STRIKE	EQUIPMENT/ PROPERTY DAMAGE INCIDENT REPORT **Strike Tracking #:**	**CF-S-09C**

CF-S-09 is required to be completed along with this form

OPERATOR INFORMATION:

Driver name: _____ Unit #: _____

Industry Experience: _____ years Company Experience: _____ years

Shift Day: _____ of _____ days Shift Hour: _____ of _____ hours

TASK PERFORMED AT TIME OF INCIDENT:

☐ Boring	☐ Driving	☐ Fueling	☐ Maintenance	☐ Pressure Testing
☐ Clearing/ Logging	☐ Electrical	☐ Hoisting	☐ Material Handling	☐ Office Work
☐ Cutting/ Grinding	☐ Excavation	☐ Job Site Preparation	☐ Pile Driving	☐ Walking
☐ Demolition	☐ Fabrication	☐ Lifting	☐ Pipe Handling	☐ Welding
☐ Drilling	☐ Fabrication - Modular			

ENVIRONMENTAL CONDITIONS:

Light Conditions:

☐ Artificial	☐ Bright Sun	☐ Daylight	☐ Night
☐ Bright Lights	☐ Dawn	☐ Dusk	☐ Overcast

Weather Conditions:

☐ Blizzard	☐ Freezing Rain	☐ Light Snow	☐ Dust
☐ Chinook	☐ Hail	☐ Overcast	☐ Sandstorm
☐ Clear	☐ Heavy Rain	☐ Sleet	☐ Sunny
☐ Cloudy	☐ Heavy Snow	☐ Smoke	☐ Windy
☐ Fog/ Mist	☐ Light Rain		

Wind Direction:

☐ North	☐ North West	☐ South East	☐ South West
☐ North East	☐ East	☐ South	☐ West

Wind Speed: (estimated km/hr) _____ km/hr Precipitation (amount at time of incident): _____ cm/ mm Temperature (estimated °C) _____ °C

EQUIPMENT/ PROPERTY DAMAGE FACTS AND DETAILS:

Event Type:

☐ Crane/ Hoist Upset	☐ Electrical Line Contact – Above Ground	☐ Electrical Contact – Other	☐ Pipeline Contact – Buried
☐ Equipment Damage	☐ Electrical Line Contact - Buried	☐ Nature Loss	☐ Property Damage

Equipment Involved:

☐ Aerial Platform	☐ Fusion Machine	☐ Loader	☐ Pressure Washer	☐ Telehandler
☐ Air Compressor	☐ Hydraulic Excavator	☐ Man Lift	☐ Quad	☐ Tracked Hoe
☐ Bumper Low Trailer	☐ Gator	☐ Mobile Crane	☐ Rubber Tire Hoe	☐ Vehicle(Truck/Van)
☐ Crane	☐ Generator	☐ Picker	☐ Sand Blaster	☐ Vehicle Hoist
☐ Ditcher	☐ Gooseneck Trailer	☐ Pipe Bender	☐ Side Boom	☐ Welding Rig
☐ Dozer	☐ Knuckle Crane	☐ Pipe Layer	☐ Skid Steer	☐ Zoom Boom
☐ Forklift	☐ Light Tower	☐ Pressure Test Unit	☐ Snow Mobile	

Was a Pre-Use Inspection Completed? ☐ Yes ☐ No

Equipment Operator Actions:

☐ Hauling	☐ Item Removal	☐ Operating – Driving Forward	☐ Positioning – Item
☐ Inspecting Equipment	☐ Lifting	☐ Parked	☐ Positioning - Equipment
☐ Installation	☐ Operating – Backing Up		

Above Ground Facility:

Above Ground Facility Type:

☐ Berm/ Retaining Wall	☐ Insulated Lines	☐ Process Building	☐ Storage Tank - Water
☐ Chemical Storage/ Tank	☐ MCC Building	☐ Protective Barriers	☐ Well-Head
☐ Electrical/ Piping Tray	☐ Office Building	☐ Shop	☐ Well Site Trailer
☐ Guide Wires	☐ Piping	☐ Storage Tank – Fuel	

Type of Electrical Line Contacted:

☐ Insulated 0-750 volts	☐ 750 volts – 40 kilovolts	☐ 138 kilovolts	☐ 260 kilovolts
☐ Bare 0-750 volts	☐ 69 kilovolts	☐ 144 kilovolts	☐ 500 kilovolts
☐ Insulated 750 volts+	☐ 72 kilovolts	☐ 230 kilovolts	

Below Ground Facility:

Below Ground Facility Type: ☐ Pipeline ☐ Piping System ☐ Power Cable ☐ Tank ☐ Telephone Cable

Hand Exposed?	☐ Yes	☐ No	Locates Done?	☐ Yes	☐ No
Locates Requested?	☐ Yes	☐ No	Locates Accurate?	☐ Yes	☐ No

Facility Marked With: ☐ Flags ☐ Maps ☐ Not Marked ☐ Paint ☐ Stakes ☐ Verbally Notified