The Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
www.mass.gov/dps

Reset Form

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Notice of Administrative Action Pursuant to the Excavation of Trenches

Incident Date: _____ Incident Time: _____

Public Agency: [ ]

Permitting Authority Information:

Permitting Authority: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name of the Excavator:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

License #: _____ Expiration Date: _____

Employer Business Name: _____

Employer Business Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Employer Contact Person: _____

Name of the Competent Person:

First Name: _____ Last Name: _____

The Circustances Leading to the Administrative Action: (Please include information regarding the willfulness of the violation.)

Violation Resulted In:

If other, explain: _____

Action Taken by the Permitting Authority:

If other, explain: _____

Name of Individual Completing this Form: _____

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