

Damage Information Reporting Tool (DIRT) - Field Form

Part A – Who is Submitting This Information

Who is providing the information?

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

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: City Street State Highway County Road Interstate Highway Public-Other

Private: Private Business Private Land Owner Private Easement

Pipeline Power /Transmission Line Dedicated Public Utility Easement

Federal Land Railroad Data not collected 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
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Was the facility part of a joint trench?

Unknown Yes No

Was the facility owner a member of One-Call Center?

Unknown Yes 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?**

Yes (If Yes, Part F is required) 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
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***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
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***Were facilities marked correctly?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
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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

Visit DIRT at www.cga-dirt.com

If any questions, contact lphillips@digline.com