



# GAS WORKERS UNION LOCAL G-555

UTILITY WORKERS UNION of AMERICA, AFL-CIO



## CONTRACTOR ISSUE & DEFECT FORM

### Basic Information

Defect Notification Date & Time	Defect Discovery Date	Defect Repair Date & Time
Defect Location Address		
City	State	
Defect Description (Describe how it was discovered, what it was, where it was located)		

Type of Condition  Excavation Damage  Improper Size  Improper Fusion  Underground Dig-in  Other: \_\_\_\_\_

Defect Condition and Repair (Description of the defect, how it was repaired and what was used to repair it)

Was the Dominion Contractor Notified?  Yes  No Did the Contractor Respond to the scene?  Yes  No Did the contractor assist in repairs?  Yes  No

Contractor's Name	If repaired, who completed the repair <input type="checkbox"/> Dominion Energy <input type="checkbox"/> Dominion Energy Contractor (Who?) _____ <input type="checkbox"/> Other (Who?) _____
Contractor's Address	
Contractor's Phone	
Email	

### Pipeline Information

Type of Facility <input type="checkbox"/> Main <input type="checkbox"/> Service <input type="checkbox"/> Other _____	Mainline Number	Defective Part Number		
Diameter of pipe	Operating Pressure	Size of opening	% Hole blocked	Distance from pressure Read
Materials used for the repair:				
Location of Property Damage: <input type="checkbox"/> Commercial <input type="checkbox"/> Right of Way <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> Private/Residential				

### Additional Information

Employee Name (Last, First, Middle) (Please Print)	Repairing Contractor Representative Name & Number		
Local Shop Name:	Evidence Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is in possession of the evidence?	
Employee Signature	Cell Phone		

\*UNION REP \_\_\_\_\_

