

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



Alcohol
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Bureau of Criminal
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Emergency
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Minnesota
State Patrol

Office of
Communications

Office of
Justice Programs

Office of
Pipeline Safety

Office of
Traffic Safety

State Fire
Marshal



Office of Pipeline Safety

445 Minnesota Street, Suite 147, St. Paul, Minnesota 55101-5147

Phone: 651/201-7230 FAX: 651/296-9641 TTY: 651/282-6555

<http://ops.dps.mn.gov>

December 18, 2015

Subject: Voluntary Damage Reporting for year 2015

Pipeline Operator:

Over the past several years the Minnesota Office of Pipeline Safety has requested damage information from utility stakeholders. The information is used by this Office and others to determine: the extent of excavation related damages; the causes of excavation related damages; trend damages over time; and as a tool for evaluating (or benchmarking) damage prevention efforts. The information is also to be used by this Office to direct resources where they would provide the most benefit in reducing damage and ultimately increasing public safety. As in past years, charts will be sent to you once the results have been tabulated.

Even though participation by non-pipeline operators is voluntary, we've received a positive response to the program and will continue to request the information. The "VDR" numbers you have provided in the past have been recognized nationally.

Pipeline Operator submission of information is not voluntary. This Office appreciates the efforts by all underground facility owners to collect this information accurately and we look forward to your continued participation.

Please submit the completed "Annual Utility Damage Report Form" for damages that occurred in calendar year 2015, by February 16, 2016.

If you have any questions, comments or concerns please call me at (651) 201-7248. If you have not participated in the past, we sincerely hope you will join us in our efforts. Thank you in advance for your participation and contribution to damage prevention.

Sincerely,

Michael Mendiola, P.E. Damage Prevention Manager



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Voluntary Damage Reporting Form Completion Instructions

Completion of PART A:

1. Fill out Utility and Contact Information as listed.
2. Fill out the UTILITY TYPE. If your organization operates more than one type of facility, fill out a separate form for each Utility Type operated.

Completion of PART B:

3. Fill in the total number of LOCATES. This information should directly correlate with your monthly statements from Gopher State One Call.
4. On-going project damages. Out of the total number of instances of excavation related damage, how many damages occurred on on-going projects (typically projects are > 14 days)
5. Fill in the remaining number of DAMAGES which occurred during excavation activities – do not include damages that occurred on “on-going projects”.

Steps 4 and 5 should when added together should equal the total number of damages for the year.

Completion of PART C:

6. Fill in the total CAUSE OF DAMAGE, using only a single primary cause for each damage. The total number of damages (from steps 4 & 5) should equal the tally of the 11 causal factors. Following is a brief description of each causal factor.

Locates were not requested – GSOC never contacted for a Locate Request (LORQ).

Relying on someone else's ticket – subcontractor w/o own LORQ.

Excavated prior to legal start time – excavator contacted GSOC for a LORQ but dug early.

Expired Locate / Ticket – LORQ had expired (14 days).

Excavation outside requested area – excavator had a LORQ but dug beyond marking instructions.

No Hand Digging /Hit While Excavating – The causal factor used when the markings were clear and accurate but the excavator did not hand expose prior to excavating.

Marks Not Maintained By Excavator – Accurate markings were placed but through excavation or erosion the markings were destroyed and the excavator did not make a request to remark.

Failure to Support / Protect Facility – Damage done after exposure, i.e. during backfill

Damaged by Non-Power Equipment – Typically this would be damage done by hand excavation (shovel) or some other type of exempt excavation i.e. gardening.

Not Marked - failed to locate the facility that was damaged

Mis-Marked – mislocated the damaged facility (outside the 24” tolerance zone).

Causes 1 through 11 when added together should equal the total number of damages for the year (Step 4 + Step 5)

Completion of Part D:

7. Optional - Fill in Confidentiality Statement
8. Print & Submit the completed form



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ANNUAL UTILITY DAMAGE REPORT FORM - 2015

Instructions: Enter applicable information into the fields below using Adobe Reader. The electronic form can be submitted directly to MNOPS for collection of information. Please click print to save a copy of this information for your records.

Part A) General Information -		
Utility Name:	Area / Division / System ID:	
Contact Person & Title:	Phone #	
e-mail address:	Fax #:	
Utility Type: (Check One – please submit one form for each utility operated)		
<input type="checkbox"/> Transmission Pipeline <input type="checkbox"/> Distribution Gas <input type="checkbox"/> Electric <input type="checkbox"/> Communication <input type="checkbox"/> Municipal-Water & Sewer <input type="checkbox"/> Other - Specify _____		
Part B) Number of Locates and Number of Damages -		
	Number of Locate Requests for the calendar year.	
	On-going project damages. How many damages occurred on on-going projects (typically projects are excavation activities lasting 14 days or more)	
	Remaining damages occurring in situations other than on-going projects.	
Part C) Cause of Damage -		
	1) Locates were not requested through GSOC	No or Inadequate Excavation Notice (ticket).
	2) Relying on someone else's ticket	
	3) Excavated prior to legal start time	
	4) Expired Locate / Ticket	
	5) Excavation outside requested area	
	6) No Hand Digging /Hit While Excavating	
	7) Marks Not Maintained By Excavator	
	8) Failure to Support and Protect Facility	
	9) Damage Done by Non Power Equipment (Hand Digging Damage)	
	10) Not Marked	Mis-locate
	11) Mis-Marked	
-Optional- Part D) Confidentiality Statement -		