

## **TEXAS PIPELINE DAMAGE PREVENTION** Railroad Commission of Texas **\*** Safety Division

Pursuant to Chapter 18.11 this form should be completed by an excavator for any of the following:

- No response by pipeline operator to excavator's locating request.
- If an excavator makes an additional call to the notification center, because the excavator did not receive a positive response from the
  pipeline operator.
- If the operator does not respond to the second notice.

Note: If a damage occurred, in addition to the second notice report the excavator must also file a TDRF for the damage.

Excavator Contact Informa	tion: (Complete contact infor	mation is required	for processing)	
Company Name, if applicable	<u> </u>			
Contact Person:		Title:		
Address:				
City:	State:	Zip Code:		
Phone Number:	Fax Number:			
Email Address:				
Pipeline Operator Informat	ion: (Complete contact inforr	mation is required f	or processing)	
Pipeline Company Operator:			P5 No.:	
Contact Person:	Title:			
Address:				
City:	State:	Zip Code:		
Phone Number:	Fax Numb	er:		
Email Address:				
First Notification Informat				
Time of Notification:	•			
1 <sup>st</sup> Locate Ticket Number:		Notification Center:		
Second Notification Info	rmation:			Decimal Degrees NA
Date of second notification:			Latitude:	·
2 <sup>nd</sup> Locate Ticket Number:				·
Time of second notification	call: <u> </u>			
Was a positive response re	ceived within four hours of sec	cond notification?		
Excavation Location:				

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.:			