

# 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**

**One-Call Notification Practices Not Sufficient**

- No notification made to the One-Call Center  
 Notification to one-call center made, but not sufficient  
 Wrong information provided to One Call Center

**Locating Practices Not Sufficient**

- Facility could not be found or located  
 Facility marking or location not sufficient  
 Facility was not located or marked  
 Incorrect facility records/maps

**Excavation Practices Not Sufficient**

- Failure to maintain marks  
 Failure to support exposed facilities  
 Failure to use hand tools where required  
 Failure to test-hole (pot-hole)  
 Improper backfilling practices  
 Failure to maintain clearance  
 Other insufficient excavation practices

**Miscellaneous Root Causes**

- One-Call Center error  
 Abandoned facility  
 Deteriorated facility  
 Previous damage  
 Data Not Collected  
 Other

**Part J – Additional Comments**