Distribution    Service

Personal Injuries:    No    Yes    Describe:

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Root Cause of Damage (Hold the Ctrl to select multiple items)

What Equipment  
Caused Damage? (Hold the Ctrl to select multiple items)

Service Interrupted:    No    Yes, Describe:

Plan to Bill Excavator    No    Yes

Incident Description:

*\*I CERTIFY THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE (print name if eFiling)*

\*Sign:

\*Date:

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## Excavator Data

\*Company Name:

\*Address 1:

Address 2:

\*City:

\*State:

\*Zip:

\*First Name:

\*Last Name:

\*Phone:

Name of Operator Causing Damage:

First Name:

Last Name:

Supervisor on Job:

First Name:

Last Name: