



Pipeline Safety Division Investigation Report

Investigation regarding: Environmental Construction Incorporated

UPPAC Database Record ID: 2930

Investigator: Mike Orr

Report Date: 10/30/2012

Damage Date: 5/7/2012 1:09:14 PM

Damage Address: Lindberg Ave

City: West Lafayette

County: Tippecanoe

The Parties

Excavator: **Environmental Construction Incorporated**

Contact: Jodi Hickey

Address: 13150 West County Road 300 North, Yorktown, In 47396

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Environmental Construction Incorporated

UPPAC Database Record ID: 2930

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 6

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$2824.71

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1204251866

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Water

Synopsis: Damage occurred from a damage to a service drop from an excavator working on a water project.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 7/19/2012. Excavator did have a valid locate and the operator states a failure to locate or providing incorrect facility markings.

Conclusion: Gas operator has been served notice of a failure to locate or providing incorrect markings requesting further information which is now beyond the 30 day requirement allowing a final determination.

Violation: IC 8-1-26-18(f): Operator failed to locate or provided incorrect locate markings.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 2930

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: ENVIRONMENTAL CONSTRUCTION INC

Responsible Party Personal Name: JODI HICKEY

Title (if any): SAFETY DIRECTOR

Address (number and street): 13150 W. COUNTY RD 300 NORTH

City, State and ZIP Code: YORKTOWN, INDIANA 47396

Preferred Telephone Number (area code): 765-759-6145

Cellular Telephone Number (area code): 765-748-7066

Email Address: jodir@eciconstruction.biz

Facility Information:

Business Name: VECTREN

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Water

Other Information (Witness, Police, Fire, Other):

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): NEAR THE ADDRESS OF 4 HITCHING POST ROAD AND LINDBERG AVE

City, State and ZIP Code: WEST LAFAYETTE, INDIANA

Nearest Intersection: LINDBERG AND HITCHING POST

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Unknown/Other

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** _____

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1204251866

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

Maps Used to Mark Facilities: Yes No

Was Locate Provided within Two (2) Working Days: Yes No

Operator Employees On-site during Excavation: Yes No

Incident Impact Information

Number of Outpatient Treated: ⁰ _____

Number of Inpatient Treated: ⁰ _____

Number of Fatalities: ⁰ _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

LOCATES WERE OFF APPROXIMATELY 50 PLUS FEET DAMAGE TICKET #1205072410

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 2930

Your Full Name: Jodi Hickey

Full Name of Business / Entity (if applicable): Environmental Construction

Your Business Title (if applicable): Safety Director

Address (number and street): 13150 W. CR 300 N.

City: Yorktown State: IN ZIP Code: 47396

Your E-mail Address: jodine.eciconstruction.biz

Today's Date (month, day, year): 7-19-12

Your Signature: J Hickey Title (if any) Safety Director

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 2930
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204**

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

July 5, 2012

Ms. Darlene Kulhanek
Vectren
1 N Main Street
Evansville, IN 47702

Subject: Investigation Request for Information

Date of Event: 5/7/2012

Event Location: Lindberg Ave, West Lafayette

Facility Owner: Vectren

Excavator: Environmental Construction Incorporated

Other Party: N/A

Pipeline Division Case No. 2930

Dear Ms. Kulhanek:

Pursuant to Indiana Code 8-1-26, the *Indiana Damage to Underground Facilities Act*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Pipeline Division") is required to investigate reported incidents of alleged statutory violations involving underground pipeline safety. The purpose of this statute is to promote excavation and pipeline safety and to reduce the imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Please note that the investigation does not entail determining criminal liability or a civil determination of fault or damages; however, it does determine whether any statutory violations were committed regarding public safety.

The Pipeline Division received information regarding potential statutory violations regarding the date and location referenced above. You were identified as a person or entity that might have information that would assist the Pipeline Division in its investigation. Therefore, we have contacted you in order to receive the full account of information in order to make a fair determination related to the circumstances of this incident.

We have asked all involved parties, entities and witnesses to provide *written* information within *30 days* in order to meet legal deadlines to conclude our investigation. **Please consider this letter as a formal request to receive any and all information and evidence (including a narrative, documentation, maps, photographs or any other written information) you can access regarding anything you may know about the incident referenced above.**



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: 7-13-2012

Who is submitting this information?

Name of person providing this information: Darlene Kulhanek

Business address (*number and street*): 1 Main Street

City, State, and ZIP code: Evansville, IN 47711

Telephone number (*area code*): 812-491-4227

Fax number (*area code*): 812-491-4504

E-mail address: dkulhanek@vectren.com

Excavator Information, if known

Full name: Environmental Construction

Business address (*number and street*): 13150 W County Rd 300 N

City, State, and ZIP code: Yorktown, IN 47396

Telephone number (*area code*): 765-759-0099

Fax number (*area code*): 765-759-0088

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (month, day, year): 5-7-2012

County: Tippecanoe

City: W. Lafayette

Street address (number and street, city, state, and ZIP code):
4 Hitching Post Rd (Lindberg Avenue), W. Lafayette, IN

Nearest intersection: Unknown

Right of way where damage occurred: Public - City Street

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 6

Time to restore service (in hours): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 2,824.71

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches?

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1204251866

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? No

Type of markings used: Paint

If other, please specify: None

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Incorrect facility records/maps

Additional Comments

3/4" steel service severed by hoe. Records.

Vectren Claim Number: _____

FDS0016184

Task No: 103.0510 Capital/O & M (circle one)

Police Report /MO #: _____

Date of Damage 5/7/12

Cost Center # 5955

Time Occurred 1:05 am/pm

Time Found 1:20 am/pm

Latitude 40.445333 Longitude: 86.908413

FACILITIES DAMAGE REPORT GAS

Vectren Claims Camera: ok to file downloads corrected
VE01120
Form 3112

DAMAGE SITE:
Address 4 Hitching Post Rd Lot # _____
County Lapeer City Lafayette State MI Township _____

FACILITY TYPE:
 Distribution Propane
 Service Storage
 Transmission: (include supplemental report)

FACILITIES DAMAGED:	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heater	5/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main	0.75 inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Industrial / Commercial)	1.25 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Odorizer	2.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISUAL OBSERVATION AT DAMAGE SITE:
 Visual Observation: Above Ground Below Ground 5/7
 Locate Applicable: Yes No N/S
 Facilities Properly Marked: Yes No N/S
Marking Methods: Conventional Flags None
 Offset Paint Stakes Whiskers
 Locate Marking Faded: Yes No N/S
 Wrong Address Requested: Yes No N/S

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel
DAMAGE TYPE: Severed Not Cut Severed
 Size _____ x _____
PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (252) Other _____

Facilities Improperly Located:
 Qualified Locator Could Not Have Accurately Located
 Inaccurate Maps / Cards
 Broken or No Tracer Wire (Plastic)
 Insulation Preventing Accurate Locate
Locator Error:
 Failure to Follow Policy
 Inappropriate Site Markings
 Incomplete Locate
 No Locates Performed
 Qualified Locator Could Have Accurately Located
 Wrong Address Located
 Marking Off By: _____ (Feet / Inches)

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other _____
DURATION OF ESCAPING GAS:
 Minutes: 2 hrs

Were Facility Marks Visible: Yes No
 Was Area White Lined: Yes No Destroyed
 Positive Response: Yes No Destroyed
 Tolerance Zone Violated: Yes No
 Part of Project: Yes No
 Company Representative On-Site: Yes No

LEAK REPORT NUMBER: _____
EFV Activated Yes No N/S

Observation by (ID#): _____

FEED TYPE: One-Way Feed Two-Way Feed
 Number of Customers Affected: 6
 Total Hours Service Was Off: 3 hrs

Name of Locator: _____

LOCATING ORGANIZATION:
 Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: 5030326

DAMAGED BY: Company Crew Contractor County Developer Farmer Municipality Property Owner/ Tenant Railroad State Unknown Utility Vehicle Accident Other _____
TYPE OF CONSTRUCTION: Agriculture Building Construction Building Demolition Cable TV Curbs / Sidewalk Drainage Driveway Electric Engineering / Surveying Fencing Grading Irrigation Landscaping Liquid Pipeline Milling Pole Natural Gas Public Transit Authority Railroad Maintenance Other water line

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: _____
 Date: _____ Time: _____ am / pm

TYPE OF REQUEST:
 Regular Request Emergency Request
 Locate Company Notified
 Contact Name: _____
 Time Called: _____ am / pm
 Time Locator Arrived at the Site: _____ am / pm

Company Notified of Locate Near Critical Facilities Yes No N/S

Copy of Mark Out Request Provided Within 2 Working Days Yes No N/S

ONE-CALL CENTER:
 IUPPS
 OUPS
 Unknown

5/15

Vectren Claim Number: _____

TYPE OF EQUIPMENT:

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle

Other _____

ROOT DAMAGING CAUSE:

- Abandoned Facility
- Deteriorated Facility
- Facility Could Not be Found/ Located
- Facility Was Not Located / Marked
- Failure to Maintain Clearance
- Failure to Maintain Marks
- Failure to Support Exposed Facility
- Failure to Use Hand Tools Where Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided

Other _____

Did Excavator Notify You

- Yes No

Excavation Required

- Yes No

Media at Site

- Yes No

Was There Ignition of Gas?

- Yes No

INVOICE:

- Yes No N/S

CONTRACTOR REPAIRS:

- Contractor Working for Vectren Made Repairs at Own Expense
 - Yes No N/S
- Contractor Repaired Damage
 - Yes No N/S

Name of Contractor: _____

of Regular Hours: _____

of Overtime Hours: _____

of Regular Hours: _____

Crew Type: _____

MATERIALS OR ROAD WORK:

- Meter was replaced _____ (Stores Code)
- Regulator Was Replaced _____ (Stores Code)
- Temporary Asphalt Repair: _____ (sq. ft.)
- Permanent Asphalt Repair: _____ (sq. ft.)

RIGHT OF WAY:

- Dedicated Utility Easement
- Federal Utility Easement
- Pipeline
- Power / Transmission Line
- Private - Business
- Private - Easement
- Private - Land Owner
- Public - County Road
- Public - Interstate Highway
- Public - Other
- Public - State Highway
- Public - City Street
- Unknown

DAMAGING PARTY:

Name: Environmental Construction, Inc.

Address: 13150 W. C.R. 300N

City/ State/ Zip: Yorktown, IA 47396

Phone: (765) 759-6445

Prepared / Investigated By: [Signature] Date: 5-7-12

PARTY TO INVOICE:

Name: _____

Address: [Signature]

City/ State/ Zip: _____

Phone: () _____

Reviewed by Field Supervisor: [Signature] Date: 5/8/12

Contractor call in locates and Vectren was unable to locate our facilities, SMP call Vectren and reported un-locatable but company employee could not locate also.

No Charge

[Signature]

NORMAL NOTICE REMARK

Ticket : 1204251866 Date: 04/25/2012 Time: 12:11 Oper: JODI.HICKEY Chan:000
 Old Tkt: 1204092528 Date: 04/09/2012 Time: 13:08 Oper: JODI.HICKEY Rev: 00A

State: IN Cnty: TIPPECANOE Twp: WABASH
 Cityname: WEST LAFAYETTE Inside: Y Near: N
 Subdivision:

Address :
 Street : LINDBERG AVE
 Cross 1 : HITCHING POST RD Within 1/4 mile: Y
 Location: PLEASE LOCATE A 75 FT RADIUS OF THE INTERSECTION OF LINDBERG AVE AND
 HITCHING POST RD PAINT AND FLAG
 :
 Grids : 4026B8654C

Work type : INSTALL WATER MAIN
 Done for : INDIANA AMERICAN WATER
 Start date: 04/27/2012 Time: 12:30 Hours notice: 48/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 2 WEEKS Depth: 8 FEET

Company : ENVIRONMENTAL CONSTRUCTION Type: CONT
 Co addr : 13150 WEST COUNTY ROAD 300 NORTH
 City : YORKTOWN State: IN Zip: 47396
 Caller : JODI HICKEY Phone: (765)759-0099
 Contact : JAY MORGAN - CELL Phone:
 BestTime:
 Mobile : (765)744-0625
 Fax : (765)759-0088
 Email : JODIR@ECICONSTRUCTION.BIZ

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? NO
 :

Submitted date: 04/25/2012 Time: 12:11
 Members: G317 ID0002 ID5145 ID7973 ID8000 ID9488 SM

Member Name	Facility Types
COMCAST-LAFAYETTE	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRONTIER	TELEPHONE
IN AMERICAN WATER WEST LAFAYETTE	
VECTREN - LAFAYETTE	GAS
WEST LAFAYETTE, CITY OF	

[View Map](#)

[Close Map](#)

DAMAGE DAMAGE

Ticket : 1205072410 Date: 05/07/2012 Time: 13:07 Oper: SDOERFLEIN Chan:029

State: IN Cnty: TIPPECANOE Twp: WABASH
 Cityname: WEST LAFAYETTE Inside: Y Near: N
 Subdivision:

Address :
 Street : LINDBERG AVE
 Cross 1 : HITCHING POST RD Within 1/4 mile: Y
 Location: PLEASE LOCATE A 75 FT RADIUS OF THE INTERSECTION OF LINDBERG AVE AND
 HITCHING POST RD PAINT AND FLAG
 :
 Grids : 4026B8654C

Work type : INSTALL WATER MAIN
 Done for : INDIANA AMERICAN WATER
 Start date: 05/07/2012 Time: 13:07 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 8 FEET

Company : ENVIRONMENTAL CONSTRUCTION Type: CONT
 Co addr : 13150 WEST COUNTY ROAD 300 NORTH
 City : YORKTOWN State: IN Zip: 47396
 Caller : JAY MORGAN Phone: (765)759-0099
 Contact : JAY MORGAN - CELL Phone:
 BestTime:
 Mobile : (765)744-0625
 Fax : (765)759-0088
 Email : JODIR@ECICONSTRUCTION.BIZ

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER JAY-CREW HAS DAMAGED A VECTREN GAS SERVICE LINE-LINE IS BLOWING-IT WAS
 DAMAGED IN THE STREET IN FRONT OF THE PROPERTY-IT IS A 3/4 INCH STEEL
 LINE-ADVISED TO CALL 911-HAS CALLED VECTREN-CREW IS ON SITE-PREVIOUS TICKET
 1204251866

Will you be white-lining the dig site area? NO

Submitted date: 05/07/2012 Time: 13:07
 Members: G317 ID0002 ID5145 ID7973 ID8000 ID9488 SM

Member Name	Facility Types
COMCAST- LAFAYETTE	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRONTIER	TELEPHONE
IN AMERICAN WATER WEST LAFAYETTE	
VECTREN - LAFAYETTE	GAS
WEST LAFAYETTE, CITY OF	

[View Map](#)

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Service Order Status

Thursday, May 31, 2012

Enter Service Order Number:

5232326



Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5232326

Order Type: INVE

Order Status: Completed

Customer: 999999999 - CUSTOMER INVALID

Prem: 5710565 - HITCHING POST RD

Technician: 2443 - Whiteaker, Pat

Order Dates and Times

Need Date: 5/7/2012 1:18:00 PM
 Time Created: 5/7/2012 1:10:42 PM
 Time Dispatched: 5/7/2012 1:10:42 PM
 Time In Route: 5/7/2012 1:12:33 PM
 Time On-Site: 5/7/2012 1:20:34 PM
 Tech Complete: 5/7/2012 6:47:36 PM
 Time Closed: 5/7/2012 6:47:36 PM

Events Performed/Completion Code

IVEG - CMP

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

contractor installing a new water main pulled a 3/4" steel service out of main. wwas unable to get a tone and no maps.vectren locate error.called company crew.s /o gas made repaires.relite 6 houses.service went 4 hitching post rd.

Request Notes

PER TONY CORRADI HIT GAS LI NE AT HITCHING POST RD AND E LINDBERG AVE MAYBE 2" STEEL..NOT SURE IF BL OWING...NO OTHER INFO TO GIVE...TONY IS IN ROUTE TOSITE...XST LINDBERG

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	5/7/2012 1:12:33 PM	Whiteaker, Pat
AsnAssignmentEnRoute_evt	5/7/2012 1:12:33 PM	Whiteaker, Pat
AsnAssignmentOnSite_evt	5/7/2012 1:20:34 PM	Whiteaker, Pat
OrdOrderComplete_evt	5/7/2012 6:47:36 PM	Whiteaker, Pat

NOTE:The Reporting database replicates in near real-time; it has been approximately 0 minute(s) since the last transaction replicated.