

Damage Information Reporting Tool (DIRT) - Field Form

Part A – Who is Submitting This Information

Who is providing the information?			<input type="checkbox"/> Electric	<input type="checkbox"/> Engineer/Design	<input type="checkbox"/> Equipment Manufacturer
<input type="checkbox"/> Excavator	<input type="checkbox"/> Insurance	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Locator	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Railroad
<input type="checkbox"/> One-Call Center	<input type="checkbox"/> Private Water		<input type="checkbox"/> Public Works	<input type="checkbox"/> Unknown/Other	
<input type="checkbox"/> Road Builders	<input type="checkbox"/> State Regulator		<input type="checkbox"/> Telecommunications		

Name of the person providing the information: _____

Part B - Date and Location of Event

*Date of Event:	(MM/DD/YYYY)				
*Country	*State	*County	City		
Street address		Nearest Intersection			
*Right of Way where event occurred					
Public:	<input type="checkbox"/> City Street	<input type="checkbox"/> State Highway	<input type="checkbox"/> County Road	<input type="checkbox"/> Interstate Highway	<input type="checkbox"/> Public-Other
Private:	<input type="checkbox"/> Private Business	<input type="checkbox"/> Private Land Owner		<input type="checkbox"/> Private Easement	
	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Power /Transmission Line		<input type="checkbox"/> Dedicated Public Utility Easement	
	<input type="checkbox"/> Federal Land	<input type="checkbox"/> Railroad	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Unknown/Other	

Part C – Affected Facility Information

*What type of facility operation was affected?					
<input type="checkbox"/> Cable Television	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Sewer (Sanitary Sewer)	
<input type="checkbox"/> Steam	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Water		<input type="checkbox"/> Unknown/Other	
*What type of facility was affected?					
<input type="checkbox"/> Distribution	<input type="checkbox"/> Gathering	<input type="checkbox"/> Service/Drop	<input type="checkbox"/> Transmission	<input type="checkbox"/> Unknown/Other	
Was the facility part of a joint trench?					
<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Was the facility owner a member of One-Call Center?					
<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Part D – Excavation Information

*Type of Excavator					
<input type="checkbox"/> Contractor	<input type="checkbox"/> County	<input type="checkbox"/> Developer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Municipality	<input type="checkbox"/> Occupant
<input type="checkbox"/> Railroad	<input type="checkbox"/> State	<input type="checkbox"/> Utility	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Unknown/Other	
*Type of Excavation Equipment					
<input type="checkbox"/> Auger	<input type="checkbox"/> Backhoe/Trackhoe	<input type="checkbox"/> Boring	<input type="checkbox"/> Drilling	<input type="checkbox"/> Directional Drilling	
<input type="checkbox"/> Explosives	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Grader/Scraper	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Milling Equipment	
<input type="checkbox"/> Probing Device	<input type="checkbox"/> Trencher	<input type="checkbox"/> Vacuum Equipment	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other	
*Type of Work Performed					
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Cable Television	<input type="checkbox"/> Curb/Sidewalk	<input type="checkbox"/> Bldg. Construction	<input type="checkbox"/> Bldg. Demolition	
<input type="checkbox"/> Drainage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Electric	<input type="checkbox"/> Engineering/Survey	<input type="checkbox"/> Fencing	
<input type="checkbox"/> Grading	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Milling	
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Pole	<input type="checkbox"/> Public Transit Auth.	<input type="checkbox"/> Railroad Maint.	<input type="checkbox"/> Road Work	
<input type="checkbox"/> Sewer (San/Storm)	<input type="checkbox"/> Site Development	<input type="checkbox"/> Steam	<input type="checkbox"/> Storm Drain/Culvert	<input type="checkbox"/> Street Light	
<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Traffic Sign	<input type="checkbox"/> Water	<input type="checkbox"/> Waterway Improvement	
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other				

Part E – Notification

*Was the One-Call Center notified?	
<input type="checkbox"/> Yes (If Yes, Part F is required)	<input type="checkbox"/> No (If No, Skip Part F)
If Yes, which One-Call Center? _____	
If Yes, please provide the ticket number _____	

Part F - Locating and Marking

*Type of Locator			
<input type="checkbox"/> Utility Owner	<input type="checkbox"/> Contract Locator	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
*Were facility marks visible in the area of excavation?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
*Were facilities marked correctly?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other

Part G – Excavator Downtime

Did Excavator incur down time?
 Yes No

If yes, how much time?
 Unknown Less than 1 hour 1 hour 2 hours 3 or more hours Exact Value _____

Estimated cost of down time?
 Unknown \$0 \$1 to 500 \$501 to 1,000 \$1,001 to 2,500 \$2,501 to 5,000
 \$5,001 to 25,000 \$25,001 to 50,000 \$50,001 and over Exact Value _____

Part H – Description of Damage

***Was there damage to a facility?**
 Yes No (i.e. near miss)

***Did the damage cause an interruption in service?**
 Yes No Data Not Collected Unknown/Other

If yes, duration of interruption
 Unknown Less than 1 hour 1 to 2 hrs 2 to 4 hrs 4 to 8 hrs 8 to 12 hrs 12 to 24 hrs
 1 to 2 days 2 to 3 days 3 or more days Data Not Collected Exact Value _____

Approximately how many customers were affected?
 Unknown 0 1 2 to 10 11 to 50 51 or more Exact Value _____

Estimated cost of damage / repair/restoration
 Unknown \$0 \$1 to 500 \$501 to 1,000 \$1,001 to 2,500 \$2,501 to 5,000
 \$5,001 to 25,000 \$25,001 to 50,000 \$50,001 and over Exact Value _____

Number of people injured
 Unknown 0 1 2 to 9 10 to 19 20 to 49 50 to 99
 100 or more Exact Value _____

Number of fatalities
 Unknown 0 1 2 to 9 10 to 19 20 to 49 50 to 99
 100 or more Exact Value _____

***Part I – Description of the Root Cause *Please choose one**

<p>One-Call Notification Practices Not Sufficient</p> <input type="checkbox"/> No notification made to the One-Call Center <input type="checkbox"/> Notification to one-call center made, but not sufficient <input type="checkbox"/> Wrong information provided to One Call Center	<p>Locating Practices Not Sufficient</p> <input type="checkbox"/> Facility could not be found or located <input type="checkbox"/> Facility marking or location not sufficient <input type="checkbox"/> Facility was not located or marked <input type="checkbox"/> Incorrect facility records/maps
<p>Excavation Practices Not Sufficient</p> <input type="checkbox"/> Failure to maintain marks <input type="checkbox"/> Failure to support exposed facilities <input type="checkbox"/> Failure to use hand tools where required <input type="checkbox"/> Failure to test-hole (pot-hole) <input type="checkbox"/> Improper backfilling practices <input type="checkbox"/> Failure to maintain clearance <input type="checkbox"/> Other insufficient excavation practices	<p>Miscellaneous Root Causes</p> <input type="checkbox"/> One-Call Center error <input type="checkbox"/> Abandoned facility <input type="checkbox"/> Deteriorated facility <input type="checkbox"/> Previous damage <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Other

Part J – Additional Comments