



Chapter 11: [Excavation Safety](#)
Utility Location Results Form

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 URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/excavationsFormUtilityLocation.pdf>

ENVIRONMENT, SAFETY & HEALTH DIVISION

Instructions (For more information, see [Excavation Safety: Excavation Procedures](#))

1. Ensure required parties are present during the survey:
 - a) Required: A Mechanical Design Department, Facilities Design Services Group (MD-FDS) representative
 - b) Required: the project manager (PM) / field construction manager (FCM) / university technical representative (UTR)
 - c) As needed: A Field Services Department, Safety Services representative (PM or FCM / UTR provides survey date to Safety Services Group)
 - d) Note: If a subcontractor arranged the survey the subcontractor is responsible for ensuring the excavator attends
2. The utility location service provider completes items 1, 2, 3, and A to document survey results.
3. The MD-FDS representative completes item B and the PM or FCM / UTR completes item C.

| |
|----------------------------------|
| Excavation Permit Number (EPF#): |
| Project location: |

Utility Location Results *(completed by utility location service provider)*

| | | | | |
|-------|--|------------------------------|--|-----------------------------|
| | a) Were all the utilities shown on the drawings located and are the drawings accurate as shown? <i>(If no, complete 1b and 1c)</i> | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 1 | b) Were any utilities located that were not shown on the drawings? <i>(If yes, sketch the location on drawings.)</i> | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| | c) Were any utilities shown on the drawings that were not located? <i>(If yes, list each utility indicated but not found:)</i> | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| <hr/> | | | | |
| 2 | Does the in-field survey area extend 3 feet beyond the border of the intended excavation area? <i>(Required)</i> | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| <hr/> | | | | |
| 3 | Utility location method(s) used: | | | |

Comments:

Certification

I used the most appropriate equipment and technology to identify all underground utilities – both those indicated on the provided drawings and any unknown utilities.

| | | |
|---|------------------------|-------------------|
| A | Utility locator: _____ | Start time: _____ |
| | <i>(print)</i> | |
| | _____ | End time: _____ |
| | <i>(signature)</i> | |
| | Company: _____ | Date: _____ |

I witnessed the utility location procedure and attest that the results are complete and accurate as stated.

| | | |
|---|---|-------------|
| B | MD-FDS rep: _____ | Date: _____ |
| | <i>(print)</i> | |
| | _____ | |
| | <i>(signature)</i> | |
| C | PM or FCM / UTR: _____ | Date: _____ |
| | <i>(print)</i> | |
| | _____ | |
| | <i>(signature)</i> | |
| | Required: Attach signed form to excavation permit <input type="checkbox"/> Completed | |
| D | Safety Services rep (if present): _____ | Date: _____ |
| | <i>(print)</i> | |
| | _____ | |
| | <i>(signature)</i> | |