



TEXAS PIPELINE DAMAGE PREVENTION

Railroad Commission of Texas ★ Safety Division

FALSE EMERGENCY REPORTING FORM

This form is to be completed by a Pipeline Operator to report an Excavator that has called for emergency locates where no emergency criteria has been met.

Pipeline Operator Company Name: _____

P5 Number: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Excavator Contact Information: *(Complete contact information is required for processing)*

Company Name, if applicable: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Notification Information:

Date of Notification: _____

Time of Notification: _____ : _____ am / pm

Locate Ticket Number: _____ Notification Center: _____

Excavation Location: _____

City: _____ County: _____

Decimal Degrees NAD 83

Latitude: _____

Longitude: - _____

Comments or Additional Information: _____

SUBMIT A COPY OF THE REFERENCED LOCATE TICKET WITH THIS COMPLETED FORM.

Date Submitted: _____

FAX: (512) 463-7153 Page 1 of _____

Mail:
 Railroad Commission of Texas
 Damage Prevention Section
 P.O. Box 12967
 Austin, TX 78711-2967

RRC USE ONLY

Date Received: _____

Received by: _____

Report No.: _____