

Utility Location Results Form

Instructions (see Excavation Safety: Excavation Procedures [SLAC-I-730-0A23C-001])		Excavation Permit Number (EPF#):
1. Ensure required parties are present during the survey: <ul style="list-style-type: none"> a) Required: facilities engineer b) Required: the project manager (PM) or field construction manager (FCM) c) As needed: a Safety Services 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)		
1.	a) Were all the utilities shown on the drawings located and are the drawings accurate as shown? (If no, complete 1b and 1c)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Were any utilities located that were not shown on the drawings? (If yes, sketch the location on drawings.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Were any utilities shown on the drawings that were not located? (If yes, list each utility indicated but not found.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Does the in-field survey area extend 3 feet beyond the border of the intended excavation area? (required)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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): _____	Date: _____
		Signature: _____	
C	PM/FCM	Name (print): _____	Date: _____
		Signature: _____	
D	Safety Services rep (if present)	Name (print): _____	Date: _____
		Signature: _____	