



The Underground Utility Line Protection Law
73 P.S. § 176 et. seq., as amended*

The “One Call Law”

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Deputy Chief Counsel, L&I

Objectives of The One Call Law

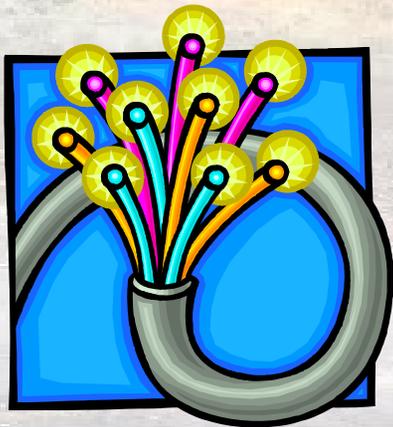
- Reduce contact with underground facilities
- Reduce injuries
- Minimize service interruptions
- Promote public safety
- Protect the environment



Definitions

- Line or facility

- an underground conductor or pipe used in providing *electric* or *communication* service, or
- an underground pipe used in carrying, gathering, transporting or providing *gas*, *oil* or *petroleum product*, *sewage*, *water* or *other service* to one or more consumers or customers



Definitions

- **Facility Owner**

- *Public utility* or *agency*, *political subdivision*, *municipality*, *authority*, *rural electric cooperative* or *other person* or entity who or which owns or operates a line.



Definitions

- **Facility Owner**

- *Excludes:*

- Person's serving *own property* through their *own lines* if no other customers (i.e., individual private facility), or
- Person's using *someone else's line*, but only if it only serves them (e.g., rental property).

Pennsylvania One Call System, Inc.

- Toll-free communication system for excavators, designers and others to notify facility owners of intent to perform excavation, demolition or similar work.
- Facility owners use system to notify contractors and designers that lines have been marked.



Pennsylvania One Call System, Inc.

1-800-242-1776

www.paonecall.org

Know What's Below.

Call Before You Dig.





**Know what's below.
Call before you dig.**

POCS

- Assigns serial number(s) to locate request – the Ticket
- POCS transmits request to facility owners via computer network, printer, fax or e-mail.
- Facility owner respond to the locate request through POCS
- POCS provides responses to excavator or designer

Facility Owner Duties

- Be a member of and give notice/ mailing address to Pa. One Call – includes information regarding where lines are located
- Mark the type and location of underground lines not more than 2 working days from receipt of an excavator's timely request through the One Call System.

Uniform Color Codes



WHITE - Proposed Excavation



PINK - Temporary Survey Markings



RED - Electric Power Lines, Cables, Conduit and Lighting Cables



YELLOW - Gas, Oil, Steam, Petroleum or Gaseous Materials



ORANGE - Communication, Alarm or Signal Lines, Cables or Conduits



BLUE - Potable Water



PURPLE - Reclaimed Water, Irrigation and Slurry Lines



GREEN - Sewers and Drain Lines

Facility Owner Duties

- After marking – respond through Pa. One Call
- Responses include:
 - Clear – no facilities
 - Conflict. Lines nearby. Direct Contact to follow from facility owner.
 - Marked.
 - Insufficient Information. Do Not Dig.
- Must participate now in pre-construction meetings for “complex projects” Excavation projects that involves more work than can properly be described in a single locate request, or
 - Projects so designated by excavator because of complexity or potential to cause significant disruption to lines, facilities, or the public.

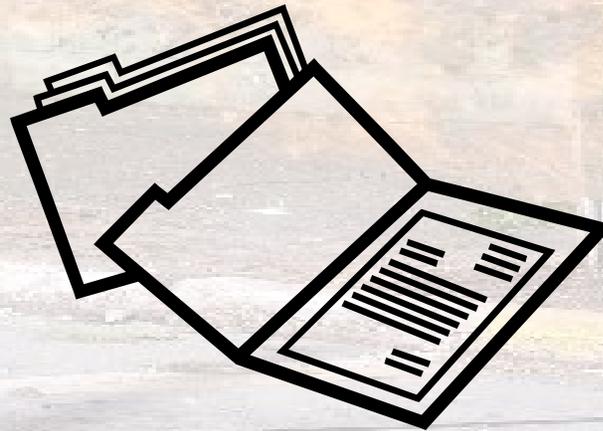
Facility Owner Duties

- Respond to emergency notifications as soon as practical following receipt of notification.
- Emergencies are occurrences involving a clear and immediate danger to life, property *or the environment*.



Facility Owner Duties

- Submit an incident report to L&I not more than 10 business days after receipt of notification of damage.
 - Personal injury
 - third party damage
- Facility owners must also comply with requests for information from L&I within 30 days of request.



Excavators



- Any person who performs excavation or demolition work for himself or for another person.

Excavation

What's below?



- Use of Powered equipment or explosives –
- **SAFETY TIP – MAKE THE CALL IF HAND DIGGING!!!!**

Excavator's Duties

- Request through POCS the type and location of underground facilities at the proposed work site within 3-10 *business** days before commencing work.
- Request must include specific information to identify the work site.
- If specific information cannot be provided, the excavator must use white paint to identify the location.

Excavator's Duties

- If the excavator plans to work at a large site or at multiple sites, he should collaborate with facility owners including a preconstruction meeting so facility owners may locate lines in advance.
 - Must give notice of the preconstruction meeting.
- Excavators must wait at least 3 business days before scheduled excavation date to commence work.
 - Excavation date must be on or after 3rd business day after notification received by POCS.
 - Must be at least 10 bus. days in advance for complex projects.
- After excavation work commences, the excavator is responsible for protecting and preserving the facility owner's markings.
- If the marks are not preserved the excavator must place a call to POCS for re-marking.

Excavator's Duties



- Exercise due care and take all reasonable steps to avoid injury to or otherwise interfere with lines.
- Within the tolerance zone or if there is not enough information to locate the lines, use prudent techniques.
- **New** – “Horizontal Drilling” – must use best practices published by the HDD Consortium.

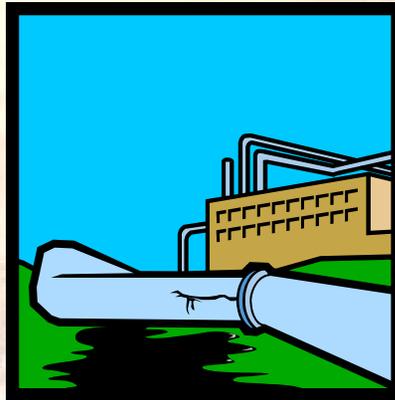
Excavator's Duties

- If the facility owner fails to or is unable to mark its underground facilities, the excavator may proceed with excavation as long as he exercises reasonable care and uses prudent techniques.
- Excavators must inform equipment operators of the information received from facility owners relating to type and location of lines and the responsibility to exercise due care and use prudent techniques.

Excavator's Duties

- Report to facility owner:

- Break
- Leak
- Dent
- Gouge
- Groove
- Other damage



Excavator's Duties



- Immediately notify 911 and facility owner of damage if results in escape of flammable, toxic, or corrosive gas or liquid endangering life, health or property.

Excavator's Duties

- If excavator changes the location, scope or duration of the excavation, must request type and location information, through the POCS again.
- If excavator removes its equipment and vacates a worksite for more than 2 business days, must re-notify POCS unless other arrangements have been made directly with facility owners.

Excavator's Duties

- Submit incident report to the Department not more than 10 business days after damaging a facility owner's lines:
 - Personal injury
 - Third party property damage
- Comply with all requests for information from the Department relating to its enforcement authority.

Project Owner Duties

- Timely respond to notifications from excavators.
- Participate in design and preconstruction meetings.
- Install color-coded permanent markers indicating type/location of all laterals installed by the project owner.
 - Where practicable in opinion of PO.



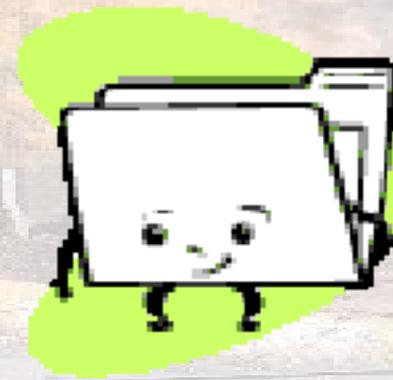
Departmental Enforcement

- Investigate incident reports
 - One call ticket information
 - Work site information
 - Facility owner information
 - Incident information



Filing Incident Reports

- On Line –
www.dli.state.pa.us
- Paper
- Include all relevant information –



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Our mission is to improve the quality of life and economic security for Pennsylvania workers and businesses, encourage labor-management cooperation, and prepare the Commonwealth's workforce for the jobs of the future.

L&I Mission Statement

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Edward G. Rendell, Governor
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HITS Incident Report Form

Description

This form is used to report hits to public utility lines, in accordance with the [Underground Utility Line Protection Act](#) (Act 287 of 1974 as amended by PA Act 181 of 2006).

In an effort to expedite your complaint, the Bureau of Labor Law Compliance encourages you to take advantage of the electronic submission of the complaint form.

If you choose instead to return a hardcopy version of this form (manual submission), all sections and both pages must be completed.

Electronic Submission

The [Online Version](#) of the form works best with Microsoft Internet Explorer 5.0 or later. You can download the latest version of Microsoft Internet Explorer by clicking the "Get Internet Explorer" button below.



Manual Submission

Download this [PDF Version](#) if you would like to print out the form and submit it by fax to 717-787-0517, or by mail to:

Enforcement Coordinator
1301 L&I Building
Seventh and Forster Streets
Harrisburg, PA 17121

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Department of Labor & Industry Bureau of Labor Law Compliance Underground Utility Line Protection Act

Within 10 business days of the incident, complete this form and press the submit button at the end. Digital pictures cannot be attached to this online submission. Please e-mail them to eramsay@state.pa.us with a text message to the BLLC asking that the pictures be attached to the Incident Report form along with the Confirmation Number.

If you are facility owner or excavator, is your organization a member of the Pennsylvania One Call system, Inc?

Yes No

Reported By

First Name

Last Name

Company Name:

Date (mm/dd/yyyy):

Address - Line 1

Telephone /

Address - Line 2

Fax /

City State

E-Mail

Zip Code

Excavator Performing Work

Contact Person:

First Name

Last Name

Address - Line 1

Telephone /

INCIDENT REPORT CASE NO.:		DEPARTMENT OF LABOR & INDUSTRY BUREAU OF LABOR LAW COMPLIANCE UNDERGROUND UTILITY LINE PROTECTION ACT	
Within ten business days of the incident, mail or fax to: Enforcement Coordinator Department of Labor & Industry Bureau of Labor Law Compliance, Room 1301 7th & Forster Streets, Harrisburg, PA 17121 Toll Free 1-800-932-0665 Fax: 717-787-0517		If you are a facility owner or excavator, is your organization a member of the Pennsylvania One Call System, Inc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Reported By Name: John Doe Company: ABC Gas Co. Address: Elm St Harrisburg		Date: September 1, 2008 Phone number: Fax number: E-mail:	
Excavator Performing Work Address: Bill Smith City/State/Zip: Contact person: Nature and scope of excavation:		Phone number: Fax number: E-mail:	
Type of equipment being used: Date and time excavation started: Was the area marked in white?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was PA ONE CALL contacted? If so, attach ticket copy. Was it called in as an emergency? Nature of emergency:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>POCS Serial #.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the facility owner respond to KARL? What was the response? Date and time of response:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident Information			
Facility Name: ABC County: Dauphin Municipality: Harrisburg Address: Maple Street City:		Date of incident: 8-25-08 Time:	
Damage to facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of facility: Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas/Oil <input checked="" type="checkbox"/> Sewer <input type="checkbox"/> Communications <input type="checkbox"/> Other <input type="checkbox"/>		Facility Use: Transmission <input type="checkbox"/> Service <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Other <input type="checkbox"/> (Explain Other):	
Size of facility (diameter). Facility owner's name:		Right of Way: Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Interruption of service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Duration of interruption: Start date and time: End date and time: Number of customers affected: Number of customers evacuated:		Were lines located? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Date and time lines were marked: Was size indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Colored Indicator:</u> Paint Mark <input type="checkbox"/> Dot <input type="checkbox"/> Arrow <input type="checkbox"/> Flag <input type="checkbox"/> Stake <input type="checkbox"/> Other <input type="checkbox"/>	
Personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number injured? ____ Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number fatalities? ____			
In the event of damage, did the excavator notify the facility owner? Evacuate/alert resident(s)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

E-mail: eramsay@state.pa.us Web Address: www.state.pa.us, PA Keyword: labor laws.
To reach the Enforcement Coordinator, please call toll free: 1-800-932-0665 or fax: 717-787-0517

Please Complete All Applicable Sections and Both Pages of the Incident Report

1. If you are a facility owner reporting a hit, was the hit made by your employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
2. If you are a facility owner reporting a hit, was the hit made by a contractor that you hired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
3. If you are a facility owner reporting a hit, did you hit another facility owner's line? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
4. If you are a contractor/excavator reporting a hit that you made, were you hired by the facility owner of the line that you hit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5. If this was a gas line hit, was it a gas transmission or gas distribution line? <input type="checkbox"/> Transmission <input checked="" type="checkbox"/> Distribution
Explanation of incident: (Attach extra paper if necessary) Bill Smith was digging and hit a gas line.
Provide a detailed sketch of the incident area: (Attach extra paper if necessary) To accurately describe the incident, please include the following: (1) direction of north, (2) the underground utilities, roads, fixed landmarks, etc., (3) location of incident using distance landmarks, (4) the location of paint or flags placed by the facility owner and (5) the distance between the incident and the paint or flags.
Whom do you represent? Facility Excavator <input checked="" type="checkbox"/> Designer Citizen <input type="checkbox"/>
I hereby verify that the statements contained in this Incident Report are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.
Signature of person completing the form: Name: _____ Phone: _____ Title: _____ E-mail: _____ Signature: _____ Date: _____

PLEASE COMPLETE ALL SECTIONS AND BOTH PAGES OF THE INCIDENT REPORT

PLEASE COMPLETE ALL SECTIONS AND BOTH PAGES OF THE INCIDENT REPORT

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

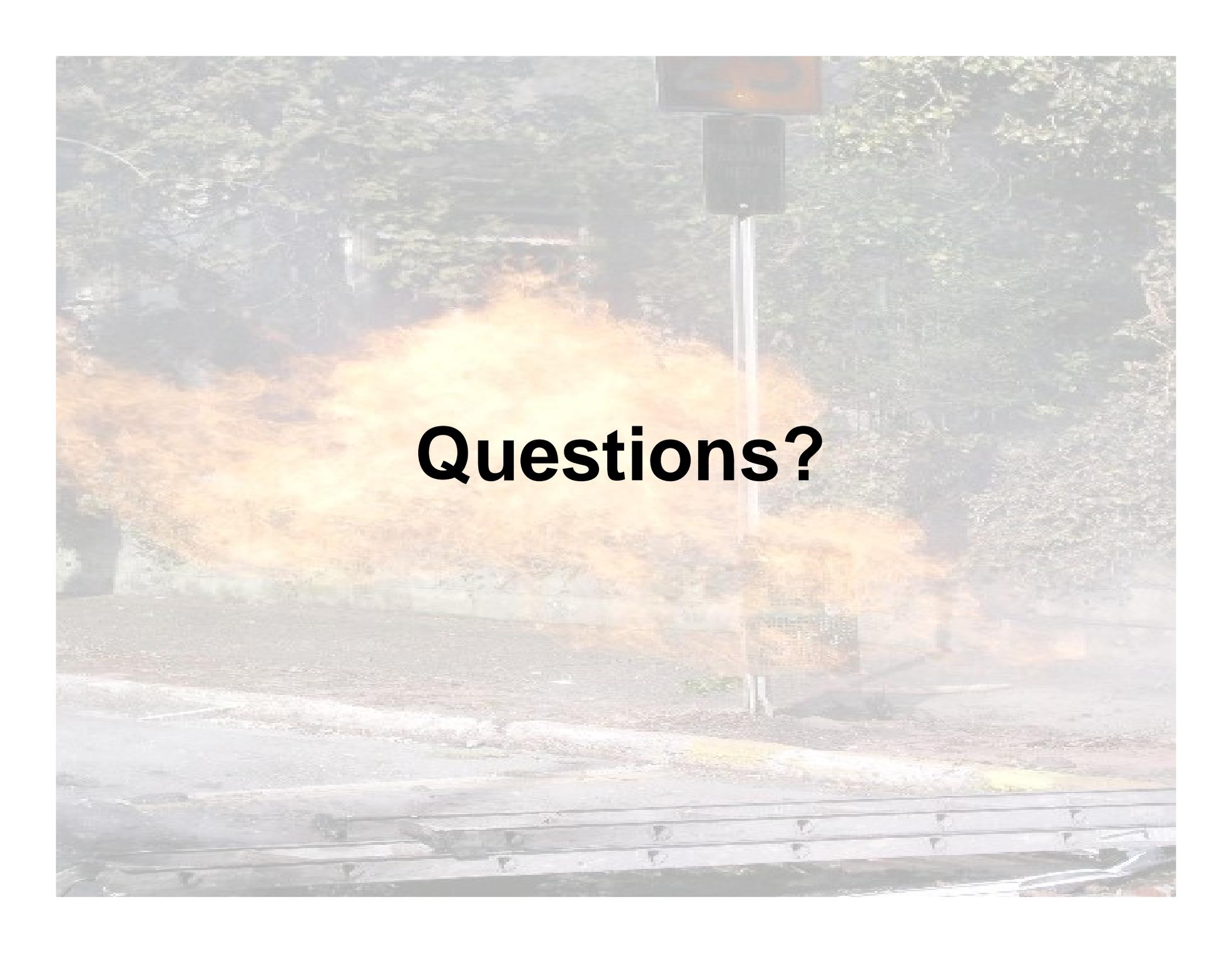
Violations

- Failure to be a member of the One Call System.
- Failure to make the call.
- Failure to mark lines after receiving notification through the one call system.
- Failure of an excavator to exercise reasonable care and/or use prudent techniques.



Administrative Enforcement

- Failure to be a member – not more than \$500 per day. Each day is separate violation.
- 3 or more warnings in a *calendar year* – penalty not to exceed \$500.
- Property damage less than \$10,000 – max fine \$1,000.
- Property damage of more than \$10,000 – max fine \$5,000
- Personal injury or death – max fine \$10,000.

A photograph of a road intersection. In the foreground, there is a metal guardrail. A traffic light pole stands in the middle ground, with a traffic light and a sign. In the background, a large fire is burning, with thick orange and yellow flames rising. The scene is somewhat hazy, possibly due to smoke or distance.

Questions?