Chapter 11: Excavation Safety
Utility Location Results Form

Instructions (see Excavation Safety: Excavation Procedures)

1. Ensure required parties are present during the survey:
   a) Required: facilities engineer
   b) Required: the project manager (PM) or field construction manager (FCM)
   c) As needed: a Safety Services Group representative
      (PM/FCM provides survey date to Safety Services)
   d) Note: if a subcontractor arranged the survey the subcontractor is responsible for ensuring the excavator attends.

2. Attach completed, signed form to excavation permit (PM/FCM)

Project location (include grid coordinates): ________________ Nearest building: ________________

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? (If no, complete 1b and 1c)
      Yes ☐ No ☐

   b) Were any utilities located that were not shown on the drawings? (If yes, sketch the location on drawings.)
      Yes ☐ No ☐

   c) Were any utilities shown on the drawings that were not located? (If yes, list each utility indicated but not found.)
      Yes ☐ No ☐

2. Does the in-field survey area extend 3 feet beyond the border of the intended excavation area? (required)
   Yes ☐ No ☐

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: Name (print) __________________________ Start time: ________________
               Signature                                                                 End time: ________________
               Company: __________________________________________________________________________ Date: ________________

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

   B Facilities engineer: Name (print) __________________________
               Signature                                                                 Date: ________________

   C PM/FCM: Name (print) __________________________
               Signature                                                                 Date: ________________

   D Safety Services rep (if present) Name (print) __________________________
               Signature                                                                 Date: ________________