

From: [Schock, Victor F.](#)
To: [-Info-Public Service Commission](#)
Subject: FW: PU-18-411 Moorhead Electric, Inc (MEI)
Date: Monday, January 14, 2019 12:57:17 PM
Attachments: [gas line ticket 13th.pdf](#)
[gas line ticket 13th number 2.pdf](#)
[Excavation Daily Permit 2 pages.pdf](#)
[Incident report.MEI Civil 8_31_2018.pdf](#)

Thanks,

Victor Schock

From: Lunzer, Bonnie <Bonnie.Lunzer@ParsonsCorp.com>
Sent: Monday, January 14, 2019 12:44 PM
To: Schock, Victor F. <vschock@nd.gov>; Dnitschke@nd.gov
Cc: Lunzer, Bonnie <Bonnie.Lunzer@ParsonsCorp.com>
Subject: PU-18-411 Moorhead Electric, Inc (MEI)

CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they are safe.

Mr. Nitschke, I guessed at your email address. Please respond whether email is acceptable, or whether I still need to mail all information to you.

Mr. Schock,

Thank you for your time this morning. As we discussed, an incident did take place in Fargo, ND on 8/31/18. It was a result of MISCONDUCT by an MEI employee. He chose to ignore MEI's training, safe work methods & procedures, and a walk-down discussion & instruction that morning. He has not worked for MEI since that day. Please see attached incident report. The employee involved was Lynn Hodny— He was the 'bore foreman' and 'bore locator' referred to.

Excerpts from investigation:

....Casey informed me that he was part of the initial walk thru that morning, he said that he, Lynn and Ryan who works for the GC Master Construction walked the bore path, on this stretch the only hazard was a gas line that went North to South along the road. On the south side of the road the gas line went from a depth of a little over 3 ft to a depth of a little over a foot via 2 90's. Casey said that he and Ryan made sure Lynn was aware of this and even showed him the stake in the ground that he stated the 90 degree gas line. Casey informed Lynn that he would have to fully expose the line so that he wouldn't hit it.

Please take this information into consideration, along with MEI's excellent record of properly locating and performing our work.

If you need anything else, or have any questions, please contact me.

Bonnie Lunzer | Claims Manager

PARSONS ELECTRIC
763-528-7711 Direct
612-363-3823 Mobile
763-571-7210 Fax
www.parsonscorp.com

Journey to Zero: Safety Starts with Me

3 PU-18-411 Filed 01/14/2019 Pages: 25
Response to North Dakota One-Call Complaint
Moorhead Electric
Bonnie Lunzer

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North Dakota One Call

Ticket No: 18111137
LORQ ROUTINE
Updated by: 18119809
Original Call Date: 08/21/18 02:51 pm
Op: webusr5
Work to Begin Date: 08/24/18 12:01 am
Op: webusr5

CALLER INFORMATION

Company Name: MOORHEAD ELECTRIC
Fax Phone:
Contact Name: KYLE PEDERSON
Phone: 701-364-5678
Alt Contact: CASEY AAKRE
Alt. Phone: 701-361-2811
Caller Address: 3451 UNIVERSITY DR S FARGO, ND 58104
Email Address: kpederson@moorheadelectric.com

DIG SITE INFORMATION

Type of Work: INSTALL FIBER CONDUIT
Work Being Done For: CITY OF FARGO
Depth: 6FT
Explosives: N
Tunneling/Boring: Y
White Lining: MAP

DIG SITE LOCATION

County: CASS
Place: WEST FARGO
City Limits: Y
Address:
Street: 17TH ST E
Intersecting Street: 13TH AVE E
Location of Work: MARK ENTIRE ROAD RIGHT OF WAY ON THE SOUTH SIDE OF 13TH AVE STARTING AT 17TH ST AND HEADING WEST APPROXIMATELY 700 FEET TO 16TH ST.
Remarks:
Map Twp: 139N
Rng: 49W
Sect-Qtr: 9-SW-SE,16-NW-NE
Map Coord NW Lat: 46.8622938
Lon: -96.8752753
SE Lat: 46.8617462
Lon: -96.8770176

MEMBERS NOTIFIED

District	Company Name	Marking Concerns	Status
CABLE101	CABLE ONE	218-422-6141	Marked
CASELE01	CASS COUNTY ELECTRIC COOP	701-356-4471	Marked (MARKED)
CTLND01	CTLQL-CENTURYLINK	800-283-4237	Marked
DCN02	DAKOTA CARRIER NETWORK	406-207-1655	Marked (48 count fibers, 600 pairs coppers, couple of 50 pairs coppers that runs in the various commercial building around 13th Ave..)
FARGO01	CITY OF FARGO	701-241-1545	Clear/No conflict
MIDCON39	MIDCONTINENT CABLE	605-271-0202	Marked (Marked the fibers)
NDXCEL02	XCEL ENERGY	612-630-4366	Clear/No conflict
VALED01	702 COMMUNICATIONS	218-568-4744	Clear/No conflict
WFARGO01	CITY OF WEST FARGO	701-433-5434	No Locate-Spoke to Excavator, Excavation completed (Open project see Moore Engineering onsite for CWF utility updates.)

Legend:  Locate Polygon

Lat/Lon

46.861731 -96.871662



North Dakota One Call

Ticket No: 18111139
LORQ ROUTINE
Updated by: 18119812
Original Call Date: 08/21/18 02:52 pm
Op: webusr5
Work to Begin Date: 08/24/18 12:01 am
Op: webusr5

CALLER INFORMATION

Company Name: MOORHEAD ELECTRIC
Fax Phone:
Contact Name: KYLE PEDERSON
Phone: 701-364-5678
Alt Contact: CASEY AAKRE
Alt. Phone: 701-361-2811
Caller Address: 3451 UNIVERSITY DR S FARGO, ND 58104
Email Address: kpederson@moorheadelectric.com

DIG SITE INFORMATION

Type of Work: INSTALL FIBER CONDUIT
Work Being Done For: CITY OF FARGO
Depth: 6FT
Explosives: N
Tunneling/Boring: Y
White Lining: MAP

DIG SITE LOCATION

County: CASS
Place: WEST FARGO
City Limits: Y
Address:
Street: 16TH ST E
Intersecting Street: 13TH AVE E
Location of Work: MARK ENTIRE ROAD RIGHT OF WAY ON THE SOUTH SIDE OF 13TH AVE STARTING AT 16TH ST AND HEADING WEST APPROXIMATELY 700 FEET TO 14TH ST.
Remarks:
Map Twp: 139N
Rng: 49W
Sect-Qtr: 9-SW,16-NW
Map Coord NW Lat: 46.8623478
Lon: -96.8779619
SE Lat: 46.8618002
Lon: -96.8716506

MEMBERS NOTIFIED

District	Company Name	Marking Concerns	Status
CABLE101	CABLE ONE	218-422-6141	Marked
CASELE01	CASS COUNTY ELECTRIC COOP	701-356-4471	Marked (MARKED, PICTURES ON TICKET ND18111137CC)
CTLND01	CTLQL-CENTURYLINK	800-283-4237	Marked
DCN02	DAKOTA CARRIER NETWORK	406-207-1655	Marked (Two DCN running in separate line in the same direction..)
MIDCON39	MIDCONTINENT CABLE	605-271-0202	Marked (Marked fiber)
NDXCEL02	XCEL ENERGY	612-630-4366	Marked
WFARGO01	CITY OF WEST FARGO	701-433-5434	No Locate-Spoke to Excavator, Excavation completed (Open project see Moore Engineering onsite for CWF utility updates.)

Legend:  Locate Polygon

Lat/Lon

46.862673 -96.874946

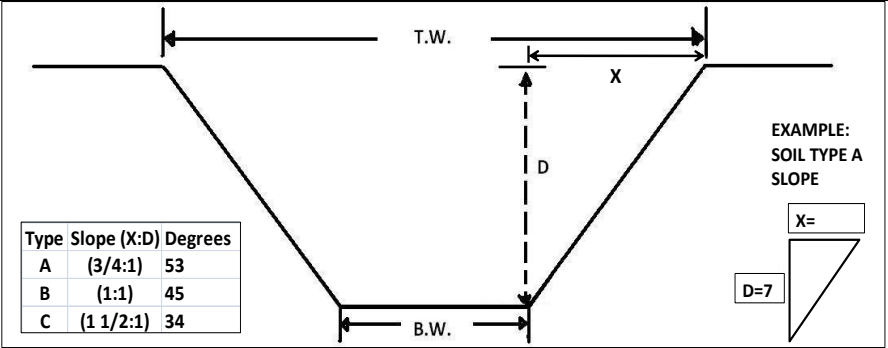




Required for excavations of any depth, including when using Subcontractors

Project Information	
Competent Person:	Date:
Project Name:	Site Address:
List Major Tasks to Be Completed:	
<input type="checkbox"/> The competent person has inspected all excavations prior to the start of work and for evidence of a situation that could result in possible cave-in, indications of failure of protective systems, hazardous atmospheres or other hazardous conditions.	
Pre-Task Analysis (Required prior to the start of any excavation)	
<input type="checkbox"/> Mark the intended location of Parsons' excavation in white paint or white flags prior to requesting utility locates. If snow is present use black paint. Where this is not feasible, contact the locate service to conduct an in-person onsite meet with all utility representatives to identify proposed excavation locations	
<input type="checkbox"/> Have all existing utilities located. If using an Excavation Subcontractor, verify Subcontractor completed locates. If all utilities were not located or if the locates are different than the information that was provided, call the P.M. or owner of the property or utility. Utility Marking Color: <input type="checkbox"/> Water(Blue) <input type="checkbox"/> Sewer(Green) <input type="checkbox"/> Gas-Oil(Yellow) <input type="checkbox"/> Electric(Red) <input type="checkbox"/> Proposed Excavations(White) <input type="checkbox"/> Communication/CATV(Orange) <input type="checkbox"/> Temporary Survey Marks(Pink)	
<input type="checkbox"/> When excavating within 3' of any locate marks, the precise location of the utility will be determined by "pot-holing" & hand digging, OR hydro-excavation methods, <u>until the utility is located</u> . "Pot-holing" and hand digging is no longer required upon reaching the planned depth of excavation without finding the utility line, or once you have reached 5' perpendicular away from any locate marks. Call the utility and request their assistance.	
<input type="checkbox"/> Photos or video must be taken when excavating within 3' of any locate markings. If excavating continuously within 3' alongside a locate mark for a long distance, identify the precise location of the utility by pot-holing & hand digging, or hydro-excavation methods every 15'. Take a photo or video to demonstration the accuracy of the locate markings in relation to the utility line.	
<input type="checkbox"/> If environmental conditions change during the course of the work shift (i.e. rain, water accumulation, etc), there shall be a re-inspection of the excavation before work can commence. Water indicates changing soil conditions and must be removed before work can commence.	
Excavation Entry Permit (Required for Excavations 4' or greater in depth prior to allowing employees to enter the excavation) If less than 4' in depth, continue to page 2	
Soil Testing	
Test Method: <input type="checkbox"/> Pocket Penetrometer <input type="checkbox"/> Slope Torvane <input type="checkbox"/> Manual Method: _____	
Soil Classification:	
<input type="checkbox"/> Type C (Fissures, porous soil, vibration, water (rain, etc.) submerged soil, previously disturbed soil, gravel, sand, loamy sand, compressive strength ≤ 0.5 tsf)	
<input type="checkbox"/> Type B (previously disturbed Type A or B, fissured Type A, subject to vibration Type A, Type A rock not stable, silt, silty loam, sandy loam, crushed rock, compressive strength > 0.5 tsf, but compressive strength < 1.5 tsf)	
<input type="checkbox"/> Type A (Undisturbed, rocky, clay, silty clay, sandy clay, clay loam, compressive strength ≥ 1.5 tsf)	
Requirements:	
<input type="checkbox"/> Access/Egress: Trenches 4 feet or more in depth must have means of exit (<i>ladder or ramp required every 25 feet</i>)	
<input type="checkbox"/> Ladder <input type="checkbox"/> Dirt Ramp <input type="checkbox"/> Structural ramp designed by competent person <input type="checkbox"/> Spoil piles must be set back at least 2 feet from trench opening	
Water indicates changing soil conditions and must be removed before work can commence.	
<input type="checkbox"/> Protection: Excavations 5 feet or greater have protective systems in place. Excavations over 20' in depth, protective systems must be designed by a registered engineer.	
<input type="checkbox"/> Trench Box <input type="checkbox"/> Shoring <input type="checkbox"/> Barricades, fencing, or guardrails <input type="checkbox"/> Bracing <input type="checkbox"/> Sloping/Benching	
<input type="checkbox"/> Fall Protection. List the method used to barricaded off excavation area: _____	
<input type="checkbox"/> Air Monitoring: Testing is required if the depth of the excavation is 4 feet or greater and a hazardous atmosphere exists or reasonably expected to exist (Example: Hazardous chemicals stored nearby, near landfills, etc.).	
Air Monitoring Results:	
Time: _____ O2: _____ CO2: _____ H2S: _____ LEL: _____	
Time: _____ O2: _____ CO2: _____ H2S: _____ LEL: _____	
<input type="checkbox"/> Training: Each employee has been trained on hazards of excavations.	

SEE Page 2/flip over



Operators Checklist (Required for use of heavy equipment. Not for use on DOT regulated vehicles)

	Equipment #		Equipment #		Equipment #		Equipment #		Equipment #		Equipment #		Equipment #		
	Equip. Type		Equip. Type		Equip. Type		Equip. Type		Equip. Type		Equip. Type		Equip. Type		
	Not Applicable	OK	Needs Repair	OK	Needs Repair	OK	Needs Repair	OK	Needs Repair	OK	Needs Repair	OK	Needs Repair	OK	Needs Repair
Visual Checks															
1. Fluid levels (hydraulic, oil, radiator, battery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Seat belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fuel level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operator's Manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Obvious damage and leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tire condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Head and tail lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Warning lights & gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Function Checks															
1. Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lift, tilt, side shift controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attachments & other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crew members print your name below to confirm you understand the hazards and safe work methods of the Excavation Permit.

Name:	Name:	Name:	Name:
Name:	Name:	Name:	Name:
Name:	Name:	Name:	Name:

Parsons Electric - Incident / Injury Report

conducted for

Document No.

2018 RPT 000005

Division

MEI Civil

Prepared by

William Havey / Mike Hoggarth

Incident Date

31 Aug 2018 03:35 PM

Completed on

31 Aug 2018 04:35 PM

Score

0/0 - 0%

Failed Responses

This section lists responses that were set as 'failed responses' in the template used for this audit.

Question	Response	Details
Injured transported to Medical Aid?	No	
Was First Aid given?	No	




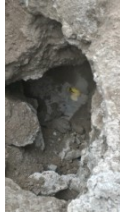












Audit - Score (0/0) - 0%

Question	Response	Details
INSTRUCTIONS ----- 1. Please answer the questions below. 2. Add photos and notes by clicking on the paperclip icon 3. To add a Corrective Action click on the paperclip icon then "Add Action," provide a description, assign to a member, set priority, and due date 4. Complete audit by providing digital signature 5. Share your report by exporting as PDF, Word, Excel or Web Link		
GENERAL INFORMATION		
Job Number	C18611	
Project Name	13th Ave	
Subcontractor Name (if applicable)		
Work Location	13th ave west fargo / fargo	
Date & Time of Incident	31 Aug 2018 11:45 AM	
Brief Summary of Event		
Summary	At approximately 11:45am (CST) MEI bore crew was boring in a line for street lighting when they came into contact with a 4" gas line. Prior to the bore starting the bore foremen walked the job with street lighting foremen and GC. How the gas line ran along with all turns it made were discussed along with its location which was verified with locate marks as well as GPS. Pothole was done to expose gas line to visually watch bore head go by gas line. Bore locator was off with their guiding the line and bore came into contact with gas line outside of pothole. No injuries occurred as a result of this incident.	
Business Type	Construction	
Parsons Project Manager	Kyle Pederson	

Question	Response	Details
General Foreman / Foreman	Lynn Hundy	
Date & Time Incident / Injury Reported	31 Aug 2018 11:54 AM	
Hours worked that day	5	
Day of the week	Friday	
Continuous days worked	4	
Weather Conditions	Overcast, 71 degrees	
Alcohol & Drug Testing --- Was A&D testing done?	No	
OCCURRENCE/INJURY		
Type of Occurrence	Other	
Specify	General Liability	
Injury Classification		
HURT Rankings		
Actual (A)	Minor (1)	
Potential (P)	Minor (1)	
PERSONAL INFORMATION		
Person injured / involved in incident	Lynn Hondy	
Age of Injured Person (ie 25 – 30)	35-45	
Occupation	Foremen	
Years' Experience in Occupation	21	
Employee Address	[REDACTED]	

Question	Response	Details
Employee Telephone	[REDACTED]	
Injured transported to Medical Aid?	No	
Was First Aid given?	No	
Name of Medical Facility		
Name of Medical Practitioner (Dr. Jane Doe, Bill Jones, RN, etc)		
Personnel Classification	Parsons Employee	
Nature of Injury		
Body Part		
Location of Body Part		
Type of Incident or Event	Other	
Specify	Line Strike	
<p>INCIDENT OR EVENT - Detail how incident occurred, who was involved, equipment or tools involved. Attach pics, diagrams, and additional information below.</p>		
Incident Description		

Question	Response	Details
Description		<p>MEI bore crew was boring in a line for street lighting when they came into contact with a 4" gas line. Prior to the bore starting the bore foremen walked the job with street lighting foremen and GC. How the gas line ran along with all turns it made were discussed along with its location which was verified with locate marks as well as GPS, during this time it was made clear by Casey Aakre and Ryan (GC) that the gas line made a 2 90 degree turns taking it from a little over 3ft to a little over a foot. Boring foremen was told he had to expose line fully to include the 90 degree turns to accurately watch bore heads path. They explained to him that there was even a stake to remind boring foremen of these turns. Pothole was done to expose gas line to visually watch bore head go by gas line however boring foremen only potholed the upper run of the gas line in around a 14 inch hole. By law the tolerance zone he needs to expose is 2 ft which still would of exposed the 90's. Boring foremen admitted before walking off the job that he had been lazy and didn't care. While running the bore the Bore locator was off with their guiding the line and bore came into contact with gas line outside of pothole. If the pothole had been made to proper size by law and by what the bore foremen was told to do this incident would not of happened. Prior to today foremen did a good job filling out excavation permit along with photos prior to. today foremen failed to do either.</p>

Question	Response	Details			
Photographic Evidence/s					
					
Appendix 1	Appendix 2	Appendix 3	Appendix 4	Appendix 5	Appendix 6
					
Appendix 7	Appendix 8	Appendix 9	Appendix 10	Appendix 11	Appendix 12
					
Appendix 13	Appendix 14	Appendix 15	Appendix 16	Appendix 17	
Draw a digaram (if applicable)					
Additional information					
Were there witnesses?		No			
See Witness Statement (see Attachment "A")					
NOTE: A copy of the Hazard Assessment, Permit(s) and Contractor Investigation Report(s) must be attached to this report.					
Additional Images of Forms & Documents noted above					
MEDICAL TREATMENT - Briefly describe medical treatment provided by registered Medical Practitioner, including what (if any) prescriptions were given.					
Details					

Question	Response	Details
EQUIPMENT OR PROPERTY DAMAGE		
Was there damage to Parsons equipment or property?	No	
Briefly describe Parsons damages		
Estimate to repair or replace		
Was there damage to equipment or property belonging to others?	Yes	
to whom did the property belong?	gas company	
Briefly describe other parties' damages	puncture to 4" gas line	
Estimate to repair or replace	< \$10,000	
IMMEDIATE / DIRECT CAUSES - To be completed by Parsons Lead Investigator (Select all that apply)		
SUBSTANDARD ACTS *What action happened immediately prior to the incident?	Failure to follow rules or procedures, Failure to identify hazard or risk	
Provide supporting comments for - Substandard Acts / Practices	Employee did not follow Parsons rules along with one call rules which required a gas line crossing to be exposed in a 2ft tolerance zone to watch crossing of line. Failing to see the stake marked with the 90degree bend along with failure to follow rules.	
SUBSTANDARD CONDITIONS *What conditions were present that contributed to the incident?	Inadequate preparation / planning	
Provide supporting comments for - Substandard Conditions		
BASIC / ROOT CAUSES - (Underlying factors that contributed to the incident.) To be completed by Parsons Lead Investigator (Select all that apply)		

Question	Response	Details	
PERSONAL FACTORS			
Provide supporting comments for - (Personal Factors)	If foremen had planned and followed rules which state to fill out permit along with pictures and all. Permit would of walked foremen through work which would of explained that the 2ft tolerance zone is need. As he failed to plan this work the incident occurred.		
JOB / SYSTEM FACTORS			
Provide supporting comments for - (Job / System Factors)	Inadequate leadership and/or supervision Foremen saying he was just lazy and not caring shows he failed as a leader to properly show those under him how to do the work properly and safely		
ANALYSIS OF INCIDENT - To be completed by Parsons Lead Investigator - Preventative Actions			
What are recommendations to prevent recurrence?	Stand down will be conducted with bore crews onsite so that a proper potholed can be shown so that all crews are aware of tolerance zone, how they should look and how to properly document them. Bore crew was shut down for remainder of week, foremen walked off jobsite.		
Click "Add Action"			
Action 1			
Specify Action		Safety Standdown	
Assigned to		William Havey	
Completion Date			
Submitted by (Name & Signature)			
Title			
ADDITIONAL ACTIONS TO PREVENT RECURRENCE			
To be completed by Parsons Management or Project Leader			

Question	Response	Details
Comments		
Click "Add Action"		
MANAGEMENT AREAS FOR CORRECTIVE ACTION / FINAL REVIEW		
To be completed Parsons Safety Director		
Select all that applies		
Supporting comments for choices above:		
Click "Add Action"		

Media



Appendix 1



Appendix 2



Appendix 3



Appendix 4



Appendix 5



Appendix 6



Appendix 7



Appendix 8



Appendix 9



Appendix 10



Appendix 11



Appendix 12



Appendix 13



Appendix 14



Appendix 15



Appendix 16



Appendix 17